

**INDIAN HEALTH SERVICE
TELEWORK ARRANGEMENT PROGRAM
OFFICIAL NOTIFICATION OF ELIGIBILITY**

DATE:

FROM: [Insert Approving Official's Full Name and Title]

SUBJECT: Official Notification of Eligibility for participation in IHS's Telework Arrangement Program

TO: [Insert Employee's Full Name & Title]

The Indian Health Service promotes telework as a workplace flexibility tool for recruiting and retaining top talent and improving the work-life balance for employees; as a management efficiency tool that will assist in reducing operating costs for the organization; reducing environmental pollutants contributable to vehicular emissions and employee commutes; and preparing the organization and staff for maintaining services under conditions where the operating status of the organization is impacted by emergencies or continuity events. Part 7, Chapter 6, "Telework Arrangement Program," *Indian Health Manual* (IHM), establishes the policy and applicable guidelines, including eligibility notification requirements.

In accordance with criteria established in the TAP policy, specifically Section 7-6.3A(1) and provisions established through any applicable Collective Bargaining Agreement, as of the date of issuance of this memorandum, you are hereby notified that you are:

- ___ 1. **Eligible** to request participation in the IHS Telework Arrangement Program.
- ___ Regular/Recurring basis (includes unscheduled telework)
 - ___ Episodic/Situational basis includes unscheduled telework (excludes regular/recurring telework).
 - ___ Unscheduled Telework

(If you wish to pursue a Telework opportunity, you will find the IHS Telework Arrangement Program Policy in the *Indian Health Manual*, Part 7, Chapter 6. (Insert Internet Web-Link when available) You must submit a completed TAP Application to your immediate supervisor in initiate a request to telework.)

- _____ 2. **Ineligible** to request participation in the IHS Telework Arrangement Program. This determination renders you Temporarily OR Permanently (circle one) ineligible. The reason for the ineligible determination is:

_____ Telework Enhancement Action of 2010

_____ Section 6502(a)(2)(A) - Employee has been officially disciplined for being absent without permission for more than 5 days in any calendar year.

_____ Section 6502(a)(2)(B) – Employee has been officially disciplined for violations of subpart G of the Standards of Ethical Conduct for Employees of the Executive Branch for viewing, downloading, or exchanging pornography, including child pornography, on a Federal Government computer or while performing official Federal Government duties.

_____ Section 6502(b)(4)(A) - official duties require on a daily basis (every work day) direct handling of secure materials determined to be inappropriate for telework; or

_____ Section 6502(b)(4)(B) – official duties require on a daily basis (every work day) on-site activity that cannot be handled remotely or at an alternate worksite.

_____ Performance

_____ Employees last performance rating of record does not meet the level of or equivalent to the fully successful level or higher.

_____ Employee’s current performance level is not at or equivalent to the fully successful level or higher on all elements contained in their performance plan.

_____ Employee is currently on a performance improvement plan.

_____ Employee is unable to perform the duties of their position independently without frequent on-site or in-person contact with co-workers and supervisors for guidance and assistance.

_____ Conduct

_____ Employee has been officially disciplined as a Federal employee or other employment for misconduct where a clear nexus exists between the misconduct and the employee’s trustworthiness and dependability can be established.

_____ Security Requirements/Background Investigation

_____ The Trust Level/Security Requirements of the position and the existing security clearance of the employee are not compatible with granting access to information./information appropriate for the duties to be performed at the alternate worksite/telework site (at the time the telework eligibility determination is made).

_____ Based on a determination that you are permanently ineligible to participate in the TAP there are no other opportunities for reassessment or action plans that will make you eligible.

_____ Based on a determination that you are temporarily ineligible to participate in the TAP, a reassessment will be conducted in ___ months. The actions you can take to improve your chances of being deemed eligible include:

If you disagree with the eligibility determination you have rights to appeal through the applicable grievance procedure.

Questions regarding the Telework Arrangement Program may be directed to your local Servicing Telework Coordinator, _____ (NAME) at (XXX)-XXX-XXXX.

Approving Official Signature

cc: (Name), Servicing Telework Coordinator
Name & Title of Immediate Supervisor