

The following constitutes a Telework agreement between the United States Department of Agriculture (USDA), and _____ detailing the terms and conditions of the Telework Program.

(Employee Name: First, Last, Middle Initial)

Agency/Mission Area/Staff Office: _____ Organization/Division: _____

Position Title: _____ Pay Plan: _____ Series: _____ Grade: _____

Tour of Duty/Basic Work Requirement: Standard Compressed (5-4-9) Compressed (4-10)
Flexible (Maxiflex or Other Variable) Other _____

Work Schedule: Full-Time Part-Time Other _____

Type of Appointment: Permanent Non-Permanent Intern/Student Employment

Indicate whether the employee occupies the following designation(s) during unique situations and predetermined conditions when emergencies dictate: Emergency Essential Mission Critical N/A

Indicate whether employee is currently a Supervisor: Yes No

Employee will participate on the following basis: Core Telework (Regular/Recurring)
Situational/Ad hoc/Unscheduled Medical Reasons (per Reasonable Accommodation agreement)

Primary Telework Location: Residence Satellite Office Telework Center

(Provide Telework Physical Address) _____

Designated Telework Schedule: Monday Tuesday Wednesday Thursday Friday
Weekly Bi-Weekly N/A (Situational/Ad hoc only)

Workdays at Traditional Office: Monday Tuesday Wednesday Thursday Friday
Weekly Bi-Weekly

Employee has Completed Telework Training: Yes No Date Completed: _____

Estimated Total Number of Commuting Miles Saved Each Year: _____

Note: This telework agreement shall correspond with the employee's approved transit subsidy benefits. It is the employee's responsibility to adjust and re-certify their transit subsidy authorizations to ensure alignment with this telework agreement.

1. Check one of the following: New Agreement Change in Existing Agreement

2. Employee volunteers to participate in the program and to adhere to the applicable guidelines and policies. Agency concurs with employee participation and agrees to adhere to the applicable guidelines and policies.

3. Employee understands that USDA may require participating employees to work from their telework site, e.g., home, satellite office, or other location, during periods of Unscheduled Telework authorization due to area closures, dismissals, unforeseen emergencies or other reasons as authorized by the Supervisor. If Unscheduled Telework is authorized during times when a Federal facility is closed to the public. Teleworkers are required to work from their Telework site, or request Unscheduled Leave if unable to do so.

4. Employee agrees to participate in the program beginning _____ .
(Beginning date)

5. Employee's official tour of duty must include at least a 30-minute uncompensated lunch.

6. Employee's official duty stations is _____ for purposes such as pay, special salary rate, locality pay, travel, etc. The location at which the employee is designated to work (i.e., alternate work location) while not at the official duty station is: _____
(City, State)
7. Employee understands requirements for an adequate and safe office space and that these requirements must be met.
8. Employee's Time and Attendance (T/A) for all official duty time spent in a Teleworking status will be recorded using the proper Telework time code.
9. Employee agrees to participate in surveys and data calls relative to the USDA Telework Program, as requested.
10. Employee agrees to follow policy for requesting and obtaining supervisory approval of leave.
11. Employee will utilize Government equipment for official business only and in accordance with applicable laws, regulations, policies, etc., as well as safeguard said equipment. Employee is responsible for servicing and maintaining employee-owned equipment.
12. Employee agrees to, with a minimum of 24 hours advance notice, periodic home inspections of the alternate work location by the Government at periodic intervals during the employee's normal working hours to ensure proper maintenance of Government-owned property and worksite conformance with safety standards and other specifications in these guidelines.
13. Employee is covered under the Federal Employee's Compensation Act in the course of performing official duties at the alternate work location or official duty station. Any accident or injury which occurs at the alternate work location must be brought immediately to the attention of the supervisor.
14. Employee's most recent performance rating must be at least equivalent to "fully successful" (e.g., 'pass').
15. Employee understands that telework is not a substitute for dependent care (child care or elder care) and that appropriate arrangements must be made to accommodate children and adults who cannot care for themselves, while performing official duties in a residential office.
16. Employee will apply approved safeguards to protect Government records from unauthorized disclosure or damage and will comply with the provisions set forth in the Privacy Act of 1974, Public Act of 1974, Public Law 93-579, codified at Title 5, U.S.C., Section 55a.
17. Telework agreements should be reviewed and discussed between the employee and supervisor on an annual basis.

| | |
|---------------------------------|-------------|
| Employee's Signature | Date Signed |
| Supervisor's Signature | Date Signed |
| Program Coordinator's Signature | Date Signed |

Please return this form to:
<Agency/Mission Area/Staff Office information here>

Attention: Telework Program Coordinator

SECURITY CHECKLIST

Information Sensitivity

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|--|-----|----|-----|
| Has the employee been trained to recognize and handle sensitive but unclassified/sensitive security information (SBU/SSI) in a telework environment? | Yes | No | N/A |
| Has a locked file cabinet been identified/provided to secure SBU/SSI files, records, papers or electronic media? | Yes | No | N/A |
| <i>If SBU/SSI. Note: Employee Owned Equipment cannot be used.</i> | | | |
| A review of the job duties and responsibilities has been completed. | Yes | No | |
| If yes, review completed – No issues related to level of sensitivity were noted from the review. | Yes | No | |

WorkStation Configuration

| | |
|---|---|
| <p>Employee has been issued the following equipment specifically for the purpose of Telework:</p> <ul style="list-style-type: none"> Computer Software Modem Printer Other N/A <p><i>Government – Owned Equipment (GOE), refers to agency owned equipment which is issued specifically for telework purposes – this does not include equipment such as laptops that a telework employee uses at the official duty station and alternate work locations.</i></p> | <p>Telework Connection Requirements</p> <ul style="list-style-type: none"> Telephone/modem line Direct Internet/Wireless Connectivity Not applicable |
|---|---|

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