

# TELEWORK SCHEDULE REQUEST AND APPROVAL FORM

Refer to IMCOM Regulation 690-610 for guidance to complete this form, the proponent is G1

**Voluntary Participation:** Employee voluntarily agrees to work at the employer-approved alternate workplace indicated below and to follow all applicable policies and procedures. Employee recognizes the the telework agreement is not an employee entitlement but an additional method the employer may approve to accomplish work.

**Salary and Benefits:** Employer agrees that a telework arrangement is not basis for changing the employee's salary or benefits.

**Note: IMCOM Form 1-B, Telework Schedule Employee-Management Contract Agreement and IMCOM Form 1-E, Safety Checklist must be completed upon telework approval.**

## SECTION I - REQUEST

1. Employee Name	2. Job Title	3. Organization
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Grade and Job Series	5. Date of Last Performance Evaluation	6. Last Performance Rating
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Type of Telework Requested ( <i>Core Telework or Situational</i> )	8. Number of Days Per Week Employee Requests Telework
<input type="text"/>	<input type="text"/>

9. Alternate Work-site: ( <i>Home Office or Alternate Work Area</i> )	10. Employee Request Telework as a Reasonable Accommodation for:
<input type="text"/>	<input type="text"/>

11. Description of Work to be Performed (must align with employee's performance objectives)
<input type="text"/>

12. Telework Tour of Duty (e.g., 0830-1700 w/30min lunch)	13. Day(s) of the Week Employee Requests to Telework
<input type="text"/>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday

14. Equipment and Software Required: (e.g., Common Access Card (CAC) Reader and ActivCard Gold Software)
<input type="text"/>

## SECTION II - RECOMMENDATION

a. Supervisor's Recommendation	b. Number of Days Per Week Telework is Recommended
<input type="text"/>	<input type="text"/>

c. Supervisor Signature	<input type="text"/>	Date	<input type="text"/>
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d. Employee Signature	<input type="text"/>	Date	<input type="text"/>
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## SECTION III - APPROVAL

a. Approving Official's Recommendation	b. Number of Days Per Week Telework is Approved
<input type="text"/>	<input type="text"/>

c. Approving Officials Signature	<input type="text"/>	Date	<input type="text"/>
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d. Reason(s) for Disapproval
<input type="text"/>