

Change in Alternative Designated Worksite for DOE-Flex Agreement

Instructions: If no changes have occurred to the initial DOE-Flex Agreement, write “None” in the applicable box. Sign, date, and provide form to approving official(s).

A new Attachment E, Self-Certification Safety Checklist, IP 322-02-F5 must be completed and submitted with change.

Employee’s Name:	
Supervisor’s Name:	Telephone:
Type of DOE-Flex Arrangement: [] Routine [] Situational [] Medical Routine- ___day(s) per week/pay period; (please circle)	
1. New address for the alternative designated worksite.	
2. Briefly describe changes in the suitability of the alternative designated worksite for DOE-Flex , to include designating the specific office space, equipment, etc.	
Employee Signature	Date
Supervisor’s Signature	Date
EMCBC DOE-Flex Program Coordinator	Date
EMCBC Director’s/Deputy Director’s Signature (Situational and Medical only)	Date

PRIVACY ACT STATEMENT

Section 6120 of Title 5 to the United States Code authorizes collection of this information. The information you submit in this application/agreement is protected by the Privacy Act of 1974. Providing information and signing this agreement is voluntary, but failure to sign this agreement will result in you not being approved for the employment arrangement specific herein. The primary use of the information contained in this agreement is by applicable management officials and supporting staff to approve and record the entitlements of this employment situation.

Distribution:

Original – Office of Human Resources

Copy to – Supervisor/Employee