

SMITHSONIAN ASTROPHYSICAL OBSERVATORY

Request to Telecommute

Employee Name: _____ **Position Title, Series, Grade:** _____

Department/Division: _____ **Supervisor:** _____

Official duty station: _____

Location of requested telecommuting site (alternative workplace): _____

Official work schedule (including Telecommuting schedule – day(s), hours): _____

Duration of telecommuting schedule (include start and end date): _____

Work to be performed: _____

Reason for telecommuting: _____

Electronic/telephonic system support, equipment required: _____

Computation Facility *will*/ *will not* be able to provide necessary equipment and/or support.

Signature: _____
Van L. McGlasson, Manager, CF

Official duties: Unless otherwise instructed, employee agrees to perform official duties only at the regular office or agency-approved telecommuting worksite (i.e., employee's home). Employee agrees not to conduct personal business while in official duty status at the alternative workplace, for example, caring for dependents or making home repairs. Employee agrees to provide a work area adequate for performance of official duties.

Liability: The employee understands that SAO will not be liable for damages to an employee's personal or real property while the employee is working at the approved telecommuting workplace, except to the extent that the Government is held liable by the Federal Tort Claims Act or the Military Personnel and Civilian Employees Claims Act.

Telecommuting workplace costs: Employee understands that SAO will not be responsible for any operating costs that are associated with the employee using his/her home as an alternative worksite, for example, home maintenance, insurance or utilities. Employee understands he/she does not relinquish any entitlement to reimbursement for authorized expenses incurred while conducting business for the Government (SAO), as provided for by statute and regulations.

Injury compensation: Employee understands he/she is covered under all applicable terms of Workers' Compensation if injured in the course of actually performing official duties at the regular office or the telecommuting worksite. The employee agrees to notify the supervisor immediately of any accident or injury that occurs at the telecommuting worksite and to complete any required forms. The supervisor agrees to investigate such a report immediately.

Disclosure: Employee agrees to protect SAO/SI records from unauthorized disclosure or damage and will comply with requirements of the Privacy Act of 1974, 5 U.S.C. 552a.

Standards of conduct: Employee agrees he/she is bound by agency standards of conduct and while working at the telecommuting worksite.

NOTE: Nothing in this agreement precludes SAO from taking any appropriate disciplinary or adverse action against an employee who fails to comply with the provisions of this agreement.

The employee understands and acknowledges that the approval to telecommute may be rescinded at any time and agrees to comply with the terms of the agreement.

Employee signature/date: _____.

Request approved/ disapproved:

Supervisor signature/date: _____.

Associate Director/Deputy Director Administration signature/date: _____.

Human Resources Director signature/date: _____.