

DATE: June 19, 2000

ISSUING OFFICE: OAM, EO

REPLACES: April 21, 1998

FLEXIBLE WORKPLACE ARRANGEMENTS PROGRAM

TOPIC: Flexible Workplace Arrangements Program (FWAP)

PURPOSE: To establish policy and procedural guidance for considering requests to work either at home or at a telecommuting center approved by the General Services Administration (GSA).

REFERENCE: *NIH Flexible Workplace Program Procedures*, dated January 28, 1998.

ORS Delegation of Authority No. 17, *Workweek and Work Schedules, including Alternative Work Schedules (AWS) And Flexible Workplace Arrangements Program (FWAP)*.

COVERAGE: All ORS part-time and full-time permanent or temporary employees, Title 42 employees, and Commissioned Corps personnel.

POLICY:

A. The authority to approve FWAP requests has been redelegated to the ORS Division Directors and the Deputy Director, ORS for ORS/OD employees. Further redelegations are subject to the provisions of the ORS Delegation of Authority entitled *Flexible Workplace Arrangements Program*. All approving officials **must** be one level higher than the requesting employee's immediate supervisor but no lower than a Branch Chief level. For example:

- Requests for employees who report directly to the Associate Director for Research Services (ADRS) must be approved by the NIH Deputy Director for Management;
- Requests for Branch Chiefs, Division/Office Deputies and other employees who report to the Division/Office Director must be approved by the ORS Deputy Director.

Concurring officials are immediate supervisors.

B. Types of Requests:

Medical

The FWAP may be used to accommodate a temporary or continuing illness or medical condition if, according to documentation provided by the employee's physician, the

employee is capable of performing his/her job at their residence or a telecommuting center but not at their official duty station. For all medical-based requests, appropriate medical documentation must be submitted to the Director, Occupational Medical Service (OMS), Division of Safety (DS) for review and assessment of whether the medical records support the request. The medical condition should not be such that it precludes the employee performing his/her duties nor should the performance of the work have a negative effect on recovery. OMS can be contacted at (301) 496-4411 for additional information on submitting medical documentation for review.

Non-medical

1. For each request, the immediate supervisor will provide information to the approving official on an appropriate FWAP schedule. Factors outlined in part C of the Policy section must be considered.
2. Requests approved as regularly scheduled participation for a non-medical basis must be renewed every six months. Renewals must be documented in writing in the official file maintained by the employee's Division.
3. Employees working at an alternate workstation for a non-medical basis are subject to a call-back to their official duty station if necessary to accomplish the mission of the organization.
4. Non-medical FWAP requests may be approved on a regularly scheduled or ad hoc basis. Ad hoc FWAP participation is based on rare organization needs such as special projects and will be limited to one day or less to meet that special need.

Requests From Commission Corps Personnel

Officers may be authorized to work at their residences or a federal telecommuting center (FTC) under the following circumstances:

1. When regularly scheduled telecommuting will add to an officer's productivity and, when they are using a FTC, reduce the commuting distance for the officer, officers may be authorized to participate for up to 2 days per week for a period not to exceed 6 months. Renewal requests may be submitted and authorized.
2. When it is in the interest of the program to have the officer complete a project away from the official duty station, officers may be authorized to participate for up to 14 days for a particular project but no more than 30 days total per calendar year for all such projects. The determining factors for participation are the interests and needs of the program.
3. When an officer's work space is temporarily unavailable due to damage, remodeling, or repair, officers may be authorized to participate for the period of

time their work space will be disrupted.

All requests from Officers must be submitted for renewal every 6 months.

- C. On an annual basis, ORS Division Directors, in consultation with the ORS Executive Committee, will identify services that may be provided by employees under FWAP.

General Guidelines

Work suitable for telecommuting depends on job content rather than job title, type of appointment, or work schedule. For example, telecommuting is feasible for work that requires thinking and writing--data analysis, reviewing contracts, writing decisions or reports; for telephone-intensive tasks--setting up a conference, obtaining information, following up on participants in a study; and for computer-oriented tasks--programming, data entry, word processing.

