

TELEWORK AGREEMENT
HEADQUARTERS, DEPARTMENT OF THE ARMY
 For use of this form, see DA Memo 690-8; the proponent agency is OAA.

PRIVACY ACT STATEMENT

AUTHORITY: Public Law 106-346, Sec. 359, Department of Transportation and Related Agency Appropriations Act of FY 2001.

PRINCIPAL PURPOSE: Information is collected to register individuals as participants in the HQDA Telework Program; to manage and document the duties of participants; and to fund, evaluate, and report on program activity. The records may be used by Information Management Officers (IMOs) for determining equipment and needs; for ensuring appropriate systems safeguards are in place, and for managing technological risks and vulnerabilities.

DISCLOSURE: Disclosure is voluntary. However, failure to provide the required information may result in your inability to be a participant in the Telework Program.

EMPLOYEE INFORMATION

1. NAME (Last, First, MI)		2. JOB TITLE	
3. PAY PLAN/SERIES		4. ORGANIZATION	
5. TRADITIONAL OFFICIAL WORK SITE:		7. TELEWORK IMPLEMENTATION DATES*	
		a. DATE TELEWORK BEGINS (YYYYMMDD)	b. DATE TELEWORK ENDS (YYYYMMDD)*
* Unless terminated sooner. Agreement should be revalidated every 12 months.			
8. THE EMPLOYEE'S ALTERNATIVE WORKSITE IS:			
<input type="checkbox"/> Home or Office Work Area <input type="checkbox"/> GSA Telecenter <input type="checkbox"/> Other Approved Alternative			
6. TYPE OF TELEWORK EMPLOYEE REQUESTS		a. ALTERNATIVE WORKSITE ADDRESS:	
<input type="checkbox"/> Regular/Recurring Telework (Regularly Work at Least 2 Days a Biweekly Period at the Alternative Worksite). <input type="checkbox"/> Ad Hoc (Occasional, One-Time, or Irregular Basis).		b. PHONE:	
		c. FAX:	
		d. E-MAIL:	
9. NUMBER OF DAYS EMPLOYEE WILL TELEWORK		10. TELEWORK TOUR OF DUTY (e.g., 8:30 a.m. - 5:00 p.m.)	
		From:	To:
		11. DAY(S) OF WEEK EMPLOYEE TELEWORKS:	
		<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	

12. WORK SCHEDULE					
a. DAY	b. WEEK ONE	c. WEEK TWO	d. FIXED (F) OR ALTERNATE (A)	e. FLEXIBLE (FWS) OR COMPRESSED (CWS)	f. DUTY HOURS
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

g. WORK SCHEDULE COMMENTS:

13.

SAFETY CHECKLIST

This checklist is used in assessing the overall safety of the alternative worksite.

a.	WORKPLACE ENVIRONMENT	YES	NO
	Temperature, noise, ventilation, and lighting levels are adequate for maintaining my normal level of job performance.	<input type="checkbox"/>	<input type="checkbox"/>
	Aisles, doorways, and corners are free of obstructions and permit visibility and movement.	<input type="checkbox"/>	<input type="checkbox"/>
	File cabinets and storage closets are arranged so that drawers and doors do not enter into walkways.	<input type="checkbox"/>	<input type="checkbox"/>
	All electrical equipment is free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires or fixtures, exposed wiring on the ceiling or walls).	<input type="checkbox"/>	<input type="checkbox"/>
	Phone lines, electrical cords, and surge protectors are secured under a desk or alongside a baseboard.	<input type="checkbox"/>	<input type="checkbox"/>
b.	COMPUTER WORKSTATION	YES	NO
	Chair is adjustable.	<input type="checkbox"/>	<input type="checkbox"/>
	Back is adequately supported by a backrest.	<input type="checkbox"/>	<input type="checkbox"/>
	Text is easy to read on the monitor.	<input type="checkbox"/>	<input type="checkbox"/>
	The monitor screen is free of noticeable glare.	<input type="checkbox"/>	<input type="checkbox"/>
	The placement of the monitor and keyboard is adequate.	<input type="checkbox"/>	<input type="checkbox"/>
	Forearms are parallel with the floor when keying.	<input type="checkbox"/>	<input type="checkbox"/>
	Wrists are straight when keying.	<input type="checkbox"/>	<input type="checkbox"/>

