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SMC TELEWORK AGREEMENT

PRIVACY ACT STATEMENT

AUTHORITY: Section 6133 of Title 5, USC.

PRINCIPAL PURPOSE: Used by Management to approve working at alternate worksites.

ROUTINE USES: Additional disclosures of the information may be made to the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a state unemployment compensation office regarding a claim, to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of program effectiveness and administration; to the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives, the Federal Acquisition Institute, local union, and congressional offices in connection with their official functions; or the General Services Administration in connection with its responsibilities for records management.

THE FOLLOWING CONSTITUTES THE TERMS AND CONDITIONS OF THE TELEWORK AGREEMENT BETWEEN:

EMPLOYEE	LAST NAME	FIRST NAME	MI
PAY PLAN	SERIES	GRADE	TITLE

AND

SMC ORGANIZATION	
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DAYS IN BIWEEKLY PAY PERIOD EMPLOYEE IS AUTHORIZED TO TELEWORK

DAY	WEEK ONE	WEEK TWO	WORK SCHEDULE		DUTY HOURS <i>(Specify)</i>	
			FIXED OR ALTERNATIVE	CWS, FLEXTIME, OR CREDIT HOURS	HOURS OF WORK	LUNCH BREAK
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						

REASONABLE ACCOMMODATION	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	TEMPORARY MEDICAL REASON	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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ALTERNATIVE *(Employee's alternative worksite)*

ADDRESS	
PHONE	
FAX	
EMAIL	

TELECENTER

ADDRESS	
PHONE	
FAX	
EMAIL	

OTHER APPROVED ALTERNATIVE WORKSITE

ADDRESS	
PHONE	
FAX	
EMAIL	

AD HOC TELEWORK ARRANGEMENT

BEGIN DATE		END DATE	
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