

Annual Telework Report

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

Calendar Year Ending

31 December

SECTION I - CONTACT INFORMATION

1. Region or Garrison:

2. Telework Representative:

3. Telephone Number: *(list DSN and commercial)*

4. E-mail address:

SECTION II - TELEWORK INFORMATION

	Full-Time	Part-Time
5. Number of employees in the Region or Garrison	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
6. Number of employees who telework at least 3 days per week <i>(regular and recurring)</i> <input type="checkbox"/> Non Applicable	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
7. Number of employees who telework at least 1-2 days per week <i>(regular and recurring)</i> <input type="checkbox"/> Non Applicable	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
8. Average number of days per month employees work <input type="checkbox"/> Non Applicable	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
9. Number of employees who telework less than one day/week, but at least once a month <input type="checkbox"/> Non Applicable	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
10. Total number of teleworkers at each grade level <i>(leave blank, if not applicable)</i>	Grade Level	Total
	Grade 01	<input style="width: 100%; height: 25px;" type="text"/>
	Grade 02	<input style="width: 100%; height: 25px;" type="text"/>
	Grade 03	<input style="width: 100%; height: 25px;" type="text"/>
	Grade 04	<input style="width: 100%; height: 25px;" type="text"/>
	Grade 05	<input style="width: 100%; height: 25px;" type="text"/>
	Grade 06	<input style="width: 100%; height: 25px;" type="text"/>
	Grade 07	<input style="width: 100%; height: 25px;" type="text"/>
	Grade 08	<input style="width: 100%; height: 25px;" type="text"/>
	Grade 09	<input style="width: 100%; height: 25px;" type="text"/>
	Grade 10	<input style="width: 100%; height: 25px;" type="text"/>
	Grade 11	<input style="width: 100%; height: 25px;" type="text"/>
	Grade 12	<input style="width: 100%; height: 25px;" type="text"/>
	Grade 13	<input style="width: 100%; height: 25px;" type="text"/>
Grade 14	<input style="width: 100%; height: 25px;" type="text"/>	
Grade 15	<input style="width: 100%; height: 25px;" type="text"/>	
Other	<input style="width: 100%; height: 25px;" type="text"/>	

11. NOTIFICATION		
a. Are eligible employees provided with formal notice of their eligibility to telework?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. How frequently are they notified?	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
c. How are eligible employees notified?	<input type="checkbox"/> During Orientation <input type="checkbox"/> By Supervisor <input type="checkbox"/> By E-mail <input type="checkbox"/> Other <input type="text"/>	
12. TERMINATION		
a. Does your Region or Garrison track the number of employees whose telework are terminated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. How many terminations were based on:	<input type="text"/> Employee Decision <input type="text"/> Supervisor Decision <input type="checkbox"/> Non Applicable	
c. The number of terminations based on supervisor decision due to:	<input type="text"/> Work Assignment <input type="text"/> Performance/conduct <input type="checkbox"/> Non Applicable	
13. TRACKING		
a. Telework is tracked by: <i>(check all that apply)</i>	<input type="checkbox"/> Time and Attendance system <input type="checkbox"/> Electronic tracking system <input type="checkbox"/> Telework Agreement <input type="checkbox"/> Other <input type="text"/>	
<input type="checkbox"/> Non Applicable		
14. INELIGIBILITY		
a. Indicate the number of employees in each category deemed ineligible to participate in the Telework Program	<input type="text"/> Handle secure materials <input type="text"/> Perform on-site activities <input type="text"/> Performance issues	
b. Check categories of employees that are not allowed to telework: <i>(check all that apply)</i>	<input type="checkbox"/> Supervisors or Managers <input type="checkbox"/> Executives <input type="checkbox"/> Support Staff <input type="checkbox"/> Employees on AWS <input type="checkbox"/> Part-time employees <input type="checkbox"/> Other <input type="text"/>	
15. EMERGENCY		
a. Telework has been fully integrated into emergency preparedness and Continuity of Operations (COOP) plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Telework under consideration for inclusion in the emergency preparedness and COOP plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Non Applicable		

c. Estimate the minimum number of employees needed to maintain basic functions of your Region of Garrison's mission in a COOP emergency.	<input type="text"/> Full-Time
	<input type="text"/> Part-Time
d. Estimate the maximum number of employees who are equipped, trained and ready to telework in the case of a long-term crisis (<i>for example, pandemic influenza</i>).	<input type="text"/> Full-Time
	<input type="text"/> Part-Time
e. Conditions for telework during times of emergencies or Region or Garrison closures are addressed in telework agreements.	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Training for telework during times of emergencies or Region or Garrison closures is provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Do you have a telework center agreement in place for use during times of emergencies or Region or Garrison closures?	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. PERSONALLY IDENTIFIABLE INFORMATION

How is your Region or Garrison securing personally identifiable information (PII) while employees are teleworking?
(*check all that apply*)

- All information is encrypted
- All files are password protected
- Privileged user rules of behavior are signed for those handling PII
- Only those with a compelling need are allowed to download PII
- Two-factor authentication is used for remote access
- Only government-furnished equipment is allowed for teleworking
- No sensitive or classified information is allowed in the command.
- Other
- Not applicable

17. INFORMATION TECHNOLOGY (IT) SECURITY AND EQUIPMENT

A. How has your Region or Garrison developed a separate IT security policy or guidelines for teleworkers?

- Yes (*Check all that apply*)
 - Rules of Behavior (*checklist of do's and don'ts*)
 - Authorized telework facilities
 - Telework equipment configuration requirements
 - Tracking of telework equipment
 - Other
- No
- Not applicable

18. COST BENEFIT

a. Cost savings and other benefits have been realized as a result of implementing IMCOM's Telework Program.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Do not Know
	<input type="checkbox"/> Do not track

b. Cost savings and other benefits have been realized. <i>(Check all that apply)</i> <input type="checkbox"/> Non Applicable	<input type="checkbox"/> Real Estate or Rent Costs
	<input type="checkbox"/> Human Capital
	<input type="checkbox"/> Transportation
	<input type="checkbox"/> Productivity or Performance
	<input type="checkbox"/> Morale
	<input type="checkbox"/> Leave
	<input type="checkbox"/> Other <input type="text"/>

19. BARRIERS

a. Are there major barriers to telework in your Region or Garrison. <i>(Check all that apply)</i>	<input type="checkbox"/> IT Funding issues
	<input type="checkbox"/> Management Resistance
	<input type="checkbox"/> Organizational culture
	<input type="checkbox"/> Office coverage challenges
	<input type="checkbox"/> None
	<input type="checkbox"/> Other <input type="text"/>

b. Are there efforts initiated to overcome your command's barrier(s)? <i>(Check all that apply)</i>	<input type="checkbox"/> Training for employees
	<input type="checkbox"/> Training for managers
	<input type="checkbox"/> Establish/increase IT funding
	<input type="checkbox"/> Increase marketing
	<input type="checkbox"/> None
	<input type="checkbox"/> Other <input type="text"/>

SECTION III - COMMENTS

SECTION IV - SIGNATURE

Supervisor Signature	Date
<input type="text"/>	<input type="text"/>

Note: This report is due to Headquarters, IMCOM no later than 21 days after the end of the calendar year.