# NOAA Telework Application *and* Agreement

➤*Section I (Completed by Employee)*

Employee's Name: Mary Lou Cumberpatch Telephone #: 301-713-2600 ext 140

Job Title: Librarian Series and Grade:

Division: NODC/LISD Office: NOAA Library

Supervisor's Name and Title: Neal Kaske, Library Director

Official Duty Station: Silver Spring

I Request to Telework at:

☐ GSA Federal Telework Center (Location):_____ Phone:_____

☑ Alternative Workplace (Location): home Phone: 2408885921

➤*Section II (Telework Agreement)*

The following constitutes an agreement on the terms and conditions of the telework arrangement for working at an authorized alternative workplace between the Employee and the Supervisor.

Description of work to be performed:

Prepare educational programs and webinars; contact NOAA staff regarding outreach activities; present webinars; prepare for Line Office briefings; prepare for Library tours

A copy of the agreement will be retained by the supervisor and the employee for reference.

Voluntary Participation

The employee voluntarily agrees to work at the approved alternative workplace indicated in Section 1. of the NOAA Telework Application and Agreement. The supervisor concurs with the employee's participation. The employee and supervisor agree to follow all applicable policies and procedures established by the Department of Commerce and NOAA. The employee recognizes that the telework arrangement is not an employee entitlement, but an additional method that the employer may approve to accomplish work.

Performance/Work Assignments

The employee's most recent performance rating of record and current performance must be at least "Meets or Exceeds." The employee understands that a decline in performance may be grounds for canceling or modifying the alternative workplace arrangement. The employee agrees to complete all assigned work according to procedures mutually agreed upon by the employee and the supervisor and according to guidelines and standards in the employee's performance plan.

Approval Period

The employee will participate in the telework program on (check one):

☑ A *regularly* scheduled *(continuing)* basis beginning Friday, March 24 *(date)*.

☐ A *non-regularly* scheduled *(intermittent or episodic)* basis beginning_____ *(date)* for at least _____ *(up to one year)*.

☐ This agreement shall expire on _____, unless cancelled or terminated earlier by either the approving official and/or employee, or renewed by agreement of the employee and approving official.

Official Duty Station and Alternative Workplace

The supervisor and employee agree that all pay, leave, and travel entitlement are based on the official duty station as shown in Section 1. of the NOAA Telework Application and Agreement.

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Work Schedule and Tour of Duty

The supervisor and employee agree that the employee's official tour of duty is as shown in the table below (insert days and hours).

| | Week 1 of pay period | Week 2 of pay period |
|---|---|---|
| Official Duty Station | M, T, W, T | M, T, W, T |
| Alternative Workplace | F | F |

(For guidance on flexible work schedules, refer to the Department of Commerce or your unit's Alternative Work Schedule Plan, and specify the flexible band and the limits within which flexible hours may be worked.)

Special Circumstances:

Alternative Workplace Costs

The employee understands that the Government will not be responsible for any operating costs that are associated with the use of the employee's home as an alternative workplace, for example, home maintenance, insurance or utilities.

Entitlement to Reimbursements

The supervisor understands that the employee does not relinquish any entitlement to reimbursement for authorized expenses incurred while conducting business for the Government, as provided for by statute and regulations.

Equipment/Supplies

The employee agrees to protect any Government-owned equipment and/or supplies and to use the equipment only for official purposes. Any government-owned equipment issued to the employee will be serviced, maintained, and installed, if applicable, by NOAA. The employee is responsible for maintaining, installing, and the servicing of any personal equipment needed. The supervisor will provide the employee with all necessary office supplies, and will arrange for the employee to make business-related long distance telephone calls at no cost to the employee.

Equipment needed to perform work at alternative workplace:
*This section must be completed*

*NOAA Furnished*: _____

*Employee Furnished*: PC

Alternative Workplace Inspection

The employee agrees to permit the Government to inspect the alternative work site during the employee's scheduled working hours with prior notice. The supervisor and employee agree that the purpose of any such inspection will be to ensure that the designated work area is adequate for performance of employee's official duties, meets required safety and security requirements, and to ensure proper maintenance of Government-owned property.

Salary and Benefits

The supervisor and employee agrees that a telework arrangement is not a basis for changing the employee's salary, benefits, or entitlements.

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Overtime

The employee agrees to work overtime only when ordered and approved in writing by the supervisor and in advance of working the overtime. The employee understands that overtime work without such approval may not be compensated and may result in termination of the telework arrangement.

Leave

The employee agrees to follow established office procedures for requesting and obtaining approval of leave. The employee understands that if an emergency condition occurs either effecting the alternative workplace or the Federal government, the employee must contact the supervisor and follow appropriate dismissal or leave requesting procedures.

Time and Attendance Reports

The supervisor and employee are responsible for ensuring the accuracy of time and attendance reported for the employee's work at the official duty station and the alternative workplace. The supervisor agrees to certify biweekly the employee's Time and Attendance Daily Report for hours worked. The employee's timekeeper will retain a copy of the employee's work schedule.

Conducting Personal Business

The employee agrees not to conduct personal business at the alternative workplace while in an official duty status for example, caring for dependents or making home repairs.