Work may not be suitable for telecommuting if the employee needs to have extensive face-to-face contact with the supervisor, other employees, clients, or the general public; if the employee needs frequent access to material which cannot be moved from the main office; if the agency cannot provide any special facilities or equipment that are necessary; or if it would be too costly for the agency to duplicate the same level of security at the alternative workplace; if the employee is a new employee who needs to be in the office to learn the organization; if the employees requires on-the-job training; if the employee needs close supervision; or if the employee thrives on interaction with co-workers and would suffer from the isolation of working alone. Certain types of work are not suitable for FWAP including positions such as police officer, fire fighter, and maintenance and trades personnel.

- D. Within the services approved, the ORS Divisions may not allow FWAP participation to result in diminished levels of service, reductions in productivity, or substantial increases in operating costs. Some work units and positions may not be eligible for participation. Supervisors should consider work requirements, employee equity, and rotation of telecommuting periods and FWAP schedules if the work situation is impacted by several employees requesting telecommuting or FWAP. Participation is a benefit, not an entitlement. Participation may be terminated at any time either by the employee or by management. Since FWAP is a management-approved work option, there is no automatic right of continued participation in the event of a change in management.
- E. Requests to participate in the ORS FWAP must be approved prior to the expected start date, requests cannot be approved after the requested start date, and postdated approvals are prohibited. A flexible workplace arrangement may not begin until all necessary approval signatures have been obtained.
- F. Duty time may not be used for purposes other than official work. Hours of work may not be used to provide any type of care or the oversight of care provided by others for young

children or other dependents in the home.

G. Approval to participate is based on factors such as the following:

1. The service(s) provided by the unit and performed by the employee satisfy policy sections B and C, above.
2. Having the work completed at an alternate workstation is of benefit to the ORS (without consideration of or addressing the benefit to the employee).
3. Having portable work assignments that permit physical absence from the official duty station and that allow for measurable output and evaluation of productivity.
4. Having an "Acceptable" performance rating and good attendance record.
5. The duties to be performed do not require daily face-to-face interaction with clients or co-workers.
6. Availability of resources within the employee's Division to supply necessary equipment and/or pay telecommuting center fees.
7. The employee must not have been subject to any disciplinary action.

H. Work schedules

1. Schedules may not include a break during the tour of duty of more than one half hour for full-time permanent or temporary employees. Work schedules may not include a break during the tour of duty for part-time permanent or temporary employees.
2. Employees may not participate in FWAP and be on an Alternate Work Schedule at the same time unless their participation is on an ad hoc basis as described in Policy section B
3. Employees who are requesting participation on a non-medical basis must work a minimum of three days each week at the official duty station. Approving officials may grant exceptions to this, except for Commissioned Corps personnel who are restricted to no more than two days per week FWAP participation. The reason for granting an exception must be documented in writing in the request package by the approving official.

I. In situations that lead to closings and/or dismissals at the official duty station, if the immediate supervisor determines work can proceed at the alternate workstation, the employee will not be excused from duty and is still expected to work his/her regular schedule.

If an emergency situation, such as power or equipment failure, occurs at the employee's alternate workstation that prohibits the employee from completing some of his/her work assignments, he/she must continue working on duties that can still be performed, report to the official duty station and continue working, or request leave from the supervisor. Verbal leave approval must be obtained before leave can be taken AND employees are

responsible for submitting leave requests on the next working day.

- J.** Performance standards for participating employees must be consistent with those used for employees who perform the same or similar tasks at the official duty station.
- K.** The Standards of Conduct apply to the alternate workstation.
- L.** Evaluations

Each medical-based FWAP agreement will be evaluated on a semiannual basis (from the final approval date). Regularly scheduled, non-medical requests must be renewed in writing every six months. The following factors must be addressed in writing in each evaluation and renewal and copies must be placed in the official file maintained by the Division:

