

Appendix A

**Wisconsin National Guard and Employee Teleworking Agreement
Approval for Alternative Work Site**

Name: _____

Organization/Office: _____

Current Duty Station: _____

Geographical Location: _____

Approved Alternative Work Place: _____

Geographical Location: _____

Voluntary Participation

I voluntarily agree to work at the approved alternative work site indicated above and agree to follow all applicable policies and procedures. I recognize this arrangement is not an employee benefit but an additional method the agency may approve to accomplish work. Telework is a management option. It is not an employee benefit or right and does not change employment terms and conditions.

Official Duties

I shall perform official duties only at the official duty station or supervisors approved alternate work site and will not conduct personal business, such as caring for dependents or making home repairs, while in official duty status at the alternate work site.

Work Schedule and Tour of Duty

Unless the supervisor and I agree otherwise, the number of hours I am scheduled to work remains the same. My official tour of duty will be

_____ (specify days, hours, and location such as official duty station or alternative work site). I further understand I am expected to report for work at my official duty station at least one day per pay period. I am also expected to attend all required staff meetings at my official duty station.

Time and Attendance

_____ My timekeeper will have a copy of my schedule. My supervisor will certify biweekly the time and attendance for hours worked at the official duty station and alternative work site.

(Note: the organization may require me to complete a self-certification form).

Leave

_____ I shall follow established office procedures for requesting and obtaining approval of leave.

Compensatory Time

_____ As a technician, I agree to work compensatory time only if my supervisor so orders and is approved in advance by second level supervision. Working without such approval may result in terminating the teleworking privilege and/or other appropriate action.

Equipment and Supplies

_____ I shall protect all government-owned equipment and use it only for official purposes. The agency will install, service, and maintain its own equipment if applicable. I shall install, service, and maintain any personal equipment I use. I understand the Wisconsin National Guard is not responsible for the expense to repair, restore or replace any personal computers, peripherals, and media or data files used for teleworking from the home worksite.

Security

_____ I will comply with security policies and protect all Wisconsin National Guard resources, including Wisconsin National Guard data and information, at the alternate work site.

Liability

_____ The Wisconsin National Guard is not liable for damages to my personal or real property while I work at the approved alternate work site except to the extent the Federal Tort Claims Act or the Military Personnel and Civilian Employees Claims Act holds the Wisconsin National Guard, as a government agency, liable.

Work Area

_____ I shall provide a furnished work area adequate for performing official duties.

Work Site Inspection

_____ I agree to permit supervisory inspection of my alternate work site during normal working hours at a pre-arranged time to ensure proper maintenance of government-owned property and conformity to safety standards. (I will complete a self-certification safety checklist (appendix B) for an at-home work site.)

Alternative Work Site Costs

_____ The Wisconsin National Guard will not pay installation, infrastructure and/or operating costs associated with using my home as an alternate work site; e.g., home maintenance and insurance. However, I do not relinquish any entitlement to reimbursement for authorized expenses incurred while conducting business for Wisconsin National Guard, as provided for by statute and implementing regulations.

Injury Compensation (Check the Applicable Paragraph)

_____ As a *civilian member*, I am covered under the Federal Employee's Compensation Act or appropriate state regulations if injured while actually performing official duties at my official duty station or alternate work site. I agree to notify my supervisor immediately of any accident

or injury that occurs at the alternate work site; the supervisor will investigate my report immediately and in addition, notify the appropriate safety office/officer.

_____ As a *military member*, I am covered under 32 USC if injured actually performing official duties at my official duty station or alternate work site. I agree to notify my supervisor immediately of any accident or injury that occurs at the alternate work site. The supervisor will investigate my report immediately and in addition, notify the appropriate safety office/officer.

Work Assignments

_____ I shall complete all assigned work according to procedures my supervisor and I mutually agree to and according to guidelines and standards in my performance plan.

Performance

_____ My most recent performance rating must be at least Fully Acceptable or Excellent. My supervisor may require me to report regular progress to assist in judging performance.

Disclosure

_____ I shall protect government records from unauthorized disclosure or damage and will comply with requirements of the Privacy and Freedom of Information Act Manual. I will not store, gain access to, or use classified information at a home work site.

Standards of Conduct

_____ I understand standards of conduct continue to apply to me while I work at my telework site(s) in accordance with applicable regulations.

Cancellation

_____ After appropriate notice to my supervisor, I may resume working my regular schedule at my official duty station. After appropriate notice to me, my supervisor may instruct me to resume working my regular schedule at my official duty station if my performance declines, the project fails to benefit organizational needs, the need for in-office interaction between me and my coworkers or customers arises, or for other work-related reasons. The supervisor will follow any applicable administrative or negotiated telework procedures.

Other Action

_____ Nothing in this agreement precludes management from taking any appropriate disciplinary or adverse action against me if I fail to comply with the provisions of this agreement. Nothing in this agreement shall be construed so as to infringe upon an employee's rights or benefits provided by law, regulation, or contract.

Employee's Signature and Date: _____

Supervisor's Signature and Date: _____

Telework Coordinator Signature and Date: _____

Cancellation Date:

If this agreement is canceled please indicate date of cancellation below:

Cancellation Date: _____

Employee's Acknowledgment and Date: _____

Supervisor's Signature and Date: _____

SUMMARY INFORMATION

Check the description that applies:

Telework Arrangement

_____ 1 day per 2 weeks _____ More than 1 day per 2 weeks

Occasionally; i.e., project nature

Position Type:

Civilian: _____

Military: _____

Send a copy of this agreement, along with this Safety checklist, Security Audit Checklist and Computer System Information to your supervisor, and retain a copy for your records. Send a copy of this agreement to the Human Resource Office.

CF:

Directors

Telework Coordinator

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