

## LITTLE ROCK AFB EMPLOYEE/SUPERVISOR TELEWORK PLAN

The following constitutes the terms and conditions of telework for Little Rock AFB Civilian Employees:

Employee Name	Phone	Email Address
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Supervisor Name	Phone	Email Address
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Telework Location Physical Address	City	State	Zip Code
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Landline/Cell Phone Number	Email Address
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### PLAN DURATION

Start Date	End Date
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### TELEWORK SCHEDULE

<b>In Office Day(s):</b> M T W Th F S Su (Please circle)	<b># Work Hours:</b> _ _ _ _ _
<b>At Home Days(s):</b> M T W Th F S Su (Please circle)	<b># Work Hours:</b> _ _ _ _ _
<b>Total Work Hours:</b> _____	

### Telework Work Assignments:

### Alternative Worksite Internet Connection:

Does employee have access to the internet? Yes: _____ No: _____ Type of Connection (secured/unsecured): _____
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## CONFIDENTIALITY/SECURITY

### The employee will:

1. Apply approved safeguards, in accordance with Air Force policy, to protect information from unauthorized disclosure or damage; and
2. Comply with federal, DoD and Air Force policies and procedures regarding the disclosure of public and official records. Work done at the employee's alternative worksite is regarded as official Air Force business. All records, documents, and correspondence, in written or electronic form, must be safeguarded for return to LRAFB. Release or destruction of records should be done with the knowledge of the employee's supervisor and in accordance with Air Force policy and procedure. Electronic/computer files are considered Air Force records and shall be protected as such.

## WORK STANDARDS/PERFORMANCE

### The employee will:

1. Comply with all federal laws and DoD and AF policies and procedures while telework;
2. Meet with the supervisor to receive assignments; discuss how routine communication between the employee, supervisor, co-workers, and customers will be handled; and to review completed work as the supervisor deems necessary;
3. Complete all assigned work according to work procedures mutually agreed upon by the employee and the supervisor, and according to guidelines and expectations stated in the employee's performance plan;
4. Notify the supervisor immediately of any situation which interferes with his/her ability to perform the job;
5. Permit the supervisor access to the alternative work location during assigned work hours; and
6. Limit performance of officially-assigned duties to the regularly assigned workplace or supervisor-approved alternative work location.

The supervisor will evaluate employee's job performance according to the employee's performance plan.

## HOURS OF WORK/COMPENSATION/BENEFITS

### The employee:

1. Agrees to apply themselves to his/her work during assigned work hours and to maintain at least the current productivity and quality levels at the alternative work location;
2. Agrees to obtain prior approval before working overtime and understands that the supervisor will not accept unapproved overtime work; and
3. Agrees to follow established procedures including obtaining supervisory approval in requesting leave.

### The supervisor:

1. Agrees that procedures are in place to document the work hours of the employee while working at the alternative work location and to ensure compliance with the Fair Labor Standards Act; and
2. Will discuss with the employee their status during emergencies or weather-related closings affecting the central or alternative work locations.
3. All salary and leave accrual rates, and travel entitlements will remain as if the employee performed all work at his or her normal workplace.

**SAFETY**

The employee:

1. Understands that he/she is covered by the Workers' Compensation Program if injured while performing official duties at the central workplace or alternative work location during assigned work hours;
2. Agrees to maintain the designated workspace within the alternative work location in a safe condition, free of recognized defects and hazards (such as frayed or loose electrical wires; floor surfaces that are not clean, dry and level; damaged or ergonomically incorrect seating and furniture; improper lighting; etc.) and other dangers to the employee and any Air Force equipment provided; and
3. Agrees to bring to the immediate attention of his/her supervisor any accident or injury occurring at the alternative work location.

The supervisor will investigate all accident and injury reports immediately following notification.

**TERMINATION OF PLAN**

1. The employee may terminate participation in telework at any time unless telework was a "condition of employment".
2. The supervisor may terminate the employee's participation in telework at any time. Employees may be withdrawn for reasons to include, but not limited to, declining performance and organizational benefit.

**ACKNOWLEDGEMENT**

As the employee, I acknowledge that I have been given a copy of this document.

**Please initial:** \_\_\_\_\_

**Approvals:**

By signing below the Employee and Supervisor agree to the terms. A copy is to be retained by the Department/Unit. Failure to comply with the terms of this agreement may result in termination of the telework plan, and/or appropriate disciplinary action.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date