

**FEDERAL EMERGENCY MANAGEMENT AGENCY
TELEWORK APPLICATION FORM**

1. Employee Name	2. Organization	3. Position Title	4. Office Phone No.
5. Supervisor/Name/Title			6. Office Phone No.

Application Type: Regular Episodic Medical

Work schedule Requested

2 Days per Month 1 Day per Week 2 Days per Week 3 Days per Week
 Other Combination: Describe _____

This form serves as an initial application to participate as a teleworker in the FEMA Telework Program (*and does NOT guarantee participation*). After meeting initial eligibility criteria, you and your supervisor will be contacted to begin the official screening process.

To be completed by Requesting Employee: Please complete the following eligibility criteria by checking Yes or No	Yes	No
1. Was your last performance rating at least a proficient rating?		
2. Was any critical element in your two most recent quarterly reviews marked less than expected?		
3. Do you have at least one year of experience in your position of record?		
4. Have you identified specific tasks appropriate for telework? Please list them in the comments section below?		
5. Does your job/position have appropriate and clearly defined job duties/tasks that are teleworkable? (<i>Please refer to Position Criteria for characteristics of teleworkable functions</i>)		
6. Will you need equipment and other resources to perform tasks? If so, please identify items in comment section below.		
7. Will you request FEMA to provide any equipment and/or resources needed to perform tasks. If yes, please identify items in the comments section below.		
8. Are you willing to abide by a written work agreement which requires participation in training, program monitoring, focus groups, and evaluations, and periodic visits by the Supervisor at the alternate work site during telework hours?		
9. Have you identified a safe alternate work location (<i>e.g., other FEMA location, home, telework center</i>) with adequate space, telephone and without undue interruption? Where: _____ (<i>if the work site is home, an Employee Self-Certification Safety and Health Checklist must be submitted along with a photo of the site.</i>)		
10. Do you agree to have appropriate arrangements in place for childcare, eldercare, other dependent care, home repair or other nonwork related activities during the telework schedule? (<i>If this is a request for medical telework, please describe in the Employee Comments section.</i>)		

Employee Comments (Attach sheets if necessary)

Employee Signature

Date

To be completed by Authorizing Supervisor: Please complete the following eligibility criteria by checking Yes or No

Yes

No

1. Have you and the employee discussed specific tasks suitable for Telework? Please describe tasks.

2. Have performance expectations and/or measurements been clearly defined?

3. Does this employee have the ability to work autonomously while still meeting deadlines?

4. Has the employee exhibited self-starter characteristics?

5. Has the employee exhibited good organizational skills?

6. Does the employee have the ability to function independently?

7. Do you believe that this individual makes a good candidate for telework?

8. If equipment and/or resources are needed, can your organization accommodate the request? If not, please explain.

I acknowledge the employee's interest in participating in the FEMA Telework Program. I have reviewed the employee's responses on this form and (Check one)

CONCUR

NONCONCUR

If nonconcur, explain why:

Comments:

First Level Supervisor Signature (No lower than Branch Chief)

Date

Second Level Supervisor Signature (Division Director or higher level)

Date