

Appendix A - Telework Application/Agreement

Employee Name:	Job Title:				
Office/Region and Division:					
Employee's Official Work Station Address:					
Employee's Work Phone:			Employee's Work E-mail Address:		
First-line Supervisor:			First-line Supervisor's Work Phone:		
Proposed Start Date:					
Address of Primary Alternative Work Location(s) (Including city, state, and zip code):					
Address of Secondary/Special Circumstances (must attach separate safety checklist):					
Employees are understood to be working at the primary location unless they have informed their supervisor otherwise in advance.					
Phone Number of Alternative Work Location(s):			Training: [] Telework Training evidence attached.		
Request: [] New Request [] Request for Modification to Existing Agreement					
Type of Telework Agreement (may select Regular and Situational on the same form): [] Regular Telework [] Situational Telework [] Medical Telework (also requires additional certification)					
Regular Telework Schedule:					
	Monday	Tuesday	Wednesday	Thursday	Friday
Pay Period Week #1					
Official Agency Worksite					
Alternative Work Location					
Pay Period Week #2					
Official Agency Worksite					
Alternative Work Location					

<p>Employee Certification: I certify that by signing below I have read and understand the EPA Telework Policy and relevant collective bargaining agreements (CBA) and this Telework Agreement Form. I understand that this Agreement may be used or reviewed by management and EPA's Agency and local telework coordinators for the purpose of implementing agency policy and assessing EPA's Telework Program. I certify that I have read and understand the requirements regarding the safety and liability, safeguarding information, and other requirements included in the EPA Telework Policy and relevant collective bargaining agreements and this Agreement and agree to adhere to those terms and conditions. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my alternative work location (AWL).</p>	
<p>Employee's Signature:</p>	<p>Date:</p>
<p>Approval Official or Designee's Signature:</p>	<p>Date:</p>
<p>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.</p>	
<p>Approval/Disapproval:</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved with Modifications (cite reason(s) and modification below)</p> <p><input type="checkbox"/> Disapproved (cite reason(s) below)</p>	

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: Telework Application and Agreement Records, EPA-61.

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



Appendix B – EPA Telework Self-Certification Safety Checklist

	Select a Response	Comments
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 Alternate Work Location and must be completed and given to your supervisor with your Telework Agreement. Signing this form does not guarantee that the AWL 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 AWL that could impact the health and safety of the employee and others.

Employee Signature _____ Supervisor Signature _____