

# REQUEST FOR APPROVAL OF NOVEL CORONAVIRUS (COVID-19) TELEWORK

Complete this form to request Telework for the COVID-19 outbreak. For the purpose of the COVID-19 outbreak, Telework is defined as work that is performed on an occasional, one time, or irregular basis and is driven solely by the COVID-19 situation. The duration of this agreement is driven by the needs of the agency and may be terminated at any point that the situation dictates.

<b>1. EMPLOYEE NAME:</b>	<b>2. JOB TITLE:</b>
<b>3. SUPERVISOR:</b>	<b>4. ORGANIZATION/UNIT/DIRECTORATE:</b>

**5. REASON/NEED:**

**6. TELEWORK DATES:**

FROM:	TO:	HOURS PER PAY PERIOD TELEWORK WILL BE PERFORMED:
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**7. BRIEFLY DESCRIBE WHAT YOU EXPECT TO ACCOMPLISH WHILE IN TELEWORK STATUS:**  
J6 IS APPROVAL AUTHORITY ON VPN ACCESS WHILE IN TELEWORK STATUS. WORKLOAD MUST BE PRESENT WITHOUT THE USE OF VPN ACCESS, UNLESS AUTHORIZED.

<b>8. TELEWORK LOCATION (ADDRESS, AREA OF HOME, BE SPECIFIC):</b>	<b>9. PHONE NUMBER AND EMAIL:</b>
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**10. A COPY OF THE EMPLOYEE'S APPROVED WORK SCHEDULE HAS BEEN DISCUSSED AND ATTACHED TO THIS REQUEST.**       YES       NO

REQUIRED SIGNATURES		
	SIGNATURE	DATE
EMPLOYEE:		
SUPERVISOR: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		
APPROVING OFFICIAL: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		
HR TELEWORK MANAGER: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		

**REASON FOR TELEWORK DISAPPROVAL:**

TELEWORK AGREEMENT COMPLETED/CANCELLED:		
DATE TELEWORK BEGAN:	DATE TELEWORK ENDED:	
TOTAL HOURS:	DATE GOVERNMENT-FURNISHED EQUIPMENT/PROPERTY RETURNED:	
REASON FOR COMPLETION/CANCELLATION:		
EMPLOYEE SIGNATURE:		DATE