

☐ Initial Application

☐ Modification

**NOAA**  
**Telework Application/Agreement and Modification Form**

**SECTION I – TO BE COMPLETED BY THE EMPLOYEE**

Date of Request:

Organization:

Employee Name:

Official Title:

Pay Plan, Series, Grade/Band:

Supervisor's Name:

Supervisor's Official Title:

Supervisor's Telephone:

Desired Telework Start Date:

Type of Alternate Worksite: ☐ Home      ☐ NOAA Facility      ☐ Other (Explain below)

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Address(es) of Alternate Worksite(s):

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Telephone at Alternate Worksite: \_\_\_\_\_

Description of Location(s) within Home/Alternate Worksite (floor, room, etc.): (Examples: Desk in First Floor Home Office, Table and Couch in Basement Den):

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Equipment Supplied By NOAA to Perform Work at Alternate Worksite:

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Identification of specific data types NOT to be accessed at alternative worksite (if any):

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Identification of records which can or cannot (specify) be transported to the alternate worksite:

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**Type of Telework (Select one or more).**

Note: Employees completing this agreement ONLY for the purposes of COOP/Emergency operations will not be required to telework during normal office closures such as weather events when COOP/Emergency operations have not been initiated:

☐ Routine Scheduled      ☐ Situational      ☐ For COOP/Emergency

**For Routine Schedule Telework Only:****Work Schedule (including AWS day(s) off and rotating shifts, if applicable):**

| Week 1                   |                          |                          |                          |                          |                          |                          | Week 2                   |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Su                       | Mo                       | Tu                       | We                       | Th                       | Fr                       | Sa                       | Su                       | Mo                       | Tu                       | We                       | Th                       | Fr                       | Sa                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Telework Days at Alternate Worksite:**

| Week 1                   |                          |                          |                          |                          |                          |                          | Week 2                   |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Su                       | Mo                       | Tu                       | We                       | Th                       | Fr                       | Sa                       | Su                       | Mo                       | Tu                       | We                       | Th                       | Fr                       | Sa                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Total Telework Days Per Pay Period: \_\_\_\_\_

(Note: employees **must** be scheduled to report to the traditional worksite **at least twice** per pay period to use this application.)

**NOAA Telework Eligibility and Readiness Assessment Tool**

In considering whether and how much telework an employee should perform, the supervisor and employee should complete and discuss the ***NOAA Telework Eligibility and Readiness Assessment Tool***.

☐ The Employee and Supervisor Have Discussed the Results of the ***NOAA Telework Eligibility and Readiness Assessment Tool***.

**NOAA Telework Safety Checklist**

In order to minimize threats to the safety of its employees and properly address liability and injury compensation issues, the telework application must clearly describe the specific location within the alternative worksite from which the employee will telework. Additionally, the NOAA Telework Safety Checklist must be completed and reviewed by the supervisor.

☐ The ***NOAA Telework Safety Checklist*** has been completed and all action necessary to address safety concerns have been completed.

**Additional Agreement Details:**

Use this space to add additional requirements, metrics, or details that will become part of the agreement.

## Employee Acknowledgements

☐ I acknowledge that I will not be authorized to telework if my performance does not comply with the terms of my telework agreement. Failure to comply may also result in disciplinary action.

☐ I understand that I must perform at the Fully Successful or higher (or equivalent) level in order to telework.

☐ I certify that I have completed an approved interactive telework training program authorized by my bureau, the Telework Safety Checklist, and the Telework Eligibility and Readiness Assessment Tool, if applicable.

☐ I understand that, unless this agreement is for COOP/Emergency purposes *only*, I am required to telework during office closures for weather and safety events unless granted Weather and Safety or Administrative leave by my supervisor, or electing to take unscheduled leave (if offered).

☐ I understand that that I may be required to report for an assignment that requires presence at the worksite (e.g., providing a presentation or performing administrative duties at a pre-scheduled conference) on my scheduled telework day.

☐ When unscheduled leave or telework is announced by the appropriate authorities, I understand that the election is mine but I must notify my supervisor. I am aware that, in rare situations, management may require me (a “non-emergency” employee) to report for an assignment that requires my presence, and management has discussed this with me in advance of the situation giving rise to unscheduled leave/telework.