1. Impact on the office environment
 2. Supervisor, employee, and customer satisfaction
 3. Problems experienced by and concerns expressed by Supervisor and employee
 4. Cost effectiveness for ORS, including actual or appropriately estimated dollar amounts
 5. Employee's productivity
 6. Impact on delivery of goods/services
 7. If the agreement is based on medical reasons, modifications made to the agreement as a result of the employee's improved condition must be stated. If no improvement is indicated by the employee, the value of maintaining the agreement as previously approved to the employee's continuing medical condition must be stated.
- M.** Employees participating in the FWAP must be readily accessible via phone, e-mail, facsimile, etc. to management officials, co-workers, and customers during duty hours. The employee will meet the supervisor or others as necessary, appropriate, or requested in order to perform assigned duties or to fulfill organizational requirements. This includes such activities as attending required training programs, receiving assignments, reviewing completed work, attending meetings, providing progress reports, etc.
- Employees must also agree to periodic alternate workstation inspections by the Government, during the employee's normal working hours to ensure proper maintenance of Government-owned property and workstation conformance with safety standards and other specifications. Notice of intent to inspect will be provided 24 hours in advance. For all members of a bargaining unit, a Union representative may be present at the inspection. Prior to the inspection, employees utilizing this option must make arrangements with the Union representative to be present and they must notify the FWAP approving official that they have requested such.
- N.** Training by the MAS on telecommuting requirements, operations, and responsibilities under this policy is required before officials can exercise the delegated authority of this

policy.

- O.** Government-owned property or services may only be purchased in conjunction with a FWAP request that has received documented approval on the Flexible Workplace Agreement (Attachment 1). The Agreement must include a listing of all equipment and resources to be provided by the Government (e.g., computers, phones, phone lines, Parachute account, access to Data Warehouse, etc.) that is necessary for the employee to perform work at home. All equipment will be provided/procured in accordance with current ORS and NIH policies and procedures. The Division's Chief Administrative Officer (AO) is responsible for keeping track of the equipment and ensuring that property passes or loans are completed and that Government equipment is returned in satisfactory condition following the completion of the FWAP participation. The return of all equipment must be documented in the approved request package when participation is terminated. It is not an employee right that equipment be provided for any alternate workstation so that the employee may participate in FWAP.
- P.** No classified documents, Privacy Act materials, or similarly protected or sensitive documents may be taken to, used, or stored at any alternate workstation. The immediate supervisor will determine how frequently, if at all, backup copies of data onto floppy disks must be made to protect against loss of data. The immediate supervisor may also require the employee to periodically send backup copies to the official duty station.

Q. Workers Compensation

For work at home arrangements, the employee is required to designate one area in the home as their alternate workstation. The Federal Government's potential exposure to liability is restricted to this workstation. The employee agrees to notify the immediate supervisor immediately of any accident or injury that occurs at the alternate workstation and to complete any required forms. The immediate supervisor agrees to investigate such a report immediately.

For Commissioned Corps personnel, an officer's private residence cannot be an official duty station and no liability is assumed for injury that may occur to the officer or third parties, or damage to the officer's property as a result of the officer performing official duties at his/her residence.

R. Telecommunications Equipment and Security

ORS may but is not obligated to fund expenses that may be incurred from installing, servicing, and maintaining Government-owned equipment and software in an alternate workstation such as an employee's residence. Home utility costs associated with working at an employee's residence will not be paid by ORS. Non-reimbursable costs include, but are not limited to, additional electrical outlets, home maintenance, electricity, long distance telephone charges not directly related to official business, etc.

Only ORS-purchased software will be used for official business. All equipment, software, resources, and services provided by the Government must be used solely for official business and in accordance with applicable policies and regulations. The alternate workstation must provide the necessary level of security and protection for government property.

S. Telecommuting or FWAP Expenses

Expenses to ORS may include:

- Costs associated with using GSA telecommuting centers
- Telephone line installation
- Long distance telephone charges for official business only
- Computer hardware and software assigned to the employee's home office
- Modem for telecommunications requirements
- NIH equipment maintenance and repair expenses (employees are responsible for returning equipment in need of repair or maintenance to the NIH reservation, where the repair or maintenance work will be done)
- Office supplies

Before payment is made, costs must be verified by the appropriate Division official. The employee will submit proof of charges (e.g., usage charges, long distance charges, supplies, repairs). Copies of all such documentation must be kept in the official file maintained by the Division.