14. OTHER REQUIREMENTS/COMMENTS ON ENVIRONMENT AND SAFETY OF ALTERNATIVE WORKSITE:

15. TECHNOLOGY/EQUIPMENT REQUIREMENTS FOR ALTERNATIVE WORKSITE	REQUIREMENT		OWNERSHIP	
	YES	NO	AGENCY	PERSONAL
COMPUTER EQUIPMENT				
LAPTOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DESKTOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCESS				
VPN ACCOUNT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CITRIX - WEB ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONNECTIVITY				
DIAL-IN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BROADBAND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REQUIRED ACCESS CAPABILITIES				
SHARED DRIVES (e.g., J, S, P, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-MAIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPONENT INTRANET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER APPLICATIONS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER EQUIPMENT/SUPPLIES				
COPIER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCANNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRINTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAX MACHINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CELL PHONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAPER SUPPLIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. IMO CERTIFICATION				
I hereby certify that the technology and equipment requirements set forth above are required for the performance of telework pursuant to this agreement and that the employee owns the required technology and equipment or it has been provided to the employee.				
a. IMO SIGNATURE			b. DATE (YYYYMMDD)	
SIGNATURES				
17. EMPLOYEE CERTIFICATION				
I volunteer to participate in the HQDA Telework Program as implemented in my organization. I have read the HQDA telework policies, guidelines, and procedures set forth in DA Memo 690-8. I understand that DA Memo 690-8 and its provisions apply to me. All questions I may have about telework policies, guidelines, and procedures have been answered. I agree to adhere to all applicable laws, policies, guidelines, and procedures related to telework including, but not limited to, the provisions of DA Memo 690-8.				
a. EMPLOYEE-SIGNATURE			b. DATE (YYYYMMDD)	
18. SUPERVISOR'S CERTIFICATION AND SIGNATURE				
Participation in telework is subject to the terms and conditions set forth in this telework agreement and to the employee's compliance with applicable laws, policies, guidelines, and procedures related to telework.				
a. SUPERVISOR'S SIGNATURE			b. DATE (YYYYMMDD)	
<input type="checkbox"/> Recommend Telework <input type="checkbox"/> Do Not Recommend Telework				
19a. APPROVAL AUTHORITY SIGNATURE			b. DATE (YYYYMMDD)	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved				

APPENDIX A

The U.S. Army Acquisition Support Center

**Application for Participation in the
Telework Program
And
Privacy Act Authorization**

I, _____, wish to participate in the Telework Program, offered by the U.S. Army Acquisition Support Center (USAASC). The specific telework arrangement I am requesting is set forth in the attached Telework Agreement. I understand that when I work from home or any other telecommuting location, USAASC must be able to contact me during my normal hours of work. I further understand a requirement of my participation in this program is that information relative to contacting me must be provided to my supervisor. I will access the e-mail system through use of Outlook Web Access (OWA) or the Terminal Service Access Controller System (Army) (TSACS) as my method of use. I understand that my personal (home or portable) telephone number(s) is generally protected from public disclosure under the Privacy Act of 1974, 5 U.S.C Section 552a (1994 & Supp. 111996), amended 1997, 5 U.S.C. Section 552a (West Supp. 1998).

Telework Arrangement Requested By: _____
(signature)

(typed name)

Position: _____

Division: _____

Date: _____

Work from:

Telework Center: _____ N/A: _____
(Location of Telework Center)

Home: Yes _____ No _____

Miles Saved Per Telework Day: _____

Number of Days Teleworked Per Pay Period: _____

Position: _____

Division: _____

Date: _____

Work from:

Telework Center: _____ N/A: _____
(Location of Telework Center)

Home: Yes _____ No _____

Miles Saved Per Telework Day: _____

Number of Days Teleworked Per Pay Period: _____

APPENDIX B

TELEWORK ASSESSMENT TOOL

The decision to telework should be based on the ability of an employee to work in a setting that may be in his or her home or in a telework center, without immediate supervision. The Telework Assessment Tool identifies if an employee displays such characteristics and could identify areas that need to be worked on if the request to telework is denied. Both the employee and the supervisor should independently complete the assessment.