☐ I understand that I may not care for children, elders, or other dependents while I am in a *duty status* and teleworking. As described in the NOAA Telework Implementation Plan, in these situations, I must request the appropriate leave (paid or unpaid) from my supervisor, utilize the flexibility available under my Flexible Work Schedule to stop working (if applicable), or request a change in my Work Schedule.

☐ I understand that I must abide by the IT Security requirements conveyed in the Commerce Information Technology Security Program Policy (ITSPP), Commerce Information Technology Requirements (CITRs), Frequently Asked Questions (FAQs), and IT Security Policy memos.

☐ Alternate Worksite Costs – The employee understands that the Government will not be responsible for any operating costs associated with the use of the employee’s home as an alternate worksite, for example, home maintenance, insurance, or utilities. The employee also understands that any entitlement to reimbursement for authorized expenses incurred while conducting business for the Government, as provided for by statute or regulation, is not relinquished by this agreement.

☐ Liability – The applicant understands that the Government will not be held liable for damages to their personal or real property while they are working at the approved alternate worksite, except to the extent the Government is held liable under the Military Personnel and Civilian Employees Claims Act and the Federal Tort Claims Act.

☐ Injury Compensation – The applicant understands that they are covered under the Federal Employees Compensation Act if injured in the course of actually performing official duties at the alternate worksite. The applicant agrees to notify his/her supervisor immediately of any accident or injury that occurs at the alternate workplace and to complete any required forms. The supervisor agrees to investigate such a report as soon as possible.

☐ Disclosure – The applicant 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. § 552(a), and those outlined in sections **XVII - XX** of the DOC Telework Policy and Sections **XVII – XIX** of the NOAA Telework Implementation Plan (October 2021).

Employee's Signature and Date: \_\_\_\_\_

**SECTION II – TO BE COMPLETED BY THE APPROVING OFFICIAL**

Approved: ☐      Disapproved: ☐      Reason Not Approved:

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☐ I certify that the employee is eligible and authorized to telework and that I have reviewed the employee's Safety Checklist:

Termination Date of Agreement (Note: all agreements must be reviewed *at least annually*):

☐ Indefinite/Until Terminated or Modified

☐ \_\_\_\_\_

Supervisors' Signature and Date (if Supervisor is not the Approving Official):

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Approving Official's Signature and Date:

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## NOAA Telework Eligibility and Readiness Assessment Tool

**Note: This assessment should focus on the attributes of the employee rather than the suitability of the functions of the position for telework. The amount of telework that is suitable for a position should be established using the telework suitability tool.**

The decision to permit an employee to telework, and how much telework to approve, should be based on the ability of an employee to work in a setting away from their customers and coworkers, either in their home or at another Federal facility, without on-site supervision. The following tool is to be used by the supervisor as a basis for discussing whether and how much telework is appropriate for a particular employee. The employee and the supervisor may complete the assessment together or separately and should discuss any discrepancies.

Lower scores in any assessment area are not necessarily disqualifying for telework, but may influence the amount of telework the supervisor approves and/or may require significant discussion, planning, or the addition of specific items/metrics in the telework agreement to ensure success. The supervisor may wish to utilize short-term telework agreements which expire after a few months to gauge the employee's readiness for telework.

### **Statutory Eligibility:**

**If any of the below boxes are checked, the employee is *ineligible* for telework and their application must be denied.**

The employee has been officially disciplined for being Absent Without Leave (AWOL) for more than 5 days in any calendar year ***and the record of such discipline remains in the eOPF.***

The employee has been officially disciplined for violations of subpart G of the Standards of Ethical Conduct of Employees of the Executive Branch for reviewing, downloading, or exchanging pornography, including child pornography, on a Federal Government computer or while performing official Federal Government duties [Public Law 111-292, 6502(a)(2)(A)(B)] ***and the record of such discipline remains in the eOPF.***

The employee's ***current*** performance is below the Fully Successful (or equivalent) level.

