



**Appendix D – Remote Work Agreement**

<b>Employee's Name:</b>	<b>Job Title, Pay Plan, Series &amp; Grade:</b>
<b>Office/Region and Division:</b>	<b>Address of Regular Office or Worksite:</b>
<b>Employee's Work Phone:</b>	<b>Employee's Work Email Address:</b>
<b>Supervisor's Name:</b>	<b>Supervisor's Work Phone &amp; Email Address:</b>
<b>Proposed Start Date:</b>	<b>Proposed End Date (for DETO):</b>
<b>Address of Remote Work Location (including city, state and zip code):</b>	
<b>Within same Local Commuting Area of Regular Office or Worksite:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)	
<b>Request:</b> Select one: <input type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement <input type="checkbox"/>	
<b>Employee Certification:</b> I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.	
<b>Approval/Disapproval (attach documentation):</b> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (cite reason(s) below)	
<b>Employee's Signature:</b>	
<b>Supervisor's Signature:</b>	

**Approval Official or Designee's Signature:**

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.



**Appendix B – EPA Remote Work Self-Certification Safety Checklist**

	<b>Select a Response</b>	<b>Comments</b>
1. Is the space free of asbestos material?		
2. If NO, is the asbestos undamaged and in good condition?		
3. Does the space appear to be free of indoor air quality problems?		
4. Is the workspace free from excess noise?		
5. Is water available and drinkable in the space?		
6. Is ventilation adequate?		
7. Is a bathroom available with hot and cold running water?		
8. Are there handrails for stairs with more than 3 steps?		
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?		
10. Do circuit breakers clearly indicate if they are opened or closed?		
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?		
12. Will the building's electrical system permit the grounding of electrical equipment?		
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?		
14. Do file cabinets and storage closets open so they do not obstruct walkways?		
15. Do chairs have stable and secure wheels/casters?		
16. Are rungs and legs of chairs stable and sturdy?		
17. Are the phone lines, electrical cords and extension wires safely secured?		
18. Is the office free of combustible materials?		
19. Is there adequate electrical lighting to accomplish the work assignments?		
20. Are floors surfaces clean, dry, and level?		
21. Are carpets well secured to the floor and free of frayed or worn seams?		
22. Are there any other known safety issues that should be addressed for this workspace?		

*This checklist is designed to assess the overall safety of the Remote Work Location and must be completed and given to your supervisor with your Remote Work Agreement. Signing this form does not guarantee that the RWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their RWL that could impact the health and safety of the employee and others.*

Employee Signature \_\_\_\_\_ Supervisor Signature \_\_\_\_\_