TELEWORK SCHEDULE REQUEST AND APPROVAL FORM

Refer to IMCOM Regulation 690-610 for guidance to complete this form, the proponent is G1

Voluntary Participation: Employee voluntarily agrees to work at the employer-approved alternate workplace indicated below and to follow all applicable policies and procedures. Employee recognizes the the telework agreement is not an employee entitlement but an additional method the employer may approve to accomplish work.

Salary and Benefits: Employer agrees that a telework arrangement is not basis for changing the employee's salary or benefits.

Note: IMCOM Form 1-B, Telework Schedule Employee-Management Contract Agreement and IMCOM Form 1-E, Safety Checklist must be completed upon telework approval.

SECTION I - REQUEST

1. Employee Name	2. Job Title	3. Organization
John Doe	Organizational Resources Specialist	USAG-Miami
4. Grade and Job Series	**5. Date of Last Performance Evaluation**	**6. Last Performance Rating**
GS-0301-09	Mar 31, 2020	5

7. Type of Telework Requested (*Core Telework or Situational*)	8. Number of Days Per Week Employee Requests Telework
Situational (Occasional - 1 time or irregular basis)	2
9. Alternate Work-site: (*Home Office or Alternate Work Area*)	**10. Employee Request Telework as a Reasonable Accommodation for:**
Home Office	

11. Description of Work to be Performed (must align with employee's performance objectives)

Work to be performed is as follows: All personnel actions, Liason with CPAC, GPC purchases for the DHR, Training updates for the DHR, Receipt and distribution of TMT taskers for the DHR, Time and Attendance review via ATAAPS for the DHR, any administrative actions needed for the DHR

12. Telework Tour of Duty (e.g., 0830-1700 w/30min lunch)

0700-1600 w/1hr lunch

13. Day(s) of the Week Employee Requests to Telework

- ☐ Monday
- ☒ Tuesday
- ☐ Wednesday
- ☒ Thursday
- ☐ Friday

14. Equipment and Software Required: (e.g., Common Access Card (CAC) Reader and ActivCard Gold Software)

Laptop

SECTION II - RECOMMENDATION

a. Supervisor's Recommendation	b. Number of Days Per Week Telework is Recommended

c. Supervisor Signature		Date	
d. Employee Signature		Date	

SECTION III - APPROVAL

a. Approving Official's Recommendation	b. Number of Days Per Week Telework is Approved

c. Approving Officials Signature		Date	

d. Reason(s) for Disapproval