

TELEWORK ARRANGEMENT REQUEST, RECOMMENDATION, AND APPROVAL FORM

Refer to NAVSEAINST 12620.1B for guidance to complete this form.

Participation: Employee understands that a telework arrangement is not an employee entitlement but an alternate method the approving official may approve to accomplish work.

Salary and Benefits: A telework arrangement may change the employee salary and/or benefits per regulations

SECTION I - REQUEST

1. EMPLOYEE NAME:		2. JOB TITLE:		3. ORGANIZATION: CNRMCI	
4. PAY PLAN, JOB SERIES, BAND:		5. DATE OF LAST PERFORMANCE EVALUATION (DDMMYYYY):		6. LAST PERFORMANCE RATING:	
7. TYPE OF TELEWORK REQUEST: <input type="checkbox"/> Regular and Recurring Telework (regularly telework at least 1 day per bi-weekly pay period at an alternate worksite) <input checked="" type="checkbox"/> Ad Hoc (occasional, 1 time or on an irregular basis)			8. NUMBER OF DAYS PER PAY PERIOD EMPLOYEE REQUESTS TELEWORK: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 or <input type="checkbox"/> 1 day/month <input checked="" type="checkbox"/> Ad Hoc		
9. ALTERNATE WORKSITE: <input checked="" type="checkbox"/> Home Office <input type="checkbox"/> Federal site <input type="checkbox"/> Telecenter <input type="checkbox"/> Other			10. EMPLOYEE REQUESTS TO TELEWORK AS A REASONABLE ACCOMODATION FOR: <input type="checkbox"/> Qualified Disability <input type="checkbox"/> Temporary Disability or Temporary Medical Reasons <input checked="" type="checkbox"/> N/A		
11. DESCRIPTION OF WORK TO BE PERFORMED (must align with employee's performance objectives); attach a full description: JOB RELATED DUTIES					
12. TELEWORK TOUR OF DUTY (for example, 0830-1700, including a 30-minute lunch period) (NAVSEA HQ/PEO core hours: 0900-1500): FROM: AS NEEDED TO: AS NEEDED			13. DAY OF PAY PERIOD EMPLOYEE REQUESTS TO TELEWORK: Mon <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd Tue <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd Wed <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd Thu <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd Fri <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd or AS NEEDED (list day for telework occurring 1 day/month)		
14. EQUIPMENT AND SOFTWARE REQUIRED: (such as, Common Access Card (CAC) Reader, laptop computer, software) EMPLOYER PROVIDED LAPTOP			16. PRIMARY MODE OF TRANSPORTATION TO AND FROM WORK: <input type="checkbox"/> Public Transportation <input type="checkbox"/> Carpool/Vanpool <input checked="" type="checkbox"/> Personal vehicle <input type="checkbox"/> Other		
17. EMPLOYEE SIGNATURE			18. DATE (DDMMYYYY)		

SECTION II - RECOMMENDATION

1. SUPERVISOR NAME:		2. SUPERVISOR RECOMMENDATION: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
3. NUMBER OF DAYS PER PAY PERIOD TELEWORK IS RECOMMENDED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 or <input type="checkbox"/> 1 day/month <input checked="" type="checkbox"/> Ad Hoc			
4. SUPERVISOR SIGNATURE		5. DATE (DDMMYYYY)	
6. REASON(S) FOR DISAPPROVAL:			

SECTION III - APPROVAL

1. APPROVING OFFICIAL NAME: DEPT HEAD		2. APPROVING OFFICAL RECOMMENDATION: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
3. NUMBER OF DAYS PER WEEK TELEWORK IS APPROVED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 or <input type="checkbox"/> 1 day/month <input checked="" type="checkbox"/> Ad Hoc			
4. APPROVING OFFICAL SIGNATURE		5. DATE (DDMMYYYY)	
6. REASON(S) FOR DISAPPROVAL:			

If approved, complete the following forms; DD Form 2946 - Department of Defense Telework Agreement, Form 12620.1B/2 NAVSEA Telework Agreement Supplement, and Form 12620.1B/3 Telework Supervisor - Employee Checklist. The employee will retain a copy, the supervisor will retain the original.

NAVSEA TELEWORK AGREEMENT SUPPLEMENT

Refer to NAVSEAINST 12620.1B for guidance to complete this form.

Participation: Employee understands that a telework arrangement is not an employee entitlement but an alternate method the approving official may approve to accomplish work.