Telework Assessment Tool

Please rate yourself or your employee, using the following scale:

5 (Always) 4 (Usually) 3 (Sometimes) 2 (Rarely) 1 (Never)

1. Employee works without regular supervision. _____
2. Employee independently identifies required work products. _____
3. Employee successfully plans work production schedule. _____
4. Employee communicates roadblocks to successful completion of a task or project in sufficient time to allow for alterations that improve the opportunity for success. _____
5. Employee meets deadlines. _____
6. Employee is computer literate. _____

APPENDIX C

U.S. ARMY ACQUISITION SUPPORT CENTER

TELEWORK PROGRAM AGREEMENT

The following constitutes the terms and conditions of the telework agreement between the USAASC employee and supervisor:

Last Name	First Name	Rank
Position Title		
Pay Plan	Series	Level
Last Name	First Name	Rank
Title	Division	

The employee and supervisor agree as follows:

A. Alternative Workplace Option

Episodic/Ad hoc: _____
Limited (one day per pay period): _____
Expanded (more than one day per pay period but not full-time): _____
Full (80 hours per pay period): _____

B. Voluntary Participation

Employee voluntarily agrees to work at the USAASC-approved alternate workplace indicated below and to follow all applicable policies and procedures. Employee recognizes that telecommuting is not an employee benefit but an alternative method approved by USAASC to accomplish the agency's mission and work objectives.

Alternative Worksite

The employee's alternate worksite is:

Home: _____ Telework Center: _____

Location of office or work area:

Address: _____

Phone: _____ Fax: _____
 Email: _____

C. Official Duty Station

The USAASC agrees that this arrangement is not a basis for changing the employee's salary or benefits. The employee's official duty station for locality pay adjustments and travel purposes is _____. The official duty station usually corresponds to that on the most recent Notification of Personnel Action (SF-50).

D. Mileage Savings

The employee estimates that the telework arrangement will result in a reduction of approximately _____ miles traveled in commuting per week.

E. Days in Biweekly Pay Period Employee is Authorized Telework

The employee is approved to work at the approved alternative worksite in accordance with the following schedule:

DAY	HRS/ WEEK	HRS/ PAY PERIOD	DUTY HOURS (include lunch break)
Mon	_____	_____	_____
Tues	_____	_____	_____
Wed	_____	_____	_____
Thurs	_____	_____	_____
Fri	_____	_____	_____

F. Changes to Telework Agreement

Employees who telework must be available to work at the traditional worksite on telework days on an occasional basis if necessitated by work requirements. Requests by the employee to change his or her scheduled telework day in a particular week or biweekly pay period may be accommodated by the supervisor wherever practicable, consistent with mission requirements.

G. Time, Attendance and Overtime

Time spent in a teleworking status is to be accounted for and reported in the same manner as if the employee reported for duty at the traditional worksite.

Employee agrees to follow established office procedures for requesting and obtaining approval of leave.

Employee agrees to work overtime only when ordered and approved by the Supervisor/Deputy Director in accordance with established office procedures.

H. Work Performance

Unless otherwise instructed, employee agrees to perform only official duties at the approved alternative workplace. No business meetings will be conducted at the employee's home worksite. Employee agrees not to conduct personal business while in official duty status at the alternative workplace; for example, caring for dependents. Home repairs may be done only after receiving prior leave approval from the supervisor.

The employee is required to satisfactorily complete all assigned work consistent with the approach adopted for all other employees in the work group, and according to standards and objectives in the employee's contribution plan.

I. Standards of Conduct

The employee acknowledges that he/she continues to be bound by the Department of Defense standard of conduct while working at the alternative worksite using Government-furnished equipment.

J. Security

No classified documents (hard copy or electronic) shall be taken to the employee's alternative worksite. The employee is responsible for the security of all official data, including Privacy Act and FOUO data. Privacy Act or FOUO data may only be stored on USAASC owned equipment.

K. Equipment

Employee agrees to protect any Government-furnished equipment and software. Government-furnished equipment and software must only be used for official duties. Family members and friends are not authorized to use the equipment. The employee is responsible for transportation of equipment between alternate worksite and the office for any maintenance and repair or updates to the computer.

USAASC is responsible for the maintenance of all Government-furnished equipment. All Government-furnished equipment and materials must return to USAASC at the conclusion of telework arrangements or the supervisor's request.

L. Work Area

The employee agrees to provide a work area suitable for performance of official duties.

M. Alternative Workplace Cost

The employee understands that USAASC will not be responsible for any operating costs that are associated with the use of his/her home as an alternative worksite. Exceptions to this are: (1) A calling card or 1-800 phone number will be issued for long-distance calls, 2) If applicable, a telephone line will be provided for official use only on a case-by-case basis. The teleworker's family or friends are not authorized to use the official telephone, and non-business calls may not be made by the employee on the official telephone, and 3) Office supplies, such as paper, toner, printer ink, etc., will be available to the teleworker for use at the alternative worksite in the same way as in the traditional workplace.