PROCEDURES:

- A.** Employees requesting permission to participate in the FWAP under any circumstances other than an ad hoc basis must submit a full request package to their immediate supervisor. That package will consist of a request memo and agreement document (Attachment 1) and all supporting medical or other documentation. In addition, Commissioned Corps personnel must receive an approval memorandum (Attachment 2) from their approving official before they can begin FWAP participation. This approval notice will be a part of their final package.

For ad hoc requests, employees may use an abbreviated form (Attachment 3). These requests may only be approved for VERY short periods of time, not to exceed one work day. To extend the FWAP participation, a full FWAP package with all required supporting documents must be submitted and approved as described in part A above.

- B.** The immediate supervisor must review the employee's FWAP request. In deciding whether to concur with the request, supervisors must evaluate it in writing using the factors below. This document must be sent with the request package for approval.

- 1) the basis of the employee's request;

- 2) the benefit to ORS (**not including the convenience to the employee**);
 - 3) the impact upon the office environment and office coverage;
 - 4) the resources needed to support the FWAP arrangement; and
 - 5) the equitable application of FWAP or telecommuting for other employees performing the same or similar duties and responsibilities.
 - 6) cost effectiveness, including actual or appropriately estimated dollar amounts
 - 7) impact on delivery of goods / services
- C.** If the supervisor concurs with the request, the supervisor should sign the bottom of the FWAP Request Form and forward it to the approving official.
- D.** The approving official will review the request and indicate approval/disapproval. This official will notify Commissioned Corps personnel using Attachment 2.
- E.** Copies of approved packages must be sent to the following components/staff:
- Human Resources Branch (HRB), ORS for filing on the left side of the employee's Official Personnel File. HRB will also forward a copy of the signed Attachment 2 to the NIH Commissioned Corp Liaison within five working days.
 - Division Chief AO for appropriate notifications and distribution within the Division. The Chief AO will maintain the official file within the Division of all requests, whether concurred on or not by the immediate supervisor and whether approved or disapproved by the approving official.
 - The employee
 - The employee's timekeeper.

Disapproved packages will be returned to the employee's supervisor for discussion with the employee. Employees may seek reconsideration of management decisions under this policy through the Administrative Grievance process. Information on this process may be obtained from the HRB. Employees covered by a negotiated agreement must follow the procedures provided for in the negotiated grievance process

RECORDS RETENTION AND DISPOSAL:

Records for Flexible Workplace Arrangements Program participation will be retained by the ORS Divisions in accordance with the appropriate items under NIH Manual 1743, Keeping and Destroying Records.

NIH e-mail messages. NIH e-mail messages (messages, including attachments, that are created on NIH computer systems or transmitted over NIH networks) that are evidence of the activities of the agency or have informational value are considered Federal records. These records must be maintained in accordance with current NIH Records Management guidelines. Contact the ORS Records Officer at (301) 496-6319 for additional information.

All e-mail messages are considered Government property, and, if requested for a legitimate Government purpose, must be provided to the requester. Employees' supervisors, NIH staff conducting official reviews or investigations, and the Office of Inspector General may request access to or copies of the e-mail messages. E-mail messages must also be provided to Congressional oversight committees if requested and are subject to Freedom of Information Act requests. Since most e-mail systems have back up files that are retained for significant periods of time, e-mail messages and attachments are likely to be retrievable from a back up file after they have been deleted from an individual's computer. The back up files are subject to the same requests as the original messages.

MANAGEMENT CONTROLS:

Office Responsible for Reviewing Management Controls Relative to this Chapter: Office of Administrative Management/Management Analysis Staff (MAS).

Frequency of Review: All ORS Divisions will submit an annual summary report to the MAS. The summary reports will include such applicable information as the number of requests received, the number of non-medical and medical requests approved and disapproved, etc. In addition, a review will be conducted annually on each ORS Division.

Method of Review: The ORS Division being reviewed must be able to provide the reviewers current status information on the Division's FWAP participants and access to all pertinent records. All requests approved via Attachment 3 will be reviewed because of the requirement for these to be used in **rare** circumstances, however, a random sampling method will be utilized in each Division for other requests, for both approved and disapproved requests.

