

## NOAA COMMISSIONED CORPS TELEWORK APPLICATION/AGREEMENT AND MODIFICATION

### SECTION I – To Be Completed by the Officer (In Consultation with the Approving Official)

**Agency/Line Office/Unit** \_\_\_\_\_ **Date of Request** \_\_\_\_\_

**Request Type** ☐ Initial Application ☐ Modification

Officer's Name \_\_\_\_\_

Officer's Title \_\_\_\_\_

Officer's Rank \_\_\_\_\_

Approving Official's Name \_\_\_\_\_

Approving Official's Title \_\_\_\_\_

Approving Official's Telephone \_\_\_\_\_

Desired Telework Start Date \_\_\_\_\_

Desired Telework End Date or Indefinite \_\_\_\_\_

**Type of Alternative Worksite** ☐ Home ☐ NOAA Facility ☐ Other (explain below)

**Address(es) of Alternative Worksite(s)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone at Alternative Worksite** \_\_\_\_\_

**Description of Location(s) within Alternative Worksite** (e.g., Desk in First Floor Home Office, Table and Couch in Basement Den)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Equipment Supplied by NOAA to Perform Work at Alternative Worksite**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Telework** (Select one or more.)

Officers completing this agreement ONLY for the purposes of COOP/Emergency operations will not be required to telework during normal office closures such as weather events when COOP/Emergency operations have not been initiated.

☐ Routine Scheduled\* ☐ Situational ☐ Unscheduled Telework (e.g., for COOP/Emergency)

\*Officers approved for routine telework are automatically permitted to engage in situational telework (with approving official's approval).

**For Routine Scheduled Telework Only**

**Bi-weekly Work Schedule**

Week 1								Week 2							
Su	Mo	Tu	We	Th	Fr	Sa	Su	Su	Mo	Tu	We	Th	Fr	Sa	Su
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Telework Days at Alternative Worksite**

Week 1								Week 2							
Su	Mo	Tu	We	Th	Fr	Sa	Su	Su	Mo	Tu	We	Th	Fr	Sa	Su
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Total Telework Days Every Two Weeks** \_\_\_\_\_

Note: Officers must be scheduled to report to the traditional worksite at least three times per week to use this application.

**NOAA Corps Telework Directive and NOAA's Readiness Assessment Tool**

In considering whether and how much telework an officer should perform, the officer's approving official and the officer should discuss the NOAA Corps Telework Directive and complete the readiness portion of NOAA's Readiness Assessment Tool, where applicable.

☐ The NOAA Corps officer and their approving official have discussed the NOAA Corps Telework Directive and the results of the NOAA's Readiness Assessment Tool (where applicable).

**NOAA Telework Safety Checklist**

In order to minimize threats to the safety of its officers and properly address liability and injury issues, the telework application must clearly describe the specific location within the alternative worksite from which the officer will telework. Additionally, the NOAA Telework Safety Checklist must be completed and reviewed by the approving official.

☐ The NOAA Telework Safety Checklist has been completed and all action necessary to address safety concerns has been completed and enclosed.

**Additional Agreement Details**

Use this space to add additional requirements, metrics, or details that will become part of the agreement.

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## NOAA Corps Acknowledgements

- ☐ I acknowledge that the authorization to telework may be revoked or not granted if I do not comply with the terms of my telework agreement or if my performance declines below an acceptable level. I also understand that failure to comply with the terms of a granted telework request may result in disciplinary action.
- ☐ I acknowledge that I meet the NOAA Corps telework eligibility requirements outlined in the NOAA Corps Telework Directive (Chapter 5, Part 7).
- ☐ I certify that I have completed all NOAA web-based required training via the Commerce Learning Center (CLC) as prescribed in the most recent approved NOAA telework policy, the NOAA Telework Safety Checklist, and the readiness portion of NOAA's Readiness Assessment Tool (except for the eligibility portion).
- ☐ I understand that, unless this agreement is for Unscheduled Telework (e.g., COOP/Emergency) purposes only, I am required to telework during office closures for weather and safety events unless granted Weather and Safety or Administrative leave by my approving official, or elect to take unscheduled leave (if offered).
- ☐ I understand that I may be required to report for an assignment that requires presence at the worksite (e.g., providing a presentation or performing administrative duties at a pre-scheduled conference) on my scheduled telework day.
- ☐ When unscheduled leave or telework is announced by the appropriate authorities, I understand that the election is mine but I must notify my approving official. I am aware that, in rare situations, management may require me to report for an assignment that requires my presence, and management has discussed this with me in advance of the situation giving rise to unscheduled leave/telework.
- ☐ I understand that I may not care for children, elders, or other dependents while I am in a duty status and teleworking. As described in the NOAA Corps Telework Directive, in these situations, I must request the appropriate leave from my approving official.
- ☐ I understand that I must abide by the IT Security requirements conveyed in the Commerce Information Technology Security Program Policy (ITSPP), Commerce Information Technology Requirements (CITRs), Frequently Asked Questions (FAQs), and IT Security Policy memos.
- ☐ Alternative Worksite Costs – I understand that the Government will not be responsible for any operating costs associated with the use of the employee's home as an alternative worksite, for example, home maintenance, insurance, or utilities. I also understand that any entitlement to reimbursement for authorized expenses incurred while conducting business for the Government, as provided for by statute or regulation, is not relinquished by this agreement.
- ☐ Liability – I understand that the Government will not be held liable for damages to their personal or real property while I am working at the approved alternative worksite; however, this provision will not bar claims brought under the Military Personnel and Civilian Employees Claims Act or other applicable federal law.

- ☐ Injury Compensation – I agree to notify the approving official immediately of any accident or injury that occurs at the alternative workplace. The approving official agrees to investigate such a report as soon as possible and report to the Director, Commissioned Personnel Center.
- ☐ Disclosure – I agree to protect Government records from unauthorized disclosure or damage and will comply with requirements of the Privacy Act of 1974, 5 U.S.C. § 552(a), and the NOAA Corps Telework Directive requirements regarding the protecting the security of confidentiality and records, and implementation of the Privacy Act.

Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION II – To Be Completed By The Officer's Approving Official**

☐ Approved ☐ Disapproved

**Reason Not Approved**

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- ☐ I certify that the officer is eligible and authorized to telework and that I have reviewed the officer's Safety Checklist.

**Termination Date of Agreement**

(Note: All agreements must be reviewed *at least annually*. The date of the review must be documented.):

☐ Indefinite/Until Terminated or Modified

☐ \_\_\_\_\_

Approving Official's Signature \_\_\_\_\_ Date \_\_\_\_\_