

AVIANO AB TELEWORK AGREEMENT

Between
(Organization)
and
(Employee)

The following constitutes the terms and conditions of the telework agreement between:

Employee: _____
Last Name
First Name
Middle Initial

And _____
Title

Pay Plan
Series
Grade

Organization: _____ **Duty Phone #:** _____

Days in Biweekly Pay Period Employee is Authorized to Telework

The employee is approved to work at the approved alternative worksite specified below in accordance with the following schedule:

DAY	PER WEEK	PER PAY PERIOD	WORK SCHEDULE		DUTY HOURS <i>(specify hours of work and lunch break)</i>
			Fixed or Alternative	FWS	
MON					
TUES					
WED					
THURS					
FRI					

Alternative Worksite

The employee's alternative worksite is:

– **Home office or work area**

Address: _____

Location of home office or work area: _____

Phone: _____ Fax: _____ Email: _____

– **Other approved alternative worksite:**

Address: _____

Phone: _____ Fax: _____ Email: _____

Changes to Telework Arrangement

Employee understands that he/she must be available to work at the traditional worksite on telework days on an occasional basis if necessitated by work requirements. Requests by the employee to change his or her scheduled telework day in a particular week or biweekly pay period should be accommodated by the supervisor wherever practicable, consistent with mission requirements.

A permanent change in the telework arrangement must be reflected in a new telework agreement.

Work-at-Home Telework

Employee agrees that it is the responsibility of the employee to ensure that a proper work environment is maintained while teleworking.

For work at home arrangements, employee has completed and signed a safety checklist that proclaims the home safe for an official home worksite, to ensure that all the requirements to do official work are met in an environment that allows the tasks to be performed safely. The employee agrees to permit access to the home worksite by Air Force representatives as required, during normal working hours, to repair or maintain Government-furnished equipment, and to ensure compliance with the terms of this telework agreement.

For work at home arrangements, the employee has designated one area in the home as the official work or office area that is suitable for the performance of official Government business. The Government's potential exposure to liability is restricted to this official work or office area for the purposes of telework.

The employee acknowledges that telework is not a substitute for dependent care.

The Government is not responsible for any operating costs that are associated with the employee using his or her personal residence as an alternative worksite, including home maintenance, insurance, telephone or utilities.

Official Duty Station

The employee's official duty station for such purposes as special salary rates, overseas entitlement, pay adjustments, and travel is

_____. The official duty station corresponds to that found on the most recent SF-50, Notification of Personnel Action. Employee understands that he/she must be physically in country to be entitled to post allowance and/or differential, danger or/and imminent danger pay.

Time and Attendance, Work Performance and Overtime

Time spent in a teleworking status must be accounted for and reported in the same manner as if the employee reported for duty at the traditional worksite.

The employee is required to satisfactorily complete all assigned work, consistent with the approach adopted for all other employees in the work group, and according to standards and guidelines in the employee's performance plan.

The employee agrees to work overtime only when ordered and approved by the supervisor in advance. Employees who work overtime without such prior approval may be subject to administrative or disciplinary action, which may include immediate termination of the teleworking arrangement and this agreement.

If on a Flexible Work Schedule (FWS), employee may voluntarily request, in advance, to work in excess of his/her scheduled workday. Credit hours can be earned only if request is approved by the immediate supervisor prior to working the additional hours. Earned credit hours may be used in lieu of annual or sick leave only after approval of the supervisor.

Security and Equipment

The employee agrees that no classified documents (hard copy or electronic) may be taken to the employee's alternative worksite. For regular and recurring telework, sensitive unclassified material, including Privacy Act and For Official Use Only data, may only be used by employee provided with Government-furnished equipment. The employee is responsible for the security of all Official data, protection of any Government-furnished equipment and property, and carrying out the mission of the AF at the alternative worksite. Government-furnished equipment must only be used for official duties and family members and friends of employee are not authorized to use any Government-furnished equipment.

Where USAFE installations or activity employee has been approved by the HQ USAFE/SC to use their personal computers and equipment for telework on non-sensitive unclassified data, remote access software must not be loaded into employee's personal computers for official purposes. The employee is responsible for the installation, repair and maintenance of all personal equipment. Where systems are not physically connected to the network the Wing Commander has approved their use at the alternative worksite.

The Air Force is responsible for the maintenance of all Government-furnished equipment. The employee may be required to bring such equipment into the office for maintenance. The employee must return all Government-furnished equipment and materials to the organization at the conclusion of teleworking arrangements or at the Organization's request.

Liability and Injury Compensation

The Government is not liable for damages to the employee's personal or real property while the employee is working at the approved alternative worksite, except to the extent the Government is held liable by the Federal Tort Claims Act or the Military and Civilian Employees Claims Act.

The employee is covered by the Federal Employees Compensation Act (FECA) 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 alternative worksite while performing official duties and to complete any required forms. Supervisor agrees to investigate incident immediately.

Standards of Conduct

The employee acknowledges that he/she continues to be bound by the Department of Defense and Air Force standards of conduct while working at the alternative worksite and using Government-furnished equipment.

