

Virtual TDY Telework Request

HRO Form 304

Current as of 30 Mar 2021

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

Duration of Virtual TDY: _____ **Full-Time Unit:** _____

Virtual TDY Purpose: _____

I, _____, understand that this telework agreement is effective only through the duration of the virtual TDY from _____ to _____ and that any future telework arrangements outside of this event will be completed in accordance with TAGM WY 1700.04. While teleworking, I will adhere to all directorate/WYMD instructions and standards of conduct.

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

Employee Signature: _____ **Date:** _____

1st Level Supervisor Name: _____

I concur with this telework arrangement through the duration of the virtual TDY indicated above. I understand that I cannot "direct" telework and the employee must have resources at home to complete their temporary duties/training. If the employee does not have the resources to complete temporary duties/training at home, I may also offer an alternate duty location to minimize distractions.

1st Level Supervisor Signature: _____ **Date:** _____

2nd Level Supervisor Name: _____

Concur ___ Non-Concur ___

2nd Level Supervisor Signature: _____ **Date:** _____

Group CC/Directorate (or Equivalent) Final Approval:

Approve ___ Disapprove ___

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

Please send to carly.j.allen.civ@mail.mil for further processing.

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

Note: This form is not required if the employee will be performing virtual TDY duties in an alternate location within a WYMD facility.