Management Control Reports: Reports will be sent to the ADRS.

All previous ORS policies inconsistent with the provisions of this ORS policy are superseded.

Flexible Workplace Arrangements Program Request Form

To: [Insert Division Director or Deputy Director, ORS as appropriate]
Through: [Insert Immediate Supervisor's name]
From: *[Insert employee's name]*
Subject: Request to Participate in Flexible Workplace Arrangements Program (FWAP)

I wish to participate in a flexible workplace arrangement for the following reasons:

[Insert all required information necessary to evaluate the request including:

- **position title, grade, series, and pay plan;**
- **the type of arrangement you are requesting to participate in (e.g., medical, non-medical, occasional, regularly scheduled);**
- **documentation of physical disability or illness (Enclose in a sealed envelope and submit with this package. It will be sent to OMS for assessment.);**
- **the duration of the FWAP or telecommuting;**
- **the number of days or hours per week that required to work away from the official duty station;**
- **location of alternate workstation (e.g., residence, GSA telecommuting center); and**
- **Government equipment, resources, or services necessary (e.g., telecommunications equipment, Parachute account, access to various databases, etc.).]**

Arrangements made for care of children and/or dependents:

In submitting this request, I as the requesting employee certify that arrangements have been made so that my duty time will not be used for any care of young children or other dependents. The following are specific arrangements that I have made for all care (including oversight of in-home medical personnel or others providing care for those dependents or young children):

[Specify exactly how many children and/or dependents require care and the arrangements that have been made for their care.]

Agreement

The following constitutes an agreement between the Office of Research Services and [Insert employee's name] on the terms and conditions of a flexible workplace arrangement.

Tour of Duty and Duty Station:

Employee agrees to participate for the time period beginning _____ and ending _____.

Employee's official duty station is: Address: _____
Phone Number: _____

Employee's alternate duty station is: Address: _____
Phone Number: _____

Employee's official tour of duty (specify hours, including a half hour break for full-time permanent or temporary employees, and duty station) will be:

Week 1 of pay period (hours, station)	Week 2 of pay period (hours, station)
Sun: _____	Sun: _____
Mon: _____	Mon: _____
Tue: _____	Tue: _____
Wed: _____	Wed: _____
Thu: _____	Thu: _____
Fri : _____	Fri: _____
Sat: _____	Sat: _____

At its discretion, with a five working-day written notice (from the date of the letter), the Government has the right to cancel this agreement. Employees may also terminate this agreement upon written notice to the supervisor.

The DHHS Standards of Conduct continue to apply to employees at their alternate duty station. Failure to comply with policies and regulations may result in termination of this agreement and applicable disciplinary actions and/or criminal penalties provided under 5 C.F.R.2635.

Provided the employee is given at least 24 hours advance notice, the employee agrees to permit periodic inspections by the Government of the alternate workstation during the employee's normal working hours to ensure proper maintenance of Government-owned property and conformance with safety standards and other specifications contained in applicable regulations and policy.

Time, Leave and Employee Benefits

Employee's timekeeper will have a copy of the employee's flexible workplace schedule. Employee's time and attendance will be recorded while performing official duties at the agreed upon duty station. Employees are responsible for informing their timekeeper of all variances from the flexible workplace schedule. Employees must obtain supervisory approval before

taking leave in accordance with procedures established by the supervisor. By signing this

agreement, the employee agrees to follow the established procedures for requesting and obtaining leave. All pay, leave, and travel entitlements are based on the official duty station. If an employee works overtime that has been ordered and approved in advance by the supervisor, the employee will be compensated in accordance with applicable laws and regulations.

Unauthorized overtime will not be compensated.

Civilian employees are covered under the Federal Employee’s Compensation Act for injury arising in the course of performing official duties.

Government Property

If an employee is lent Government property, the employee will borrow, transport and protect that property in accordance with applicable Federal regulations and ORS established policies. The length of the loan for borrowed property will equal the term of the approved FWAP agreement. All Government furnished property is for official business only. The employee is prohibited from using or lending such property for private or other than approved purposes.

