

EMCBC Change in Telework Alternative Designated Worksite

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.

Instructions: If no changes have occurred to the initial DOE, EMCBC Telework Application-Agreement, write "None" in the applicable box. Sign, date, and submit to approving official(s). Also complete the attached Self-Certification Safety Checklist.

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: Routine, ___ Day(s) per _____ Situational Medical* Medical documentation is required and should be submitted with a separate Medical Telework application.		
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.		
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?		

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Employee's signature & date: _____
Section II, Approvals
Approved Disapproved- reason: _____
Supervisor's Signature & Date: _____
Employee is eligible Employee is not Eligible – Reason: _____
Telework Program Manager's Signature & Date: _____
Medical Telework
Concur Non-Concur- reason: _____
Supervisor's Signature & Date: _____
Approved Disapproved- reason: _____
EMCBC Director's Signature & Date: _____

Distribution:

- Original – EMCBC Office of the Director
- Copy – Supervisor/Employee/Timekeeper