Termination of the Telework Agreement

This telework agreement can be terminated by either the employee or the supervisor by giving advance written notice of one week or less if mutually agreed to by both parties. Management shall terminate the telework agreement should the employee's performance not meet the prescribed standard, or the teleworking arrangement fails to meet organization needs.

Date of Commencement

The telework arrangement covered by this Agreement will commence on: _____.
(Date)

This Agreement constitutes the complete understanding between _____ the organization _____ and the employee _____. No other promises or agreements will be binding unless voluntarily signed by both parties. A copy of the signed agreement has been provided to the employee. A signed copy of this Agreement, the DoD 2946, *DoD Telework Agreement* and Aviano AB Self-certification Safety Checklist, has been filed in the Supervisor's Employee Work folder and a copy provided to 31 FSS/FSMC.

Supervisors Responsibility

- Participate in OPM telework training prior to approving employees' telework agreement;
- Determine employees' eligibility for telework, notify employee of their eligibility and update employees' status in *MyBiz+*;
- Approve or deny requests for telework based upon mission requirements, employee performance, and needs of work group;
- Require employees to successfully complete OPM's telework training prior to approving employees' telework agreement;
- Ensure worksite coverage during business hours so mission operations continue to be carried out efficiently and effectively, and teleworkers and onsite employees are treated equitably;
- Ensure employees know procedures for requesting unscheduled telework, and requirement that request must be approved in advance;

- Ensure teleworkers are held accountable for GFE and adhere to applicable maintenance requirements;
- Promptly report any work-related accident or injury occurring at an employee's alternative worksite and provide this information to AFPC;
- Terminate telework arrangements if an employee's performance and/or conduct do not comply with terms of telework agreement; or if employee's telework agreement fails to meet organizational needs; or employee request termination of agreement.

Signatures:

Employee

Date

Supervisor

Date

Self-certification Safety Checklist* For Home-based Teleworkers

The following checklist is designed to assess the overall safety of your alternative worksite. Please read and complete the self-certification safety checklist. Upon completion, you and your supervisor should sign and date the checklist in the spaces provided.

Name:

Organization:

Address:

City/State:

Business Telephone:

Telecommuting Coordinator:

Alternative Worksite Location:

(Describe the designated work area in the alternative worksite.)

A. General

1 Workspace is away from noise, distractions, and is devoted to your work needs? Yes [] No []

2 Workspace accommodates workstation, equipment, and related material? Yes [] No []

3 Floors are clear and free from hazards? Yes [] No []

4 File drawers are not top-heavy and do not open into walkways? Yes [] No []

5 Phone lines and electrical cords are secured under a desk or along wall, and away from heat sources? Yes [] No []

6 Temperature, ventilation, and lighting are adequate? Yes [] No []

7 All stairs with four or more steps are equipped with handrails? Yes [] No []

8 Carpets are well secured to the floor and free of frayed or worn seams? Yes [] No []

B. Fire Safety

- 9 There is a working smoke detector in the workspace area? Yes [] No []
- 10 A home multi-use fire extinguisher, which you know how to use, is readily available? Yes [] No []
- 11 Walkways aisles, and doorways are unobstructed? Yes [] No []
- 12 Workspace is kept free of trash, clutter, and flammable liquids? Yes [] No []
- 13 All radiators and portable heaters are located away from flammable items? Yes [] No []
- 14 You have an evacuation plan so you know what to do in the event of a fire? Yes [] No []

C. Electrical Safety

- 15 Sufficient electrical outlets are accessible? Yes [] No []
- 16 Computer equipment is connected to a surge protector? Yes [] No []
- 17 Electrical system is adequate for office equipment? Yes [] No []
- 18 All electrical plugs, cords, outlets, and panels are in good condition? No exposed/damaged wiring? Yes [] No []
- 19 Equipment is placed close to electrical outlets? Yes [] No []
- 20 Extension cords and power strips are not daisy chained and no permanent extension cord is in use? Yes [] No []
- 21 Equipment is turned off when not in use? Yes [] No []

D. Computer Workstation

- 22 Chair casters (wheels) are secure and the rungs and legs of the chair are sturdy? Yes [] No []
- 23 Chair is adjustable? Yes [] No []
- 24 Your back is adequately supported by a backrest? Yes [] No []
- 25 Your feet are on the floor or adequately supported by a footrest? Yes [] No []
- 26 You have enough leg room at your desk? Yes [] No []
- 27 There is sufficient light for reading? Yes [] No []
- 28 The computer screen is free from noticeable glare? Yes [] No []
- 29 The top of the screen is at eye level? Yes [] No []

30 There is space to rest the arms while not keying? Yes [] No []

E. Other Safety/Security Measures

31 Files and data are secure? Yes [] No []

32 Materials and equipment are in a secure place that can be protected from damage and misuse?
Yes [] No []

33 You have an inventory of all equipment in the office including serial numbers? Yes [] No []

34 If applicable, do you use up-to-date anti-virus software, keep virus definitions up-to-date, and run regular scans? Yes [] No []

Employee's Signature and Date: _____

Immediate Supervisor's Signature and Date: _____

Approved [] Disapproved []

Please return a copy of this form to your telecommuting program coordinator.

** This checklist was developed by the Office of Personnel Management.*