

## Federal Highway Administration Telework Agreement

*To be completed by the employee and signed by the supervisor.*

All Telework agreements are subject to the provisions and definitions set forth in the FHWA Telework Order, 3620. By signing this document, the employee certifies that the information provided is accurate and the employee will telework in accordance with the conditions stipulated in the Order.

1. The following agreement is between the FHWA employee and supervisor indicated below:

Employee's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

2. Office (e.g., Atlanta Division Office): \_\_\_\_\_

3. My official duty station is: Federal Highway Administration

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State)

4. I certify that my current rating of record is at least Meets or Exceeds. ☐ Yes ☐ No

5. Telework Site: ☐ Alternative Site ☐ Telecenter ☐ Home

6. Address of Telework site: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State)

7. I have read and agree to the provisions set forth in the FHWA Telework Order 3620.1 ☐ Yes ☐ No

8. I have reviewed and signed the attached safety guidelines. ☐ Yes ☐ No  
(Applies only to residence-based telework). ☐ Telework is not residence-based

9. Supervisory Approval of Telework Arrangement ☐ Approved ☐ Disapproved

If disapproved, supervisors must indicate the main reason, by checking one of the following:

- ☐ Work activities are not portable.
- ☐ The nature of the work requires daily, in-person supervision.
- ☐ Necessary interaction with co-workers, subordinates, supervisors, and customers cannot be effectively maintained on telework days.
- ☐ Adequate technology for off-site work is not available.
- ☐ Employee does not meet employee eligibility requirements.

**Supervisor: Please provide a brief statement of why the requirement selected is not met:**

10. The telework arrangement covered by this agreement will begin on: \_\_\_\_\_  
(date)

11. The telework arrangement is as follows: ☐ Less than Once a Month or ad hoc ☐ Once a pay period  
☐ Once a month ☐ Once a week  
☐ If more than once a week, indicate # of days per week \_\_\_\_\_

12. Additional Comments: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ (Supervisor Phone) \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ (Employee Phone) \_\_\_\_\_