

Emergency Telework Request

HRO Form 303

Current as of 30 Mar 2021

Employee Name: _____ **Full-Time Status:** _____

Situation: _____ **Full-Time Unit:** _____

Effective Date: _____

Telework Schedule:

___ as required ___ full-time telework ___ other (explain in comments section below)

Schedule Comments: _____

I, _____, understand that this telework agreement is effective for the purpose of the _____ emergency and that future telework arrangements outside of this event will be completed in accordance with TAGM-WY 1700.04. I understand that I must adhere to the work schedule above while teleworking. I will ensure my contact information is available to my work center and customers. While teleworking, I will adhere to all WYMD instructions.

For T5/T32 Federal Employees: All telework duty will be coded in ATAAPS as "RG" with the subcode of "TS" (Situational Telework), under the night/haz/diff section of the timecard.

Employee Signature: _____ **Date:** _____

Supervisor Name: _____

I, _____, agree that the employee's duties are suitable for situational telework during the _____ emergency.

Supervisor Signature: _____ **Date:** _____

Group CC/Directorate (or Equivalent) Final Approval:

Approved _____ Disapproved _____

Group CC/Directorate Signature: _____ **Date:** _____

Send form to carly.j.allen.civ@mail.mil for further processing.

Agency Telework Coordinator Signature: _____ **Date:** _____