
The following constitutes a **telework agreement**, or **opt out** between the United States Department of Agriculture (USDA), NRCS and _____ detailing the terms and conditions of the telework program, on _____.

Organization: NHQ Center State **Location (city):** _____ **Location (state):** _____
Position Title: _____ **Pay Plan:** _____ **Series:** _____ **Grade:** _____
Tour of Duty: Standard Flexitour (10-8) Compressed (5-4-9) Compressed (4-10)
Work Schedule: Full-Time Part-Time
Type of Appointment: Permanent Temporary Intern/Student Intermittent

Indicate whether the employee occupies the following designation(s):

Is employee telework eligible? Yes No

Is employee a supervisor? Yes No

Prior performance rating "Fully Successful" or above? Yes No N/A

If answer is "no" above, employee is considered ineligible - skip to signature on page 3

Disciplinary action taken in the prior 12 months? Yes No

If answer is "yes" above, employee is considered ineligible - skip to signature on page 3

Is employee considered emergency essential/mission critical? Yes No

Employee requests participating on the following basis:

- Category I: 24 hours or more per pay period*
- Category II: 1 – 23 hours per pay period*
- Ad Hoc/Situational
- Opt Out (employee may reapply at any time) - skip to signature on page 3
- Unable due to technology needs – skip to signature on page 3

****For Cat I and Cat II teleworkers only, designate telework days:***

Week One (of pay period): Monday Tuesday Wednesday Thursday Friday

Week Two (of pay period): Monday Tuesday Wednesday Thursday Friday

Describe typical activities to be conducted while teleworking:

Primary Telework Location: Residence Field Office Other Location

Primary Telework Location Address and Contact Phone Number:

Employee has completed training: Yes No

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 to 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 requests to participate in the program beginning on _____.
5. Employee's official tour of duty must include at least a 30-minute uncompensated lunch.
6. Employee's official duty station is _____ for purposes such as pay, special salary rate.
7. Employee's Time and Attendance for all official duty time spent in a Teleworking status will be recorded using the proper Telework time code, where applicable.
8. Employee agrees to participate in surveys and data calls relative to the USDA Telework Program, as requested.

9. Employee agrees to follow policy for requesting and obtaining supervisory approval of leave.
10. Employee will utilize Government equipment for official business only and in accordance with applicable laws, regulations, policies, etc., as well as safeguard equipment. Employee is responsible for servicing and maintaining employee-owned equipment.
11. 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.
12. Employee understands requirements for an adequate and safe office space and the employee ensures these requirements are met.
13. Employee's most recent performance rating is at least equivalent to "Fully Successful" (e.g., "pass").
14. Employee understands that telework is not a substitute for dependent 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.
15. 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.
16. Telework agreements should be reviewed and discussed between the employee and supervisor on an annual basis.

Employee Signature

Date

Comments (if necessary)

Supervisor Signature

Date

Check one of the following: Approved Disapproved

If disapproving, state reasons below:

Has agreement been terminated? Yes No

If yes, termination date: _____

If terminated, state reasons below:

Security Checklist

Employee Name: _____

Supervisor's Signature: _____

Information Sensitivity

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

Workstation Configuration

<p>Government–Owned Equipment (GOE) refers to agency owned equipment issued specifically for telework purposes – this does not include equipment that has already been issued, such as laptops that a telework employee uses at the official duty station and alternate work locations. Equipment such as chairs, desks, file cabinets will not normally be provided to teleworkers.</p> <p>Employee has been issued the following equipment for the purpose of Telework:</p> <p>_____ Computer _____ Modem _____ Printer</p> <p>_____ Software _____ Other _____</p> <p>_____ N/A</p>	<p>Telework Connection Requirements:</p> <p>_____ Telephone/modem line</p> <p>_____ Direct Internet/Wireless Connectivity</p> <p>_____ Not applicable</p>
---	---