

# Emergency Telework Agreement

Please type or print information clearly

1. Date	2. First Name	3. Last Name
4. Title	5. Directorate/Program Name	
6. Alternate Work Location	7. Alternate Work Location Telephone Number	8. Project ID
9. Description of Workspace		
10. Period of Performance at Alternate Work Location	11. Scheduled telework hours and days	
12. Describe work to be performed and measurable expectations		
13. Describe required communication and deliverables during period of telework		
14. List equipment (specify both government and personal property) to be used during period of telework		
15. Request for exception to specific policy provision		

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## ***Agreement***

The information I have provided in this document is accurate and will be followed as stated. If any information changes, it is my responsibility to inform my supervisor and initiate the completion of an updated agreement.

I acknowledge that I am approved for emergency telework based on the job duties of my current position. In an emergency, I will continue to work as directed, regardless of workplace dismissal or closing notices

I have been provided equipment to enable continued system access during periods of national or local crisis. It is my responsibility to ensure that these systems are maintained in good working condition and accessible during all periods

I agree that I am responsible for establishing specific telework hours (times that staff members know they will be able to reach me), furnishing and maintaining my alternate workspace in a safe manner, employing appropriate telecommuting security measures, and protecting NCI at Frederick property, information, confidential materials, and systems.

I certify that the alternate work location is adequate, safe and complies with Leidos Biomedical Research, Inc. Standard Process H324: Telework.

## ***Contractor Telecommuting & Alternate Work Sites***

I also understand that my employer may at any time change any or all of the conditions under which I am permitted to telework, or withdraw permission to telework.

I have read and understand Leidos Biomedical Research, Inc. Standard Process H314: Alternate Work Arrangements During Periods of National or Local Crisis, and agree to the duties, obligations, responsibilities, and conditions for teleworkers described in this policy.

### **Employee**

16. First Name	17. Last Name	18. Signature	19. Date
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### **Approving Line Manager**

20. First Name	21. Last Name	22. Signature	23. Date
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### **Approving Human Resources**

24. First Name	25. Last Name	26. Signature	27. Date
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# Emergency Telework Agreement – Instructions

1. Enter the date the form is being completed.
2. Enter first name of person completing the form.
3. Enter last name of person completing the form.
4. Enter title of person completing the form.
5. Enter directorate/program name of person completing the form.
6. Enter address of alternate work location.
7. Enter telephone number of alternate work location.
8. Enter project id to be charged.
9. Enter description of workspace at alternate work location.
10. Enter beginning and ending dates of telework period.
11. Enter scheduled telework hours and days.
12. Enter work to be performed and measurable expectations.
13. Enter required communication and deliverables during period of telework.
14. Enter equipment to be used during period of telework (specify both government and personal property).
15. Enter request for exception to specific policy provision.
16. Enter Employee's first name.
17. Enter Employee's last name.
18. Enter signature of Employee.
19. Enter date Employee signed the Telework Agreement.
20. Enter Approving Line Manager's first name.
21. Enter Approving Line Manager's last name.
22. Enter signature of Approving Line Manager.
23. Enter date Approving Line Manager signed the Telework Agreement.
24. Enter Approving Human Resources' first name.
25. Enter Approving Human Resources' last name.
26. Enter signature of Approving Human Resources.
27. Enter date Approving Human Resources' signed the Telework Agreement.