

FEDERAL RETIREMENT THRIFT INVESTMENT BOARD
Telework Application/Agreement

Name: _____

Position Title: _____ Series/Grade: _____

Office: _____

1. Check one of the following:

- New Agreement
 Modification of Existing Agreement

2. Which telework arrangement are you requesting?*

- Core Telework
 Floating
 Scheduled
 Situational Only Telework
 Time-Limited Remote Telework

****If you are requesting to be a core teleworker, you are automatically eligible for situational telework to include being directed to work during emergency or inclement weather.***

3. If you are seeking a Core Telework Arrangement, what day(s) do you propose to schedule your work at the alternate worksite?

1st week of pay period

- Monday Tuesday Thursday Friday
 Float # ____ day(s)

2nd week of pay period

- Monday Tuesday Thursday Friday
 Float # ____ day(s)

4. What is the location of your alternate worksite?

Home Other (please specify): _____

Address: _____

Telephone Number(s): _____

TERMS AND CONDITIONS

The following conditions and/or stipulations shall apply as an agreement between the employee and the Federal Retirement Thrift Investment Board, which if met, will allow the employee to work in a core or situational Telework Agreement. The Telework Agreement will be effective upon: (1) supervisory and management approval, (2) the completion of mandatory telework training, , and the completion of the Self-Certification Safety Checklist. The employee agrees to the following terms and conditions:

Telework Participation

- Telework is not an employee right. I voluntarily request participation in the Telework Program and acknowledge that I have been supplied with and have read the FRTIB's Telework Policy and will adhere to all other applicable policies contained therein.
- I understand that all Telework Agreements must be renewed annually during the Agency annual telework renewal application period.
- I understand that any changes required by the employee must be agreed upon and approved by my supervisor and if permanent, must be documented and appended to this Telework Agreement.

Telework Schedule

- I will attest to the accuracy of my time and attendance to my supervisor for the hours I have worked at the designated alternate worksite.
- I agree to refrain from engaging in any non-governmental activities during my scheduled tour of duty at my alternate worksite.
- I understand that telework is not a substitute for dependent care and I must account for work and non-work hours during my tour of duty and take appropriate leave to account for time spent away from normal work duties if teleworking on days a dependent(s) is home.
- I understand that the FRTIB engagement day is Wednesday, and teleworkers are required to be in the office or in an approved absence status. I understand this means I must report to

the office every Wednesday and will not have an option to telework, with limited exceptions as stated in the Telework Policy. I understand that if a holiday falls on a mandatory in-office engagement day, an alternate day will be assigned and communicated in advance by the agency.

Telework Training

- I agree to participate in mandatory telework training prior to participating in the telework program and on an annual basis thereafter.

Equipment

- All FRTIB equipment is for official business. I agree to protect FRTIB owned equipment and to use the equipment only for official purposes. I understand that I am prohibited from using such equipment for private purposes, and that the use of such equipment for private purposes may be a basis for termination of the telework agreement and/or disciplinary or adverse action, except where such limited use is authorized under existing policies.
- I understand that FRTIB equipment will be serviced and maintained by FRTIB and if an equipment malfunction precludes me from working from my alternate worksite for longer than a short period of time, I must report to my official worksite or request to take leave.
- I will return all FRTIB equipment and supplies, if applicable, in the same condition as released to me. I understand that I am subject to financial liability if FRTIB owned equipment is stolen, damaged, or destroyed due to carelessness or negligence while in my possession.
- I understand the FRTIB is not obligated to reimburse me for equipment, software, supplies, and/or materials I purchase for my alternate worksite and that the FRTIB will not be responsible for operating costs, home maintenance, or any other incidental cost whatsoever (e.g., utilities, phone lines, internet service) associated with my alternate worksite.

Accessibility

- I understand that I am required to utilize Microsoft Teams while teleworking to ensure a seamless connection to the office.
- I understand that I am required to turn my camera on and be visible on camera during all Teams meetings other than the exceptions stated in the Telework policy.
- I understand that I must be accessible to customers, co-workers, and supervisors/managers. I will return emails and calls promptly and check voicemail, with the same regularity with which I am expected to in the office.
- I understand if I do not follow the accessibility rules (e.g., failing to turn on my camera when required) my telework agreement may be subject to modification, suspension or termination.

Information Technology and Data Security

- I understand that I must acknowledge and sign the FRTIB Rules of Behavior which identifies rules that employees must follow when remotely accessing FRTIB information systems.
- I agree all products, documents, reports, and data created as a result of my work-related activities are owned by the FRTIB and will be properly secured and returned to the FRTIB as requested. I agree to immediately inform my supervisor of known and suspected loss, unauthorized access, or potential unauthorized access to information under my control.
- I agree to participate in annual information security training.

