

**INDIAN HEALTH SERVICE
TELEWORK ARRANGEMENT PROGRAM APPLICATION**

Employee Name: (Please Print) _____
(Last) (First) (MI)

Employee ID/PHS#: _____ (Not SSN) Position Title: _____

Agency Worksite/Employing Organization: _____

SECTION I: EMPLOYEE UNDERSTANDING

I understand that the Indian Health Service has an established Telework program as defined in the *Indian Health Manual*, "Telework Arrangement Program," Chapter 7, Part 6. I attest that: (either initial as correct or enter N/A as not applicable)

_____ I have reviewed the policy and I understand that a determination will be made by considering the legal and regulatory aspects of telework participation established in the Telework Enhancement Act of 2010, sound business and performance management principles, and additional eligibility criteria specifically identified in the Telework Arrangement Program (TAP) policy and any applicable collective bargaining agreements.

_____ I am required to continue to meet the eligibility criteria established in the TAP Policy, Section 7.6.3.A.2;

_____ My last official performance rating/summary rating was at or equivalent to a Fully Successful level or higher (i.e., Fully Successful, Achieved Expected Results or rating of 3 for Commissioned Officers");

_____ I am currently performing at or equivalent to a Fully Successful level or higher on all performance elements;

_____ I am not currently on a performance improvement plan;

_____ I am able to perform the duties of my position independently without frequent, on-site or in-person contact with co-workers and supervisors for guidance and assistance;

_____ I have not been officially disciplined as a Federal employee or in employment in the private

sector for misconduct of such a nature that would cause my supervisor to question my trustworthiness to perform my prescribed duties at my alternate worksite/telework site.

Describe any official discipline (including date) that has been administered to you in the previous two years:

- _____ There is no undue interference at my proposed alternate worksite/telework site which could cause a decrease in productivity (e.g., care of children or other dependents).
- _____ I am requesting a full-time telework agreement where I work remotely from my residence which is outside the commuting area of the Agency Worksite for my position. I understand that I will not be entitled to reimbursement from the IHS for relocation expenses for either myself, my family or my household in the case that either I or management modify or terminate the TAP Agreement result from my voluntary request and that I will be required to return to the Agency Worksite to perform the duties of my position.

SECTION II: EMPLOYEE REQUEST SPECIFICATIONS

1. I am requesting a telework arrangement that is: (X all that apply)
 - Regular/recurring Telework: _____ day(s) per two week pay period
 - _____ Full-time telework arrangement
 - _____ Full-time telework arrangement working remotely
 - Episodic/Situational Telework
 - Unscheduled Telework
2. My request is is not a request for Reasonable Accommodation.
3. The alternate duty station I am requesting is:
 - My personal residence (*Submit Exhibit 7-6-C, At-Home Safety Checklist)
 - An established Telework Center
 - An alternate traditional office location

- a. If the proposed alternate worksite/telework site is your personal residence, provide a detailed description of the one area in your residence that will be utilized as the official office area:

- b. If the proposed alternate duty station is either a Telework Center or an alternate traditional office location provide the address of such location and any contact information:

4. Is the alternate worksite/telework site equipped with office furniture and services appropriate for the work to be performed (i.e., desk/computer table, chair, telephone, fax machine, computer, internet, dedicated phone line, printer, locking file/storage cabinet for protection of official documents)? Yes [] No [] If your response is **no**, please list unavailable equipment and/or services.

5. Describe the portable duties you believe can be performed at the Alternate Worksite/Telework site. Be as specific as possible. (If additional space is required add blank pages, label the duties to be performed during Regular/Recurring, Episodic/Situational, or Emergency Telework and indicate "attached addendum" in the appropriate section.)
 - A. REGULAR/RECURRING TELEWORK DUTIES:

B. EPISODIC/SITUATIONAL TELEWORK DUTIES:

C. UNSCHEDULED TELEWORK DUTIES:

6. How will you continue to provide optimal customer service while telecommuting (please identify your customers in answering this question)?

7. Will your telework duties require that you physically remove documents from the Agency Worksite? YES NO If "yes", please provide more information. Be specific as to purpose, contents, whether the documents contain information covered by the Privacy Act, sensitive/personally identifiable information, HIPAA, etc.)