N. Worksite Inspection

The employee agrees to permit access to the home worksite by the agency representatives as required, but where practicable, with a minimum of 24 hours advance notice, to inspect the alternative workplace during the employee's normal working hours to ensure proper maintenance of Government-owned property and conformance with safety and security standards. Employees working at home must complete a self-certification safety/security checklist to ensure the safety/security of the employee and Government-furnished property at the alternate worksite.

O. Liability

The Government is not liable for damages to the employee's personal or real property while the employee is working at the approved alternative worksite, except to the extent the Government is held liable by the Federal Tort Claims Act or the Military Personnel and Civilian Employees Claims Act. Occupational, Safety and Health Administration rules govern Federal employee workplace safety.

P. Injury Compensation

The employee is covered by the Federal Employees Compensation Act (FECA) when injured or suffering from work-related illnesses while directly engaged in performing the duties of their jobs. The employee agrees to notify the supervisor immediately of any accident or injury that occurs at the alternative worksite while performing official duties and to complete any required forms.

Q. Termination of Telework Agreement

The telework agreement can be terminated by either the employee or the supervisor by giving advance written notice, or automatically when the specified time period ends. Supervisor shall terminate the telework should the employees not meet the prescribed standard, or if the telework arrangement fails to meet organizational needs. Notification should be made at least one pay period in advance of the termination date.

R. Policy

The Department of Defense Telework Policy and Guide supplements this agreement. Employee and supervisor agree to become familiar with and adhere to both documents, copies of which are enclosed.

S. Date of Commencement

The telework arrangement covered by this Agreement will commence on _____

T. Date of Termination, if applicable

The telework arrangement covered by this Agreement will terminate on _____ (if known).

Signatures:

_____	_____
Employee	Date
_____	_____
Supervisor	Date

APPENDIX D

**Self-Certification Safety and Security Checklist
for
Home-based Teleworkers**

EMPLOYEE NAME: _____

DIVISION: _____

POSITION: _____

HOME ADDRESS: _____

CITY-STATE-ZIP: _____

***HOME TELEPHONE:** _____

***CELL TELEPHONE:** _____

BUSINESS TELEPHONE: _____

*Only indicate the telephone number the office may use to contact you. If your home computer ties up your LAN line an alternate number must be provided.

The following checklist is designed to assess the overall safety and security of the employee's alternate workplace. The employee should complete the self-certification checklist. Upon completion the employee and his/her supervisor should both sign and date the checklist in the applicable spaces provided. The supervisor's signature does not mean the supervisor has inspected the worksite. Rather, it is to ensure the form is reviewed and a determination has been made based on the employee's self-certification that the worksite is safe. A copy of the checklist should be provided to the employee, with the original maintained in the employee's file maintained by the Telework Manager.

Describe the designated work area in the alternate duty station:

A. HOME WORKPLACE ENVIRONMENT

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are temperature, noise, ventilation, and lighting levels adequate for maintaining your normal level of job performance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Are all stairs with 4 or more steps equipped with handrails? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

- | | | |
|---|------------------------------|-----------------------------|
| 3. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Do circuit breakers clearly indicate if they are in the open or closed position? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Are fire/smoke detectors installed and in proper working order? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Do doors have security locks? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Is there an alarm/security system installed and in working order? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Do windows (especially ground level) have positive locking devices? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Do you have adequate security in your home to protect Government equipment from misuse? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Is all electrical equipment free of recognized hazards that would cause physical harm (e.g., frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Will the building's electrical system permit the grounding of electrical equipment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Are aisles, doorways, and corners free of obstructions to permit visibility and movement? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Do chairs have any loose casters (wheels) and are the rungs and legs of the chairs sturdy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. Is the office space neat, clean, and free of excessive amounts of combustibles? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. Are floor surfaces clean, dry, level, and free of worn or frayed seams? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. Are carpets well secured to the floor and free of frayed or worn seams? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. Is there enough light for reading? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

B. COMPUTER WORKSTATION

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is your chair adjustable? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Do you know how to adjust your chair? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Is your back adequately supported by a backrest? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Are your feet on the floor or fully supported by a footrest? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Is it easy to read the text on your screen? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Do you need/have a document holder? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Do you have enough leg room at your desk? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Is the computer screen free from noticeable glare? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

