MEDICAL TELEWORK
REQUIREMENTS CHECKLIST

Medical Telework is treated differently than "Regular" or "Episodic" Telework as it has several additional requirements that must be provided <u>prior to</u> this being authorized.

NOTE: Medical Telework is offered in support of a medical condition of the FEMA "employee" and is not available to support the medical condition of a family member. The only program that offers support for medical conditions for a family member is FMLA.

Please attach the documents required below <u>PRIOR TO</u> authorization for Medical Telework:

☐   Telework Application & Agreement noting "Situational" and write "Medical" next to that term, signed by employee, immediate supervisor, and initialed by Section Manager

☐   Telework Employee Checklist signed by employee, immediate supervisor, and initialed by Section Manager

☐   Telework Training Certificate

☐   Medical documentation on the medical professional's letterhead, stating:

    1. the medical necessity for the request;
    2. the need to work from home or Telework;
    3. the duration of the request (specify begin and end dates);
    4. number of hours per day and days per week you are able to Telework;
    5. note any restrictions or limitations while Teleworking.

Once these documents are attached to this form, give the completed package to your Section Manager for processing. These documents will be kept in your secured Medical Telework file. These documents only support your Medical Telework request and not "Regular" or "Episodic" Telework, FMLA or Reasonable Accommodations.

Already have a "Regular" or "Episodic" Telework Packet in place? In such cases, the only documents needed are: (1) a new Telework Application and Agreement noting the dates for the Medical Telework period; and (2) medical documentation (see details above for info needed). Once the period for this Medical Telework has expired, you may resume your previously approved Telework schedule.

Do you need additional equipment? If so, please specify:

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Employee Name	Section/Department	Date