

Telework Statement of Understanding and Liability

For Regular/Recurring and Situational Agreements

HRO Form 305

Current as of 30 Mar 2021

Employee:

1. I, _____ (print name) acknowledge and agree that:
 - a. I have read the DODI 1035.01, "Telework Policy," dated April 4, 2012 and TAGM-WY 1700.04.
 - b. I have completed the required telework training CBT.
 - c. This program is not an entitlement and may be authorized at the discretion of my supervisor through my chain by the approving official.
 - d. I understand that any injury incurred during telework duty must be promptly report to my supervisor.

Employee Signature: _____ **Date:** _____

Employee Status: ___ T32 Tech ___ T5 Civilian ___ AGR ___ Other: _____

Supervisor:

1. I, _____ (print name) acknowledge and agree that:
 - a. I have read the DODI 1035.01, "Telework Policy," dated April 4, 2012 and TAGM-WY 1700.004.
 - b. I have completed the required telework training CBT.
 - c. The employee is not in a probationary status.
 - d. The employee's performance rating is at least fully successful.
 - e. The employee has completed/obtained the proper equipment and network requirements.
 - f. The employee has a designated safe workplace at home.

Supervisor's Signature: _____ **Date:** _____

Group CC/Directorate:

Concur ___ Non-Concur ___ N/A ___

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

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Final Approval:

Select appropriate approval authority:

Army-Chief of Staff____ Air-Wing Commander____ Director of Joint Staff____

USPFO____ CoJS____ HRO____ TAG____

Decision:

Approved ____ Disapproved ____

Approval Authority Signature: _____ **Date:** _____

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

HRO Telework Coordinator Signature: _____ **Date:** _____