- | | | |
|--|------------------------------|-----------------------------|
| 9. Is the top of the computer screen at eye level? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Is there space to rest the arms while not keying? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. When keying, are your forearms close to parallel with the floor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Are your wrists fairly straight when keying? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Are files containing sensitive information or data able to be secured when not in use or in your possession? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Will equipment, software, and magnetic media be protected from magnets, liquids and other obvious hazards? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Note: Not all the questions need to be answered yes; however, a preponderance of answers should be affirmative before an employee can work at home. For questions that have a negative response, the supervisor will need to determine if a particular question is critical to the employee's performance of his/her job.

Date: _____ **Employee Signature:** _____

Date: _____ **Supervisor Signature:** _____

Approved: _____

Disapproved: _____

USAASC Semi-Annual Telework Evaluation for _____, 200_

SUPERVISOR'S NAME: _____
DIVISION: _____
EMPLOYEE'S NAME: _____

Supervisor's Evaluation of Teleworker

The first line supervisor must complete a semi-annual evaluation of the program. The supervisor must complete the evaluation and submit it to the USAASC Telework Manager by the 5th working day of April and October. The USAASC Telework Manager will maintain a copy for the official telework program records and will provide copies to the Telework Panel, Director, and/or Deputy Director upon request.

Please rate the following:

1. The teleworker is as productive as employees who do not telework.	Always	Sometimes	Never	N/A
2. Compared to last year, the amount of leave the teleworker has used while participating in the telework program is:	More	Less	About the same	
3. Customer support has not declined since personal contact is maintained by email and telephone.	True	False		N/A
4. Other employees in the division have not had an increase in workload caused by an employee teleworking.	True	False		N/A
5. The teleworker is assigned fewer unexpected tasks because he/she is not in the office.	Yes	No		N/A
6. The teleworker has access to computer systems needed to accomplish his/her work	Yes	No		N/A
7. When meetings are scheduled, we use teleconference capabilities in order to include the teleworker, or we try to plan meetings on non telework days.	Always	Sometimes	Never	N/A
8. When meetings are required, the teleworker must come into the office.	Always	Sometimes	Never	N/A
9. It is more/less difficult to supervise a teleworker than non-teleworking employee. List 1-2 reasons why for any answer on a separate sheet of paper, ID'd as #9 and your name.	More	Less	No Difference	
10. It is more/less difficult to evaluate the work accomplished by the teleworker. List 1-2 reasons why for either answer, ID'd as #10 and your name.	More	Less	No Difference	
11. The teleworker has appropriate time to interact with co-workers.	Yes	No	No Difference	

Other comments or recommendations are welcome in text format below:

Print clearly or use MSWord.

EMPLOYEE'S NAME: _____
 DIVISION: _____
 SUPERVISOR'S NAME: _____

Employee's Evaluation of Telework Experience

Each month the teleworker must complete an evaluation of the program **monthly**. The employee must complete the evaluation and submit it to the USAASC Telework Manager by the 5th working day of the month. Failure to meet this requirement will be grounds for removal from the program. The USAASC Telework Manager will maintain a copy for the official telework program records and will provide copies to the Telework Panel, Director, and/or Deputy Director upon request.

Please rate or comment on the following:

1.	I teleworked ____ days this month. ____ of these days were on my regularly scheduled telework day.			
2.	My productivity increases when I telework. List 1-2 comments for any answer.	Yes	No	N/A
3.	I have used less leave due to telework.	Yes	No	N/A
4.	I have been able to provide responses to customers' questions through email and/or telephonically.	Yes	No	N/A
5.	I am able to get any required tech support from the telework center.	Always	Sometimes	Never N/A (for those working at home)
6.	I am able to access computer systems I need in order to accomplish my work. Explain if "no" is your answer on a separate sheet of paper, ID'd as #6, and your name.	Always	Sometimes	Never
7.	I can concentrate on my work and be more effective due to fewer interruptions.	Yes	No	Usually
8.	My quality of life has improved due to telework. List 1-2 reasons why for any answer, on a separate sheet of paper, ID'd as #8, and your name	Yes	No	Usually
9.	I still feel a part of the "team" at work.	Always	Sometimes	Never

General or detailed recommendations to improve the program are welcome: