

EMCBC Medical Telework Application, Agreement & Safety Checklist

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 specified 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.

| Section I, Application - to be completed by employee | | | | | |
|--|------------------|--|--|--------------|-------------|
| Employee's Name: | | Position Title & Series: | | | |
| Organization: | | | | | |
| Supervisor's Name: | | Supervisor's Telephone #: | | | |
| Alternative Worksite Address: | | Alternative Worksite Telephone #: | | | |
| Type of EMCBC Telework Arrangement: | | Medical* | | | |
| Duration: _____ through _____ | | | | | |
| <small>*Medical documentation is required and should be submitted with a separate Medical Telework application.</small> | | | | | |
| 1. Describe the specific work to be performed at the alternative designated work site. | | | | | |
| | | | | | |
| 2. Describe how you meet the criteria for participation and the benefit to the EMCBC. | | | | | |
| | | | | | |
| 3. Describe the suitability of the alternative worksite to include designating the specific office space, equipment, etc. | | | | | |
| | | | | | |
| Work Schedule | | | | | |
| Work Week | Day | Tour of Duty Hours (ex. 8:00-4:30 pm) | | Duty Station | |
| | | | | Official | Alternative |
| Week 1 | Monday | | | | |
| | Tuesday | | | | |
| | Wednesday | | | | |
| | Thursday | | | | |
| | Friday | | | | |
| Week 2 | Monday | | | | |
| | Tuesday | | | | |
| | Wednesday | | | | |
| | Thursday | | | | |
| | Friday | | | | |

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| Workplace Environment Safety Checklist | Yes | No |
|--|------------|-----------|
| Are temperature, noise, ventilation, and lighting levels adequate for maintaining your normal level of job performance? | | |
| Are all stairs with four or more steps equipped with handrails? | | |
| Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service? | | |
| Do circuit breakers clearly indicate if they are in the open or closed position? | | |
| Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling)? | | |
| Will the building's electrical system permit the grounding of electrical equipment? | | |
| Are aisles, doorways, and walkways free of obstructions to permit visibility and movement? | | |
| Are file cabinets and storage closets arranged so drawers and doors do not open into the walkway? | | |
| Are chairs free of any loose casters (wheels), and are the rungs and legs of the chairs sturdy? | | |
| Are the phone lines, electrical cords, and extension wires secured alongside the baseboards/ | | |
| Is the office space neat, clean and free of excessive amounts of combustibles/ | | |
| Are floor surfaces clean, dry, level, and free of worn or frayed seams? | | |
| Are carpets well secured to the floor and free of frayed or worn seams? | | |
| Telework Agreement | | |
| <p>This is an employment agreement between the Department of Energy, EMCBC and its employee, (referred to as “you” or “your”) for the purpose of specifying the terms and conditions under which you will work at the alternative designated worksite, a site other than your regularly assigned official duty station. This Doe-Flex agreement is not an employee entitlement, does not change the terms and conditions of your appointment, is not a substitute for child or other dependent care arrangements, and is not an assurance that this work option will continue indefinitely. This agreement is intended to be an additional method the Department utilizes to accomplish its mission and strategic goals.</p> <p>This Medical Telework agreement is effective _____ through _____, but may be extended beyond that date by completing and submitting an Extension to DOE-Flex Agreement prior to the expiration date. You may terminate this agreement at any time by giving your supervisor, timekeeper and HRAO notification and returning to your official duty station.</p> <p>Management has the right to terminate or modify this agreement at any time, or to alter your agreed-upon work schedule at any time when your supervisor determines that you are needed at your official duty station due to work demands, attendance at a meeting(s) or training session(s), or other business reasons.</p> <p>Continuity of Operations (COOP) – Employees designated as Emergency Responders are expected to report to the designated work location and/or telework during COOP-related administrative or facility closures as directed by the EMCBC management or COOP Coordinator. All nonemergency or nonessential employees with a telework agreement are expected to be prepared to telework when directed to do so.</p> <p>The employee, if declaring that the telework site is in his/her home, agrees to maintain reasonably safe conditions, free from hazards and normally free from distractions. When answering “No” to any of the questions below, the rating official and the employee must discuss the issue so that both parties understand the condition of the agreement. The checklist will be made available to the Worker’s Compensation Specialist, should the employee be injured at home and file a claim for compensation under the Federal Employees’ Compensation Act. The following policies, manuals, or guidelines apply: <i>PS-322-02, Rev.5, EMCBC Policy on DOE-Flex, OPM guidance, security directives, and the Privacy Act-5 U.S.C. 552(a), and PD-HRAO-322-03, Telework</i></p> | | |
| Certification | | |
| <p>I hereby certify that I have read and understand the terms and conditions of this voluntary agreement and I understand that I may be required to telework outside of my normal telework schedule in the event of an</p> | | |

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emergency situation. I also understand that the above information is accurate as of this date, but that applicable policies and guidelines may change or be added without amending this agreement accordingly. In the event of such changes, I agree that this agreement will be subject to them. I certify that I have read and understand the Cyber Security Incident Response procedure, IMP-IRM-8308-04. I also certify that I have completed the telework training on the joint OPM/GSA Website at www.telework.gov; a copy of the certificate of completion for employees and/or Supervisors/Managers is attached, if not already provided.

Employee's signature & date: _____

Section II, Approvals

Approved

Disapproved- reason: _____

Supervisor Signature & Date: _____

Employee is eligible

Employee is not Eligible – Reason: _____

Telework Program Manager's Signature & Date _____

Approved

Disapproved- reason: _____

EMCBC Director's Signature & Date: _____

Distribution:

Original – EMCBC Office of the Director

Copy – Supervisor/Employee/Timekeeper