USDA-RD Form RD 2045-10 (Rev. 08-04)

TELECOMMUTING ANNUAL RE-CERTIFICATION

Employee's Name		Supervisor's Name	
Type Regu	of Telecommuting: Regular lar - days per week/pay period; M	Ad hoc Medical [edical consult with Telecommuting Coordinator for details	
	sst row if the work site is at the office (O) or the Tel		
Hour			
Start			
End			
Site			
	following checklist is designed to help you assess as gement.	n employee's eligibility to continue in the	
1.	Do the work assignments of the employee's current position warrant continued paricipation	? No Yes	
2.	Is the employee's most recent performance rational Fully Successful or higher?	ng No Yes	
3.	Does the employee demonstrate the ability to work independently?	☐ No ☐ Yes	
4.	Is the employee able to maintain the quality and quantity of his or her work?	☐ No ☐ Yes	
	Approved Disapproved: REASON :		
	e reviewed and discussed the re-certification crite		
Supe	rvisor's Signature:	Date:	
Employee's Signature:		Date:	
Distribution If approved: Original-Attach to the original telecommuting agreeme		If disapproved: Original-Employee ent Copy to-Employee's Supervisor	

Copy to-Employee's Supervisor Servicing Personnel Office

Servicing Personnel Office