

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.

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

5. REASON/NEED:

6. TELEWORK DATES:		
FROM:	TO:	HOURS PER PAY PERIOD TELEWORK WILL BE PERFORMED:

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.

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

	SIGNATURE	DATE
EMPLOYEE:		
SUPERVISOR: <input type="checkbox"/> ACKNOWLEDGED		
REVIEWING OFFICIAL: <input type="checkbox"/> ACKNOWLEDGED		
HR TELEWORK MANAGER: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		

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