Salary and Benefits: A telework arrangement may change the employee salary and/or benefits per regulations

SECTION I - EMPLOYEE INFORMATION

1. EMPLOYEE NAME:		2. JOB TITLE:		3. ORGANIZATION: CNRMCI	
4. DATE OF LAST PERFORMANCE EVALUATION (DDMMYYYY):		5. LAST PERFORMANCE RATING:		6. EMPLOYEE REQUESTS TO TELEWORK AS A REASONABLE ACCOMODATION FOR: <input type="checkbox"/> Qualified Disability <input type="checkbox"/> Temporary Disability or Temporary Medical Reasons <input checked="" type="checkbox"/> N/A	
7. TRAINING: EMPLOYEE COMPLETED REQUIRED TELEWORK TRAINING: <input type="checkbox"/> Navy Knowledge Online (NKO) <input type="checkbox"/> NAVSEA <input checked="" type="checkbox"/> Telework.gov <input checked="" type="checkbox"/> Information Assurance (IA) <input checked="" type="checkbox"/> Personally Identifiable Information (PII)			8. ALTERNATE WORKSITE: <input checked="" type="checkbox"/> Home Office <input type="checkbox"/> Federal <input type="checkbox"/> Other		9. OFFICIAL DUTY STATION (City, State): CEP 200, NORFOLK NAVAL STATION
10. PRIMARY MODE OF TRANSPORTATION TO AND FROM WORK: <input type="checkbox"/> Public Transportation <input type="checkbox"/> Carpool/Vanpool <input checked="" type="checkbox"/> Personal Vehicle <input type="checkbox"/> Other			11. TELEWORK ARRANGEMENT WILL RESULT IN A REDUCTION OF: MILES TRAVELED DURING COMMUTING PER PAY PERIOD.		
12. TRANSIT SUBSIDY: Employee understands that a telework arrangement may require adjustment of subsidy benefits. Employee agrees to notify SEA 10F of approved telework arrangement to ensure proper adjustment of subsidy payments.				13. TRANSIT SUBSIDY RECEIVERS: Indicate date of notice to SEA 10F. DATE (DDMMYYYY) DATE:	
SIGNATURE:					

SECTION II - AGREEMENT

1. The employee agrees to adhere to the applicable policies, guidelines and procedures. The supervisor concurs with employee participation and agrees to adhere to applicable policies, guidelines, and procedures.

2. Participation in the program will commence on (DDMMYYYY) and will end on (DDMMYYYY) unless circumstances require earlier termination. This agreement must be revalidated at least once every twenty-four months.

3. The employee is approved to work at the alternate worksite specified above according to the work schedule indicated below.

DAY	WEEK 1*	DUTY HOURS	WEEK 2*	DUTY HOURS
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
For Telework occurring 1/month				
Indicate monthly telework day (example: 3 rd Friday)			DUTY HOURS	

*Identify whether the workday is a traditional work-site day or a telework day. Duty hours should be reflective of the number of hours the employee is required to work for their 80-hour bi-weekly pay period.

4. Changes to Telework Agreement. Employee must be available to work at the traditional work-site on telework days, if necessary to meet work requirements. A request by the employee to change their scheduled telework day in a particular week or bi-weekly pay period will be accommodated by the supervisor wherever workable and consistent with mission requirements.

- a. A permanent change in a telework arrangement requires completing a new telework agreement.
- b. NAVSEA teleworkers using a telecenter must notify their telework coordinator when discontinuing use of the telework center.

5. Work-at-Home. It is the employee's responsibility to ensure that a proper work environment is maintained while working in a telework capacity.

- a. The employee is required to designate one area in the home as the official work or office area that is dedicated solely to the performance of official government business. The government's potential exposure to liability is restricted to this official work or office area for the purpose of telework.
- b. Employee agrees to permit access to the home worksite for inspection by agency representatives by appointment during normal-duty hours, to ensure proper maintenance of government-owned property, safety standards, and to ensure compliance with the terms of this telework agreement.
- c. The government is not responsible for any operating costs that are associated with the employee using their personal residence as an alternate work-site, including home maintenance, insurance, or utilities.
- d. The employee may be reimbursed for authorized expenses incurred while conducting business for the government, as provided by statute and implementing regulations. (Approved authorizations are filed with this agreement)

