

TELEWORK APPLICATION AND AGREEMENT

Section I – To be Completed by the Employee

Date of Request: _____ Proposed Start Date: _____

Employee Name: _____ Organization: _____ Telephone: _____

Grade or Pay Band: _____

Supervisor's Name and Title: _____ Telephone: _____

Address, Telephone, and Description of Alternative Worksite: _____

Equipment Needed to Perform Work at Alternative Worksite: _____

Type of Telework: () Regularly Scheduled () Intermittent () For Continuity of Operations of
Emergency Purposes

Work Schedule Including AWS Day Off (If Applicable): _____

Telework Days at Alternative Worksite: _____

_____ I understand that I must Telework when the Federal Government or my Department of
Commerce work location is closed due to unforeseen circumstances, unless otherwise excused by my
supervisor.

_____ Initials

I certify that I have completed Telework 101 for Employees, the Telework Safety Checklist, and the
Telework Assessment Tool _____

Employee's Signature and Date: _____

Section II – To be Completed by the Approving Official

Approved: () Disapproved: () Reason Not Approved: _____

I certify that the employee is eligible and authorized to telework, that I have received the employee's
Safety Checklist as well as the Telework Assessment Tool: _____

Supervisor's Signature and Date: _____