

EMCBC Telework Recertification

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:					
<p style="text-align: center;">Routine, _____ Day(s) per _____</p> <p style="text-align: center;">Situational - As requested an approved by Supervisor</p>					
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				
Employee's signature & date: _____					

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Section II, Recertification Eligibility - to be completed by Supervisor		
The following checklist assesses the employee's eligibility to continue to telework.	Yes	No
Is the employee's EMCBC Telework Notification of Eligibility current? If no, then a new one must be prepared and submitted with this recertification to the Approving Official.		
Is the employee's teleworking adversely impacting co-workers or the organization's ability to accomplish its mission? If yes, explain.		
Is the employee able to telework without compromising sensitive information? If no, explain.		
Does the employee have access to resources sufficient for his/her tasks/activities while teleworking? If no, explain.		
Has the employee's performance fallen below Meets Expectations (ME) or the equivalent Fully Successful level?		
I have reviewed and discussed the recertification decision with the employee. <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Recertified Terminated </div>		
Supervisor's signature & date: _____		
Telework Program Manager's Signature & Date: _____		
EMCBC Director's Signature & Date (Medical only): _____		

Distribution:

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