Government-owned property will be serviced and maintained by ORS, provided that the malfunction or damage is not due to the employees’s negligence. If the employee provides his/her own equipment, the employee is responsible for servicing and maintaining it. The Government will not be liable for damages to the employee’s personal or real property during the course of performance of official duties or while using Government property in the employee’s residence, except to the extent that the Government is liable under the Federal Tort Claims Act or the Military Personnel and Civilian Employees Claims Act.

Govt equipment provided	Employee initials & date	<u>Div. Chief AO’s signature</u>	Return date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Workstation Management and Responsibilities

The Government will not be responsible for operating costs, home maintenance, or any other incidental costs such as utilities that are associated with use of an employee’s residence as an alternate workstation. The Government agrees to provide the employee with necessary office supplies. By participating in this program, the employee does not relinquish any entitlement to reimbursement for authorized expenses incurred while conducting business for the Government, as provided for by statute and regulation.

Employee is responsible for ensuring the safety and adequacy of the alternate workstation. This includes but is not limited to: assuring that the electrical system is adequate for the use of Government property, safeguarding Government property from children and pets, and providing smoke detectors if required by the applicable building code. Employee will apply approved

safeguards to protect Federal records from unauthorized disclosure or damage and will comply with the requirements set forth in the Privacy Act.

Performance of Assignments and Performance Reviews

Employee will complete all assigned work according to work procedures discussed between employee and his/her supervisor and according to guidelines and standards stated in their performance plan. Employee's job performance is appraised in accordance with his/her performance plan.

Employee agrees to limit the performance of his/her officially assigned duties to the employee's official duty station or to the approved alternate duty station. Employee agrees to adhere to the approved work schedule.

Evaluations

Each FWAP agreement between ORS and the employee will be evaluated on a semiannual basis (from the final approval date). [A reminder: if the flexible workplace arrangement has been approved on a non-medical basis, renewal must be requested in writing every six months.] The employee and supervisor have agreed to conduct the evaluations on the following dates:

Work Review Evaluation Process (describe):

The following factors must be addressed in writing in each evaluation on each of the above dates and copies must be placed in the official file maintained by the Division:

1. Impact on the office environment
2. Supervisor, employee, and customer satisfaction
3. Problems experienced by and concerns expressed by Supervisor and employee
4. Cost effectiveness for ORS, including actual or appropriately estimated dollar amounts
5. Employee's productivity
6. Impact on delivery of goods/services
7. If the agreement is based on medical reasons, modifications made to the agreement as a result of the employee's improved condition must be stated. If no improvement is indicated by the employee, the value of maintaining the agreement as previously approved to the employee's continuing medical condition must be stated.

By signing this agreement, the employee agrees to adhere to all applicable laws, regulations, and

policies. The employee understands that failure to do so could result in termination of their participation in the FWAP by management and disciplinary actions and/or criminal penalties as provided for under applicable laws, regulations, and policies. If the alternate workstation is in the employee's residence, the employee agrees to designate **one** area in the home as the alternate workstation and certifies, through his/her signature (below) that this area has a functioning grounded (3-prong) electrical outlet.

Signatures:

Employee

Date

_____ Concur

_____ Non concur

Immediate Supervisor

Date

Reasons for supervisor's non-concurrence (if applicable):

_____ Approved

_____ Disapproved

[Insert Approving Official's Title]

Date

DATE:

TO: [Insert officer's name]

SUBJECT: Authorization For Commissioned Corp Personnel to Participate in FWAP

This memorandum authorizes you to use the following alternative workplace for the period of _____ to _____. Your assigned duty hours are _____ to _____.

_____ Officer's Residence _____ Federal Telecommuting Center

Address of Alternative Workplace:

Phone: _____

Fax: _____

E-mail: _____

Pager: _____

Your assignment (s) for this period of authorization is/are to **[Insert specific assignments.]** The following equipment has been issued to you for the performance of these duties:

[Attach copies of property passes]

Provisions:

Please provide a status report on your progress on [Insert days of week]. When approval is granted to participate as outlined in Policy section B, #'s 2 and 3, you are required to report back to your assigned duty station the next business day after completing the assignment if those assignments are completed prior to the last date of the approved FWAP period.

