



Telework Agreement for Indian Health Service (IHS) Commissioned Corps Officers



PHS #

Officer Rank/Full Name:

Supervisor Rank (if applicable)/Full Name:

Telework Agreements must be authorized by the officer's supervisor. If approved, please complete the below agreement. If telework is denied, please provide the officer your denial notice within 10 days.

Regular/Recurring (Telework on a recurring basis at least 4 times/month)

Authorized	Yes	No			
Days of the Week	Monday	Tuesday	Wednesday	Thursday	Friday

Timeframe From Date: To Date:

Type of Work to be Performed and Reason for Request:

Supervisor Expectations:

Episodic/Situational (case-by-case telework, including ad-hoc [i.e., project-based task] or unscheduled [i.e., emergency/weather condition, special circumstances])

Authorized Yes No

Timeframe From Date: To Date:

Type of Work to be Performed and Reason for Request:

Supervisor Expectations:

Official Duty Station

HQ Division & Address

Room Number:

Field Duty Station Name & Address

Alternate Duty Station: Telework Location

Address:

Home Phone:

Cell Phone:

Work Email:

Personal Email:

Fax (if applicable):

OFFICER: *I am voluntarily participating in Telework and will meet the guidelines of CCI 313.01 Telework.*

Signature:

Date:

SUPERVISOR: *I approve the officer's participation and will meet the guidelines of CCI 313.01 "Telework."*

Signature:

Date:

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Officer (read and initial each box):

I understand that no government entity is liable for damages to my personal or real property during the course of performance of official duties except for claims specifically authorized by Federal Law.

I understand that my official duty station is not responsible for any operating costs that are associated with the use of my residence as an approved Telework location (e.g., home maintenance, insurance, utilities, etc.).

I agree to the storage of files, removal and non-recovery of temporary files, and appropriate destruction of extraneous materials printed when remotely accessing the Department's network.

I will apply appropriate safeguards to protect all documents and information from unauthorized exposure.

I agree to complete all assigned work in accordance with guidelines and standards established by the supervisor pursuant to discussions with my supervisor.

I understand that the privilege to Telework can be suspended or cancelled, as appropriate, for failure to comply with or meet the provisions of this agreement or any other reason deemed appropriate by the supervisor/program.

I will provide my start/end times of the workday to my supervisor prior to starting Telework for the day.

I will participate in Telework training annually as required by the Corps and/or Indian Health Service (IHS).

Supervisor (read and initial each box):

I will participate in Telework training annually as required by the Corps and/or IHS.

I understand that the date and reason(s) for termination of a Telework Agreement must be in writing provided to the IHS Commissioned Corps Liaison.

Email completed Agreement and proof of training completion to your IHS HQ or Regional Commissioned Corps Liaison for review and signature. A copy of the agreement should be maintained by both the officer and supervisor.

IHS CC
Liaison:

Date: