

**DEPARTMENT OF COMMERCE
TELEWORK APPLICATION AND AGREEMENT**

BUREAU / OFFICE UNIT:

DATE:

REQUEST TYPE: ☐ INITIAL APPLICATION ☐ MODIFICATION ☐ ANNUAL REVIEW

EMPLOYEE INFORMATION

NAME: _____

OFFICIAL TITLE: _____

PAY PLAN, SERIES, GRADE/BAND: _____

SUPERVISOR INFORMATION

NAME: _____

OFFICIAL TITLE: _____

TELEPHONE: _____

DESIRED TELEWORK START DATE:

ALTERNATE WORKSITE ARRANGEMENT

TYPE OF ALTERNATE WORKSITE

☐ HOME ☐ DEPARTMENT OF COMMERCE FACILITY ☐ OTHER (EXPLAIN BELOW)

OTHER: _____

ADDRESS: _____ TELEPHONE: _____

DESCRIPTION OF LOCATION(S) WITHIN HOME/ALTERNATE WORKSITE (FLOOR, ROOM, ETC.):

(Examples: Desk in First Floor Home Office, Table and Couch in Basement Den):

EQUIPMENT SUPPLIED BY DEPARTMENT OF COMMERCE TO PERFORM WORK AT ALTERNATE WORKSITE:

IDENTIFICATION OF SPECIFIC DATA TYPES NOT TO BE ACCESSED AT ALTERNATE WORKSITE (IF ANY):

DEPARTMENT OF COMMERCE TELEWORK APPLICATION AND AGREEMENT**ALTERNATE WORKSITE ARRANGEMENT** (continued)

IDENTIFICATION OF RECORDS WHICH CAN OR CANNOT (SPECIFY) BE TRANSPORTED TO THE ALTERNATE WORKSITE:

TYPE OF TELEWORK (SELECT ONE OR MORE)☐**ROUTINE TELEWORK***☐**SITUATIONAL**☐**FOR COOP/EMERGENCY**

* Routine (regular/recurring) telework is only permitted in rare circumstances.

SCHEDULE (FOR ROUTINE TELEWORK ONLY)**Work Schedule**

(including Alternating Work Schedule (AWS) day(s) off and rotating shifts, if applicable)

WEEK 1

SU	MO	TU	WE	TH	FR	SA
[]	[]	[]	[]	[]	[]	[]

WEEK 2

SU	MO	TU	WE	TH	FR	SA
[]	[]	[]	[]	[]	[]	[]

Telework Days at Alternate Worksite**WEEK 1**

SU	MO	TU	WE	TH	FR	SA
[]	[]	[]	[]	[]	[]	[]

WEEK 2

SU	MO	TU	WE	TH	FR	SA
[]	[]	[]	[]	[]	[]	[]

TOTAL TELEWORK DAYS PER PAY PERIOD: _____

OFFICE CLOSURE/WEATHER AND SAFETY

An employee completing this agreement ONLY for the purposes of Continuity of Operations (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.

Weather and Safety Leave. A telework participant must be prepared to perform work during an emergency to include a status announcement issued by the Office of Personnel Management (OPM), the head of their agency, or a recommendation communicated by the Federal Executive Board.

See [OPM's Governmentwide Dismissal and Closure Procedures](#) for guidance and procedures related to operating status announcements and telework.

By signing this agreement, an employee with a telework agreement in place acknowledge that he/she is expected by law to telework during their regular tour of duty on the day when the OPM Director (or other appropriate agency official) issues an announcement that Federal offices are closed (e.g., major snow storm, hurricane, interruptions in transportation), even if that day is not a regular telework day or a day with specific situational approval. An employee who cannot perform his/her duties must request leave (paid or unpaid). Weather and safety leave may be provided under limited circumstances.

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EMPLOYEE ACKNOWLEDGMENTS

- ☐ I acknowledge that I will not be authorized to telework if my performance does not comply with the terms of my telework agreement. Failure to comply may also result in disciplinary action.
- ☐ I understand that I must perform at the Fully Successful or higher (or equivalent) level in order to telework.
- ☐ I understand that, unless this agreement is for 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 supervisor or electing to take unscheduled leave (if offered).
- ☐ I understand that I may be required to report for an assignment that requires presence at the worksite 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 supervisor. I am aware that, in rare situations, management may require me (a "non-emergency" employee) 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. In these situations, I must request the appropriate leave (paid or unpaid) from my supervisor, utilize the flexibility available under my Flexible Work Schedule to stop working (if applicable), or request a change in my Work Schedule.
- ☐ I understand that I must abide by the Information Technology (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.
- ☐ Alternate 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 alternate worksite, for example, home maintenance, insurance, or utilities. The employee also understands 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 they are working at the approved alternate worksite, except to the extent the Government is held liable under the Military Personnel and Civilian Employees Claims Act and the Federal Tort Claims Act.
- ☐ Injury Compensation – I understand that I am covered under the Federal Employees Compensation Act if injured in the course of actually performing official duties at the alternate worksite. The applicant agrees to notify his/her supervisor immediately of any accident or injury that occurs at the alternate workplace and to complete any required forms. The supervisor agrees to investigate such a report as soon as possible.
- ☐ 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 those outlined in sections XVII - XX of the DOC Telework and Remote Work Plan (April 2025).

EMPLOYEE SIGNATURE AND DATE: _____

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APPROVING OFFICIAL DECISION

(Note: An employee ***must*** be scheduled to report to the traditional worksite ***at least twice*** per pay period to use this application. If not scheduled to report at least twice per pay period, a remote work application should be submitted.)

SUPERVISOR APPROVAL:

☐

APPROVE

☐

DISAPPROVE

DECISION DATE: _____

REASON FOR DISAPPROVAL (if applicable):

SUPERVISOR'S SIGNATURE AND DATE:

APPROVING OFFICIAL'S SIGNATURE AND DATE (if Supervisor is not the Approving Official):

FOR ROUTINE TELEWORK ONLY

**BUREAU / OFFICE UNIT
HEAD APPROVAL:**

☐

APPROVE

☐

DISAPPROVE

**BUREAU / OFFICE UNIT HEAD
SIGNATURE AND DATE:**