Liability

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

Worker's Compensation

The employee understands that (s)he is covered by Federal Employee's Compensation Act if injured in the course of performing official duties at authorized work locations. The employee agrees to notify his/her supervisor immediately of any accident or injury that occurs and to complete any required forms. The supervisor agrees to process such a report immediately.

Maintenance of Records

The supervisor is responsible for maintaining all forms and records associated with this agreement.

Standards of Conduct

The employee agrees to abide by the Department of Commerce Standards of Ethical Conduct Standards while working on official duty.

Disclosure

The employee agrees to protect Government records from unauthorized disclosure or damage and will comply with requirements of the Privacy Act of 1974, 5 U.S.C. 552a, and all other regulatory guidance controlling the protection and use of government records.

Termination

The supervisor and employee understand that either party may terminate the Telework agreement with reasonable advance notice, generally two (2) administrative work weeks, but not less than seven (7) calendar days and require the employee to resume working at his/her official duty station. Reasons for

termination will be documented by the supervisor and/or employee on NOAA's Telework Termination Form and filed with this agreement.

Compliance with this Agreement

The employee's failure to comply with the terms of this agreement may result in the termination of this agreement and the telework arrangement. Failure to comply with the provisions of this agreement may also result in appropriate disciplinary or adverse action against the employee.

Certification

By signing this agreement, the employee certifies that (s)he has read the terms of this agreement and agrees to follow the policies and procedures outlined in them as well as all other applicable regulations, policies, and procedures:

Employee's Signature:_____Title:_____Date:_____

Supervisor's Signature:_____Title:_____Date:_____

Approving Official's Signature: _____Title:_____Date:_____

***➤Section III (Approval/Disapproval)***

Your request to participate in the telework program is:

☐ **Approved as written**:

☐ **Approved with the following modification(s):**

☐ GSA Federal Telework Center (Location):_____Phone:_____

☐ Alternative Workplace (Location): _____ Phone:_____

☐ Other: _____ Phone:_____

☐ **Disapproved for the following reason(s):**

☐ The employee does not have sufficient duties or work activities suitable for performance at an alternative work site.

☐ The employee's absence from the work place under a telework arrangement will unacceptably impact the operation of the work unit.

☐ The extent of supervision required for the employee could not be achieved in conjunction with a telework arrangement.

☐ The employee's alternative work site does not meet prescribed acceptability standards. (State the specific deficiency issue(s), such as: safety, two-way communications, access to required materials, IT security, or non-work related distractions and/or obligations.)

☐ The employee does not meet performance eligibility requirements. (State the specific deficiency issue(s) such as: writing, problem-solving, reliability for following prescribed policies and procedures, organization/time management skills, or work quality and/or quantity.)

☐ The employee does not meet conduct-related eligibility requirements. (State the specific deficiency issue(s), such as: leave abuse, excessive absence, or a record of misconduct which precludes participation at this time. If no additional misconduct in one (1) year, employee may reapply.

☐ Other (please specify):

Supervisor's Signature: _____Date:_____

Approving Official's Signature:_____Date:_____

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# NOAA TELEWORK SAFETY CHECKLIST - PRIVATE RESIDENCE

*Note: Complete this only if the proposed alternative workplace is located in a private residence.*

This checklist is designed to assess the overall safety of the designated work area of the alternative workplace. Each applicant should read and complete the self-certification safety checklist. Upon completion, the checklist should be signed and dated by the applicant.

Applicant: Mary Lou Cumberpatch Office Telephone: 301-713-2600

Location of alternative workplace: private residence Alt Workplace telephone: 240-888-5921

Description of the designated work area:

Within the designated work area:

1. Are all stairs with four or more steps equipped with handrails? ☑ Yes ☐ No ☐ N/A

2. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service? ☑ Yes ☐ No ☐ N/A

3. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through the walls, exposed wires fixed to the ceiling)? ☑ Yes ☐ No ☐ N/A

4. Will the building's electrical system permit the grounding of electrical equipment? ☑ Yes ☐ No ☐ N/A

5. Are aisles, doorways, and corners free of obstructions to permit visibility and movement? ☑ Yes ☐ No ☐ N/A

6. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways? ☑ Yes ☐ No ☐ N/A

7. Are the chair casters (wheels) secure and the rungs and legs of the chair sturdy? ☑ Yes ☐ No ☐ N/A

8. Are the phone lines, electrical and extension cords secured under a desk or alongside a baseboard? ☑ Yes ☐ No ☐ N/A

9. Is the office space neat, clean, and free of excessive amounts of combustibles? ☑ Yes ☐ No ☐ N/A

10. Are floor surfaces clean, dry, and level? ☑ Yes ☐ No ☐ N/A

11. Are carpets well-secured to the floor and free of frayed or worn seams? ☑ Yes ☐ No ☐ N/A

12. Is there sufficient light for reading? ☑ Yes ☐ No ☐ N/A

I hereby certify that I will take all necessary corrective actions to eliminate any hazard (as revealed by a negative response) before I begin to telework.

Employee's Signature: _____ Date: _____



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