8. Will your telework duties require that you access IHS information/information systems requiring special IT privileges? YES NO If “yes”, please provide more information. Be specific as to information, information system, purpose, contents, whether the information is covered by the Privacy Act, HIPAA, and the special privileges required, i.e., VPN, tunneling, PIV access only,
9. Identify any barriers that you perceive would have to be overcome in order for you to perform duties at the designated alternate worksite/telework site.
10. Identify any associated costs that you anticipate the IHS may/ will incur as a result of your telework request.

I understand that participation in the telework program is not an entitlement. I understand that if my request is approved, I must complete required training and sign and abide by the terms and conditions of the Telework Arrangement Program Agreement and any other controlling policies, laws, rules and regulations or my participation will be terminated.

Employee's Signature _____

Date _____

TN

2015-08

(01/07/2016)

SECTION III: FIRST LINE SUPERVISOR EVALUATION

Employee Name: _____

Position Title: _____ Occupational Series: _____

Pay Plan: (Circle One) GM/GS/GP/WG/WS/WL/CO Grade: _____

Supervisor/Manager: Yes No Bargaining Unit Employee: Yes No

1. The position and employee were deemed to eligible to request participation in the IHS TAP by meeting the legal and regulatory criteria established by the TEA of 2010.

YES NO If YES, date of TAP Eligibility Notification: _____

2. As of this date, the position and employee remain eligible to request participation in the IHS TAP by meeting the legal and regulatory criteria established by the TEA of 2010.

YES NO

If the employee remains eligible, proceed through the evaluation of additional qualifications requirements, participation criteria and organizational impact in the table below:

(Any NO answers – insert specific information in REMARKS section below table)	Yes	No
Employee's last rating of record was at or equivalent to the fully successful level or higher	<input type="checkbox"/>	<input type="checkbox"/>
Employee is currently performing at or equivalent to the fully successful level or higher on all elements in his/her performance plan	<input type="checkbox"/>	<input type="checkbox"/>
Employee is not currently on a Performance Improvement Plan	<input type="checkbox"/>	<input type="checkbox"/>
Employee is able to perform the duties of his/her position independently without frequent, on-site or in-person contact with co-workers and supervisors for guidance and assistance	<input type="checkbox"/>	<input type="checkbox"/>
Employee has not been officially disciplined as a Federal employee or in employment in the private sector for misconduct of such a nature that	<input type="checkbox"/>	<input type="checkbox"/>

would cause me to question his/her trustworthiness to perform the prescribed duties at the alternate worksite/telework site.		
Employee has a current background investigation/ security clearance on file that is compatible with the requirements of the position, that are commensurate with granting unsupervised access to the information/information systems required to perform the duties of the position at the alternate worksite/telework site.	<input type="checkbox"/>	<input type="checkbox"/>
The impact of the telework request has been evaluated and I do not anticipate that it will diminish the operations, services provided or individual performance of the department	<input type="checkbox"/>	<input type="checkbox"/>

2a. Remarks Section for “No” answers in table:

3. Are there other considerations that influence your recommendation for approval or disapproval of the employee’s telework application? YES NO (If YES, provide specifics)

SECTION V: APPROVING OFFICIAL DETERMINATION

I have reviewed the employee's request in concert with all applicable criteria and do hereby:

Approve the employee's telework request

As requested

With these changes:

_____.

Disapprove the request or the following reason(s): (Check all that apply)

Employee/position occupied does not meet criteria established in TEA of 2010

Operating Factors prohibit participation/deemed to have diminishing effect

Employee does not meet performance criteria

Employee does not meet conduct criteria

Employee does not have a current completed background investigation/security clearance that is commensurate with granting access to information/information systems required to perform the duties of the employees position

The alternate worksite/telework site is not acceptable for the performance of duties and protection of information.

Other: (Please identify:

_____.

Approving Official Signature

Title

(Date)

9

CC: Servicing Telework Coordinator (Original Completed Document)
Immediate Supervisor

2015-08

TN

(01/07/2016)