Approval:

[Typed Name of Authorizing Official] **[Signature of Authorizing Official]** _____
[Insert title of Authorizing Official] **[Insert title of Authorizing Official]** Date

I agree to work at the alternative workplace in accordance with INSTRUCTION 10, Subchapter CC23.5 of the Commissioned Corps Personnel Manual incorporated herein by reference and as indicted in this memorandum. I understand that I may be directed to work at my regular workplace on specific occasions, such as for training and staff meetings, when required by my supervisor.

(Officer's Signature)

Date

To: [Insert approving official's title]

From: [Insert Immediate Supervisor's name]

Subject: Ad Hoc Participation in Flexible Workplace Arrangements Program (FWAP)

[Insert employee's name] is requesting to participate in a flexible workplace arrangement on an ad hoc basis. The organizational need is [Insert the specific assignment/project to be worked on and the reason it cannot be completed at the official duty station]

Required Information

- 1. Employee's position/title, grade, series, and pay plan:
- 2. Number of duty hours required for project:
- 3. Address and phone number of the alternate worksite:

- 4. Arrangements made for children and/or dependents:
- 5. Has the employee participated in FWAP on an ad hoc basis before? YES NO (Circle one).
 If yes, when:

By signature below, I certify that I have advised the employee of the requirements and provisions of the ORS FWAP policy, made the employee aware that he/she is responsible for adhering to all requirements of the ORS FWAP policy, and notified the employee that appropriate administrative action will be taken for failure to comply. Having done so, I concur with this request.

Immediate Supervisor

Date

Approval:

_____ Approved

_____ Disapproved

[Insert title of Approving Official]

Date

GENERAL INFORMATION FOR PARTICIPANTS/MANAGEMENT

GSA Telecenters

As of this writing there are a number of GSA Telecenters in the Washington metropolitan area. The less expensive sites provide a workstation/cubicle with desk, computer with modem, and phone while the more expensive sites usually provide the same equipment in an office. This information is available at: <http://www.gsa.gov/pbs/owi/telecenters.htm>.

The user fees presented below are for FY 2000 and are set at 50% of the operating cost per workstation. These fees are subject to change at the beginning of FY2001 with the user agencies paying 100% of the operating cost per workstation. (This new pricing structure aligns with language included in PL105-277, The FY99 Omnibus Bill.)

<u>Location</u>	<u>Weekly fee</u>	<u>Monthly fee</u>
Bowie State University and White Oak	\$25	\$125
Frederick and Hagerstown	\$50	\$250
Prince Frederick, Waldorf, and Laurel	\$54	\$270
Fairfax, Herndon, Sterling, Stafford, Fredericksburg, and Winchester	\$52	\$260
Manassas	\$40	\$200

Home Office Safety

Civilian employees are covered under the Federal Employee's Compensation Act for injury arising in the course of performing official duties, whether at the official duty station or the alternate duty station. The government's potential exposure to liability is restricted to the single designated workstation area. The employee must notify the supervisor immediately of any accident or injury that occurs at the alternate workplace and to complete any required forms. The supervisor must investigate such a report immediately.

In late 1999 and early 2000, there was some confusion about whether home offices come under the purview of the Occupational Safety and Health Act and would thus require official inspections for federal health and safety rule violations. The Occupational Safety and Health Administration issued a directive in February, 2000 stating that neither OSHA nor employers would be expected to conduct home inspections. However, there are a number of basic safety considerations that should be taken into account when establishing a home office. These include items such as:

- level floors free of tripping, bumping, or slipping hazards;
- grounded electrical outlets; electrical cords and outlets that appear normal and aren't exposed;
- working smoke detectors;
- comfortable workstation arrangement (please see attached NIH Division of Safety diagram)

More detailed information is available at: <http://www.gsa.gov/pbs/owi/manual9.htm>. A safety checklist is available at: <http://www.gsa.gov/pbs/owi/manual10.htm>. NIH does not require that a checklist be completed. It is at the employee's discretion.