

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**TELEWORK APPLICATION AND AGREEMENT**

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

2. Employee Name

3. Organization

4. Position Title

5. Series and Grade

6. Office Telephone No.

7. Supervisor (Name/Title)

8. Type of Telework: ☐ Regular (Core) ☐ Situational (Episodic)

**Part I - Completion of this agreement indicates that:**

1. The employee's telework arrangement begins on \_\_\_\_\_  
(date)

2. The employee's official tour of duty and location are listed below.

DAY	Telework Days (Week 1)	Start and End Times		Telework Days (Week 2)	Start and End Times	
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

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

4. Employee understands that FEMA may require participating employee 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.

5. Management reserves the right to alter the employee's established telework schedule to accommodate peak workload office demands or for any other official purpose with advance notifications.

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

7. Employee's official duty station is: \_\_\_\_\_ (City and State) for purposes such as 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: \_\_\_\_\_

The phone number of the alternate worksite is \_\_\_\_\_

8. Employee understands requirements for an adequate and safe office space and that these requirements must be met.

9. An employee approved for telework is required to satisfactorily complete all assigned work, consistent with the approach adopted for all other employees in the work group.

10. The employee will regularly meet/speak with the supervisor to receive assignments and to review completed work as necessary or appropriate. The employee's job performance will be evaluated on criteria and milestones determined by the supervisor with input from employee.

11. Employee's Time and Attendance (WebTA) for all official duty time spent in a Teleworking status will be recorded using the proper Telework code. The supervisor and employee are responsible for ensuring the accuracy of time and attendance reported for the employee's work at the official duty station and the alternative workplace. The supervisor agrees to certify biweekly the employee's Time and Attendance Daily Report for hours worked. The employee's timekeeper will retain a copy of the employee's work schedule.

12. Employee agrees to participate in surveys and data calls relative to the FEMA Telework Program, as requested.

13. The employee must obtain supervisory approval before taking leave in accordance with established office procedures in accordance with FEMA's Absence and Leave policies. Use of sick leave, annual leave, or other leave credits during regularly schedule telework time must be approved in advance by the supervisor. Overtime must be approved in advance by the supervisor.

14. 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.

15. The employee agrees to permit access to their home by agency representatives when necessary to ensure proper maintenance of agency-owned equipment. Teleworkers should be given at least one day's advance notice of any such visit. Visits should only be done during regular working hours.

16. Employee is covered under the Federal Employees 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.

17. Employee's most recent performance rating must be at least equivalent to "proficient" or "achieved expectations".

18. 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 telework site.

19. The employee understands that the Government will not be responsible for any operating costs that are associated with the use of employee's home as an alternative workplace, for example home maintenance, insurance or utilities.

20. 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.

21. The employee agrees to abide by the Department of Homeland Security and FEMA Standards of Ethical Conduct Standards while working on official duty.

22. Telework agreements will be reviewed and discussed between the employee and supervisor on an annual basis.

23. Management may terminate participation in this arrangement at any time.

24. The employee may withdraw from the program at any time. The supervisor and employee understand that either party may terminate the Telework agreement with reasonable advance notice, generally fourteen calendar days, but not less than seven calendar days and require the employee to resume working at his/her official duty station. Reasons for termination will be documented by the supervisor and/or employee and filed with this agreement.

#### Compliance with this Agreement

The employee's failure to comply with the terms of this agreement may result in the termination of this agreement and the telework arrangement. Failure to comply with the provisions of this agreement may also result in appropriate disciplinary or adverse action against the employee.

#### Part - II Certification

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 in them as well as all other applicable regulations, policies, and procedures.

*Max Meindl*

Employee's Signature

Title

Date

Supervisor's Signature

Title

Date

Telework Coordinator's Signature

Date Reviewed

#### Part III - Approval/Disapproval

Your request to participate in the telework program is: ☐ Approved as written ☐ Approved with the following modification(s)

☐ **Disapproved for the following reason(s):**

☐ The employee does not have sufficient duties or work activities suitable for performance at an alternate work site.

☐ The employee's absence from the work place under a telework arrangement will unacceptably impact the operation of the work unit.

☐ The extent of supervision required for the employee could not be achieved in conjunction with a telework arrangement.

☐ The employee's alternative work site does not meet prescribed acceptability standards. (State the specific deficiency issue(s), such as: safety, two-way communications, access to required materials, IT security, or non-work related distractions and/or obligations.)

☐ The employee does not meet performance eligibility requirements. (State the specific deficiency issue(s) such as: writing, problem-solving, reliability for the following prescribed policies and procedures, organization/time management skills, or work quality/quantity.

☐ The employee does not meet conduct-related eligibility requirements. (State the specific deficiency issues(s), such as: leave abuse, excessive absence, or a record of misconduct which precludes participation at this time. If no additional misconduct in one (1) year, employee may reapply.

☐ Other (please specify):

Supervisor's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Telework Program Coordinators Signature \_\_\_\_\_ Date \_\_\_\_\_