Print Form

TELEWORK AGREREMENT
FOR REGULAR AND RECURRING TELEWORK

This constitutes the terms and conditions of the Telework Agreement. By signing this agreement, you are certifying that you understand and accept the terms and conditions, and that you will comply with published policies, orders and directives pertaining to the Telework Program.

1. YOUR NAME:

2. TITLE/SERIES/GRADE:

3. ORGANIZATION:

4. TELEWORK SCHEDULE: SHOW THE DAY(S) DURING EACH PAYPERIOD THAT THE EMPLOYEE IS APPROVED TO WORK AT AN ALTERNATE WORKSITE.

DAY	1st WEEK OF PAYPERIOD	2nd WEEK OF PAYPERIOD	DUTY HOURS (SPECIFY LUNCH BREAK)
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			

5. APPROVED ALTERNATE WORKSITE (CHECK ONE):

☐ GSA TELECENTER OR ☐ OTHER APPROVED WORKSITE

ADDRESS: _____

PHONE NUMBER: _____ FAX: _____

E-MAIL ADDRESS:

NOTE: USE PF A GSA TELECENTER WILL BE APPROVED ONLY IF THE FEES FOR SUCH USE ARE CENTRALLY FUNDED BY THE DEPARTMENT OF THE NAVY.

6. ☐ CHECK HERE if the alternate worksite is the employee's home. If this box is checked, describe specific location within the home that will be used as the official worksite.

7. ☐ CHECK HERE if the Telework arrangement is based on medical reasons or as an accommodation for a disability. Attach medical documentation that supports the Telework arrangement.

Reset Form