



## TELEWORK AGREEMENT

**INSTRUCTIONS:** The employee must complete Sections 1 and 2 of this form, then submit it to their supervisor to complete Section 3. In accordance with Departmental policy, your supervisor should strive to complete the DI-3457 form within ten (10) business days of receipt and provide you and the bureau/office telework coordinator a copy of the completed DI-3457.

### Section 1: Employee's Information

\*required fields

1. First Name:\*

2. Last Name:\*

3. Bureau/Office:\*

4. Position Title:\*

5. Supervisor's Full Name:\*

6. Supervisor's Title:\*

7. Continuity of Operations Personnel Designation:

My position has been rostered on a Continuity of Operations (COOP) Team for my organization or for the Department. I agree to follow the procedures established for my position when a COOP plan is activated.

☐ Yes ☐ No

8. Telework Agreement: (select only one)\*

☐ **Situational (TS)** – A type of flexible work arrangement in which an eligible employee teleworks on a case-by-case basis and without a set schedule (i.e., the hours worked are not part of a previously approved, ongoing, and regular telework schedule). Examples of situational/ad-hoc telework is in response to emergencies, severe weather conditions, natural disasters, and other incidents that cause disruption of Government operations or are otherwise in the best interest of the agency, as necessary and appropriate.

☐ **Approved Special Circumstance** – For example, exemption due to a disability or qualifying medical condition, military spouse, or other compelling reason certified by the Bureau/Office Head and the employee's supervisor.

9a. Telework Location (select one): ☐ Residence ☐ Other:

9b. Telework City:

9c. Telework State/U.S. Territory:

9d. Telework ZIP Code:

9e. Telework Telephone Number:

9f. Telework Location Description:

Briefly describe the area (e.g., home office) where you will be teleworking below.

## Section 2: Work-At-Home Telework Safety Checklist

*NOTE: Employees are responsible for informing their supervisor of any significant change to the telework site work area or space. Safe work guidelines can be found at: <http://www.osha.gov/SLTC/etools/computerworkstations/index.html>. If this link is unavailable, please contact your servicing Human Resources Office for the latest guidance.*

The following checklist is designed to assess the overall safety of the telework site. Please read and complete this self-certification safety checklist. If you cannot answer "Yes" or "Not Applicable (N/A)" to the questions below, please upgrade the telework space until you can certify the site is safe.

- Is the workspace free of damaged asbestos-containing materials and peeling lead-containing paint? ☐ Yes ☐ No ☐ N/A
- To the extent it can be determined, is the work area free of indoor air quality problems?  
Examples: visible mold, unpleasant odors, poor air circulation ☐ Yes ☐ No ☐ N/A
- Is the space free of excessive noise? ☐ Yes ☐ No ☐ N/A
- Is temperature, noise levels, and lighting adequate for your normal level of job performance? ☐ Yes ☐ No ☐ N/A
- Is all electrical equipment free of recognized hazards that would cause physical harm?  
Examples: frayed wires, bare conductors, loose wires, flexible wires running through walls or doorways, exposed wires fixed to the ceiling, missing ground prongs on plugs, multiple daisy chained extension cords, etc. ☐ Yes ☐ No ☐ N/A
- Are electrical outlets in the workplace grounded or up to code?  
That is, GFCI outlets are installed; outlets are replaced with three-prong outlets with a path to ground? ☐ Yes ☐ No ☐ N/A
- Are file cabinets and storage closets arranged so drawers and doors do not open into the hallways or exit ways? ☐ Yes ☐ No ☐ N/A
- Are the phone lines, electrical cords, and surge protectors secured under a desk or alongside a baseboard? ☐ Yes ☐ No ☐ N/A
- Is there a smoke detector in or near the work area? ☐ Yes ☐ No ☐ N/A
- Is adequate ventilation present for the desired occupancy? ☐ Yes ☐ No ☐ N/A
- Are the rungs and legs of chairs, desks, and cabinets/shelves sturdy? ☐ Yes ☐ No ☐ N/A
- Is the office space neat, clean, and free of excessive amounts of combustibles materials and clutter? ☐ Yes ☐ No ☐ N/A

### 10. Employee Certification

*Below are the terms and conditions required by the Department of the Interior (DOI) to establish the necessary assignments, requirements, procedures, and signatures for teleworking. By signing below, I certify that I:*

- Have entered accurate information on this form.
- Will send this completed DI-3457 form to my supervisor for review and decision.
- Will adhere to the requirements of the Departmental Telework Policy and any applicable Bureau/Office supplemental procedures regarding telework. Have completed the Work-At-Home Telework Safety Checklist with accurate information and my telework site is reasonably safe to work; in addition, completed the required telework training in DOI Talent or equivalent Bureau/Office telework training.
- Understand that I will be required to telework when my official worksite is closed due to an inclement weather event or other emergency condition (e.g., building fire, pandemic), unless there are extenuating circumstances as determined by my supervisor. I must be prepared to telework when a weather or emergency event is forecasted or anticipated (e.g., a major snowstorm is predicted) by bringing home any necessary equipment and work files. To the extent that I am unable to telework because I failed to make necessary preparations for reasonably anticipated conditions, I must use appropriate paid leave, paid time off, or leave without pay.

### 11. Employee's Signature:\*

### Section 3: Supervisor's Review and Decision

*\*required fields*

**INSTRUCTIONS:** After you have reviewed the DI-3457 form details above, please indicate your decision on the requested telework agreement by selecting "Approved" or "Denied" in Question 12 below. If denied, please explain your rationale, or identify the corrections needed for supervisory approval in Question 13 below. Denials should be based on the requirements of the DOI Telework policy, applicable collective bargaining agreements, as well as the business and operational needs of the office.

12. Supervisor's Decision: \* ☐ Approved ☐ Denied

13. Reason for Denial:

14. Supervisor's Certification and Acknowledgement

*By signing this form, I acknowledge that I have reviewed the Departmental Telework Policy. I certify that I am aware of approval levels for special circumstances. I certify that I have reviewed the DI-3457 form and that my determination on the requested telework arrangement is consistent with Agency policy.*

*I acknowledge that my approval or disapproval of this DI-3457 form supersedes all other previous versions of the employee's telework agreement forms.*

*If I later determine that this telework arrangement is no longer in the best interest of the Agency, I may terminate this agreement.*

15. Supervisor's Signature: \*

**Privacy Act Statement:** The Telework Enhancement Act of 2010, Public Law 111-292, 5 U.S.C. Ch. 65 authorizes the collection of the information requested to determine employee eligibility for participation in the Department of the Interior (DOI) telework program. The primary purpose of the information is to manage employee telework participation; determine equipment needs; and ensure applicable statutory, regulatory and policy requirements are met. The provided information may be disclosed to DOI officials, such as the Office of Human Capital and Bureau-level Human Resource Offices, and authorized entities outside DOI under the Privacy Act, 5 U.S.C. §552a(b), or outlined in the routine uses in DOI-85, Payroll, Attendance, Retirement, and Leave Records - 83 FR 34156 (July 19, 2018), which may be viewed at <https://www.doi.gov/privacy/sorn>. Providing information is voluntary; however, failure to provide the requested information may result in employee ineligibility to participate in the telework program.

**Records Disposition:** DAA-0048-2013-0001-0004 (Drs 1.2.0004) – Short-Term Human Resources Records, Alternative Worksite Records and Telework Files. Cut-off record as instructed in the agency/bureau records manual, or at the end of the FY in which the record is created if no unique cut-off is specified. Destroy 3 years after cut-off.