Health and Safety

- I understand I am responsible for ensuring a safe and healthy work environment and the FRTIB is not liable for unsafe conditions at my alternate worksite. I agree that I will complete the Self-Certification Safety Checklist prior to participating in the telework program.
- I understand my alternate worksite is considered an extension of my official worksite, and if I am injured in the course of performing my official duties at the alternate worksite during my scheduled tour of duty, I am governed by the provisions of the Federal Employees' Compensation Act. I understand that attending to personal comfort needs is not considered official duties. If I have a job-related accident during my scheduled duty hours, I will report it to my supervisor immediately.
- I agree to be liable for injuries to third parties and/or household members that occur at my alternate worksite, and to indemnify and hold the FRTIB harmless regarding any such injuries.
- I understand I must allow for periodic inspections of the home telework site by the Telework Coordinator, during my normal working hours to ensure the proper maintenance of FRTIB owned equipment and conformance with safety standards. I will normally receive at least twenty-four hours advance notice of such inspection.

Performance Management

- I agree to complete all assigned work according to procedures mutually agreed upon by me and my supervisor. I understand that my work is subject to review and status updates by any means deemed appropriate by my supervisor. The frequency and timing of review is solely within my supervisor's discretion. I understand that a decline in my performance below the Fully Successful level is grounds for terminating this agreement.
- I agree to develop an effective communications strategy with my supervisor and work group which includes attendance at required meetings.

Workspace/Worksite

- Unless otherwise instructed, I agree to perform official duties only at a FRTIB approved alternate worksite. I agree to schedule in advance and obtain supervisory approval before any work commences at a location other than the approved alternate worksite identified in this telework agreement.
- I understand I may be required to report to my official worksite location while in a telework status. I agree to be available throughout my scheduled tour of duty to come to the official worksite at the discretion of my supervisor for work needs that cannot be performed at the alternate worksite (including training, special meetings, new work assignments, etc.). In the event of a recall, I understand I can request to reschedule my core telework day. However, my supervisor has discretion to approve or disapprove the request. I understand I cannot accrue telework days.
- I understand I will not be entitled to overtime pay, credit hours, compensatory time off, or reimbursement for transportation expenses for reporting to the official worksite on a scheduled telework day.

Pay and Leave

- I agree that the designation of my official duty station determines my locality pay and other locality-based entitlements.
- I understand I must obtain supervisory approval before taking leave in accordance with prescribed office procedures and applicable law, rule, or regulation as though I were at my official worksite.
- I acknowledge that I will work overtime only when ordered and/or approved, in advance, by my supervisor. Performing overtime work without obtaining such approval will not be compensated and may result in the termination of the telework agreement and/or other appropriate administrative action.

Mass Transit/Parking Subsidy

- In the event of an increase or decrease in my regularly scheduled telework day(s), I will submit an amended and approved Mass Transportation Benefits Application to the Mission Support Branch.

Emergency Procedures

- As a Telework Program participant (Core, Situational Only, and/or Time-Limited Remote), I understand that I am required to telework during emergency closures even if that day is not a core telework day, situational telework day, or otherwise a day with approval for telework, provided proper conditions exist to support telework.
- As a Telework Program participant (Core, Situational Only, and/or Time-Limited Remote), I understand that, during an emergency closure, if proper conditions exist to support telework and in the Agency's judgment the closure could have been reasonably anticipated,

I may not be granted weather and safety leave and must telework or request to use my own leave (e.g., annual leave).

- I understand that on days that OPM announces the option of Unscheduled Telework due to weather or other emergencies that I may use it provided I notify my supervisor of my intent to use it.
- I understand when performing unscheduled or regularly scheduled telework I am expected to work all regularly scheduled hours or request unscheduled leave.

Records

- I agree to provide adequate safeguards to protect FRTIB records from unauthorized disclosure or damage and to comply with the requirements of the Privacy Act of 1974.

Termination and Modification

- I understand if I want to make a permanent modification to my telework day, I must complete another Telework Agreement/Application, checking the box “Modification of Existing Agreement” and submit it to my supervisor for approval. I may make temporary modifications to my telework day informally (e.g., email) with prior written supervisory approval.
- I may terminate this agreement at any time by providing my supervisor with a Telework Termination form.
- I agree to conduct official business at an alternate worksite in the same manner as I would at official worksite. I understand that engaging in misconduct while in a telework status may result in termination of telework and may be the basis for disciplinary or adverse action.

Standards of Conduct

- I agree to be bound by FRTIB standards of conduct, procedures, and policies while working at my alternate worksite or using FRTIB-furnished equipment.

Employee Signature: _____

To Be Completed by Supervisor

This request to participate in the FRTIB Telework Program is:

Approved

Disapproved

Reason for disapproval:

Eligible for reconsideration:

Yes, when the conditions above are addressed.

No

Supervisor Signature: _____