NAVSEA TELEWORK AGREEMENT SUPPLEMENT

- e. The employee acknowledges that telework is not a substitute for dependant care.
- f. The employee acknowledges telework is a discretionary alternate workplace arrangement.
- g. The supervisor will determine how frequently, if at all, backup copies of data onto network drives or removable disks must be made to protect against loss of data. The supervisor may also require the employee to periodically send backup copies to the main work facility.
- 6. Time, Attendance, and Overtime. The supervisor agrees to certify weekly the time and attendance for hours worked at the regular office and the alternate workplace. Supervisor will ensure the employee's time keeper has a copy of the employee's work schedule.
 - a. All pay (to include locality pay or local market supplement), leave, and travel entitlements are based on the employee's official worksite as documented on a Notice of Personnel Action.
 - b. Employee will not work in excess of the prescheduled tour of duty (e.g., overtime, holiday work, or Sunday work) unless he/she receives permission in advance from the supervisor. By signing this form, the employee acknowledges that failure to obtain proper approval for overtime work may result in cancellation of the telework agreement.
- 7. Work Performance. Employee agrees to complete all assigned work according to procedures mutually agreed upon by the employee and the supervisor and according to guidelines and standards in the employee's performance plan. A decline in the employee's performance may be grounds to terminate the alternate-workplace arrangement.
- 8. Emergency Dismissal or Closing. Employee will continue to work at the alternate work-site during emergency closures on the employee's regularly-scheduled telework day. Employee is required to work at the alternate worksite during emergency closures even if that day is not a regular telework day or a day with specific approval for ad hoc telework. Exceptions may be authorized in accordance with NAVSEAINST 12620.1B in special circumstances
- 9. Security and Equipment.
 - a. No classified documents (hard copy or electronic) may be taken to, or created at, an employee's alternate work-site. Sensitive unclassified material, to include Privacy Act and For Official Use Only data or documents, may be used by teleworkers on government-furnished equipment.
 - b. Employee is responsible for the security of all official data, and for the protection of any government-furnished equipment and property at the alternate worksite. Government-owned equipment will be serviced and maintained by the government.
 - c. Common Access Card (CAC) reader will be used for government official duties only.
 - d. The organization is responsible for the maintenance of the CAC reader. Employee agrees to bring the CAC reader into the office for maintenance. Employee will return the CAC reader and materials to the organization at the conclusion of the telework arrangement or at the supervisor's request.
 - e. The employee agrees to comply with the terms of computer software license and copyright agreements; and information assurance practices.
- 10. Liability. The government is not liable for damages to employee's personal or real property while the employee is working at the approved alternate worksite, except to the extent the government is held liable by the Federal Tort Claims Act or the Military and Civilian Employees Claims Act.
- 11. Injury Compensation. The employee is covered under the Federal Employees Compensation Act when injured or suffering from work-related illnesses while conducting official government business. The employee agrees to notify the supervisor immediately of any accident or injury that occurs at the alternate worksite while performing official duties, and to complete any required forms.
- 12. Standards of Conduct. Employee continues to be bound by the DoD standards of conduct while working at the alternate work-site and when using government-furnished equipment.
- 13. Termination of the Telework Agreement. For non-COOP/mission critical employees, either the employee or the supervisor can terminate this telework agreement at will. Management will terminate this telework agreement if the employee's performance does not meet the prescribed standard or the teleworking arrangement fails to meet the needs of the organization.
- 14. Disclosure: The employee agrees to apply approved safeguards to protect government records from unauthorized disclosure or damage and will comply with requirements of the Privacy Act of 1974, 5 USC 552(a).

SECTION III – EMPLOYEE SIGNATURE

By signing this agreement, the employee certifies that s(he) has read the terms of this agreement and agrees to follow the policies and procedures outlined and other applicable policies and procedures.

EMPLOYEE NAME:

SIGNATURE

DATE (DDMMYYYY)

SECTION IV – SUPERVISOR SIGNATURE

By signing this agreement, the supervisor of the employee certifies the position the employee occupies is eligible for telework and the employee is suitable for telework.

SUPERVISOR NAME:

SIGNATURE

DATE (DDMMYYYY)

**TELEWORK
SUPERVISOR – EMPLOYEE
CHECKLIST**

Refer to NAVSEAINST 12620.1B for guidance to complete this form.

Supervisors should use this checklist to ensure telework requirements are met and participating employees understand the policies and procedures of the Telework Program. After an item is completed, place a check mark next to the item and write the date it was completed.

	COMPLETED	DATE (DDMMYYYY)
1. Guidelines, policies and procedures of the telework program have been explained to the employee.	<input type="checkbox"/>	21/08/15
2. The employee's most recent performance appraisal rating is acceptable.	<input type="checkbox"/>	21/08/15
3. The provisions governing premium pay have been explained to the employee, including the requirement that supervisory approval is required in advance of working overtime.	<input type="checkbox"/>	21/08/15
4. Performance expectations have been discussed with the employee. Standards are in place and have been agreed upon. Work output reporting requirements have been set. Supervisors determine the reasonableness of the work output for the time spent and also make occasional telephone calls and/or visits during the employee's scheduled work time.	<input type="checkbox"/>	21/08/15
5. Policies and procedures covering classified, secure and privacy data have been explained to the employee.	<input type="checkbox"/>	21/08/15
6. The employee has been given safety guidelines, which identify safety and adequacy issues that the employee needs to consider.	<input type="checkbox"/>	21/08/15
7. Equipment issued to the employee has been documented.	<input type="checkbox"/>	21/08/15
8. Policies and procedures for the care and maintenance of government furnished equipment have been explained to the employee and are clearly understood.	<input type="checkbox"/>	21/08/15
9. Employee and supervisor have completed mandatory telework training.	<input type="checkbox"/>	21/08/15
10. Position eligibility for telework is documented in TWMS.	<input type="checkbox"/>	21/08/15

SIGNATURES

EMPLOYEE

DATE (DDMMYYYY)

SUPERVISOR

DATE (DDMMYYYY)