### Notes:

1. Disciplinary actions that are not reflected in the eOPF are not considered "official."
  2. Disciplinary records such as Letters of Reprimand, which are removed from the eOPF after a period of time, are only disqualifying while they are present in the eOPF.
  3. An employee's performance may change throughout the year. If an employee's performance has previously been less than Fully Successful, but they have since improved, they are no longer ineligible.
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## **Telework Readiness Assessment**

Please rate yourself or your employee, using the following scale:

**5 – Always    4 – Usually    3 – Sometimes    2 – Rarely    1 – Never**

1. Employee successfully performs tasks without regular monitoring/supervision.
2. Employee is comfortable working autonomously/independently.
3. Employee independently identifies required work products.
4. Employee successfully establishes priorities and plans/organizes their work accordingly.
5. Employee demonstrates a high level of productivity, efficiency, and effectiveness.
6. Employee keeps management informed of their work progress.
7. Employee meets deadlines.
8. Employee communicates hindrances to successful completion of a task or project in sufficient time to allow for alterations that improve the opportunity for success.
9. Employee communicates clearly and effectively, particularly in email or over the phone.
10. Employee is responsive to emails, calls, instant messages, and meeting requests.
11. Employee demonstrates capability to use technology to achieve work goals and collaborate.
12. Employee understands their role and their supervisor's expectations.
13. Employee demonstrates knowledge of the organization's procedures and policies.
14. Employee complies with organization's time and attendance policies.
15. Employee complies with Department's information technology security protocols.

## APPENDIX C: NOAA TELEWORK SAFETY CHECKLIST

This checklist is to be completed only if the proposed alternate worksite is in a private residence. This checklist is designed to assess the overall safety of the designated work area of the alternate worksite. Each applicant should read and complete the self-certification safety checklist. Upon completion, the checklist should be signed and dated by the applicant and submitted to the immediate supervisor.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address, Telephone, and Location of Alternate Worksite: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the Designated Work Area:

1. Are stairs with four or more steps equipped with handrails? ☐ Yes ☐ No ☐ N/A
2. Are aisles, doorways, and corners free of obstruction? ☐ Yes ☐ No ☐ N/A
3. Are file/storage cabinets arranged so that open doors/drawers do not create obstacles?  
☐ Yes ☐ No ☐ N/A
4. Is the office space neat, clean, and free of combustibles? ☐ Yes ☐ No ☐ N/A
5. Are phone lines, electrical cords, and surge protectors secured under a desk or alongside a baseboard? ☐ Yes ☐ No ☐ N/A
6. Are circuit breakers/hoses in the electrical panel properly labeled? ☐ Yes ☐ No ☐ N/A
7. Is electrical equipment free of recognized hazards that could cause physical harm (e.g., frayed, loose, and/or exposed wires, bare conductors, etc.)? ☐ Yes ☐ No ☐ N/A
8. Does the building electrical system permit grounding of equipment (i.e., have three-prong receptacles)? ☐ Yes ☐ No ☐ N/A
9. Is there a smoke alarm and clear access to a fire extinguisher? ☐ Yes ☐ No ☐ N/A

By signing this document, the applicant certifies that all of the above applicable questions were answered in the affirmative, or, if answered in the negative, that the applicant will take all necessary corrective actions to eliminate any hazard prior to beginning telework.

Applicant's Signature and Date: \_\_\_\_\_



## **APPENDIX D: NOAA OPTIONAL TELEWORK TERMINATION FORM**

The telework option is a privilege and not an employee right. As such, it falls under the supervisor's discretion to determine how work should be accomplished with the organization. Termination of the telework agreement can be either voluntary or involuntary.

This is notification that the telework agreement, which was signed on \_\_\_\_\_ is no longer in effect and is hereby terminated.

### **Termination is based on (check one):**

Voluntary Withdrawal

Involuntary Withdrawal

If telework is involuntarily terminated, the decision is based on:

Requirements of the current work assignment

Reassignment or change in duties

Failure to maintain employee eligibility standards

Breach in Information Technology Security policies and/or procedures

Other (please specify):

\_\_\_\_\_

### **Receipt Acknowledged**

Employee's Signature and Date: \_\_\_\_\_

Supervisor's Signature and Date: \_\_\_\_\_

Approving Officials Signature and Date (If Approving Official is not the Supervisor):

\_\_\_\_\_