



OSMRE Employee-Initiated Remote Work Agreement

This agreement is voluntarily made between (*insert employee's name*) and the (*insert Bureau/Office name*) on (*insert month, day, year*). (*Insert employee's name*) will change their official duty station from (*insert City, State*) to their new official remote worksite, (*insert City, State*).

By signing this Agreement, I certify that I have read the (*insert Bureau/Office Policy name*) and will comply with the requirements.

I understand all costs associated with a move to the new official worksite are the responsibility of the employee.

I understand the decision to allow an employee to work remotely is not an employee entitlement, and the decision is at the discretion of the supervisor and (*insert Bureau/Office name*) management.

I understand all pay entitlements (including locality-based pay) are based on the official worksite identified above. I understand certain benefits and state taxes may be affected by this locality. I understand that the annual salary, including locality, for my official remote worksite is (*insert annual salary, including locality*).

I understand this action is to fulfill specific business needs of (*insert Bureau/Office name*). The employee or the supervisor may terminate the remote work arrangement at any time if it no longer meets the needs of the office, for a decline in performance or productivity, for misconduct, for non-compliance with the terms of the remote work agreement, or for other reasons. For management-initiated terminations, the employee must receive advanced written notification of the decision to terminate the remote work arrangement at least 30 days before the effective date of the termination. For employee-initiated terminations, such requests must be made in writing with advance notice of at least 30 days.

I understand that I am required to have reliable internet. I further understand that my remote work environment must be maintained to the same safety standards as those required for DOI telework employees. Specifically, the remote work area must adhere to the same safety checklist items as provided in DI Form 3457 (Telework Agreement). Further, I am responsible for informing my supervisor of any significant change to the remote work area or workspace.

I understand remote work cannot be used as an alternative for the employee to be the sole source of dependent care, including child or elder care, or to conduct personal business during work hours.

I understand that upon entering into a remote work agreement I will no longer have access to my former physical workspace. If I am no longer on a remote work agreement I will diligently work with management as it relates to spacing.

I also understand that this agreement will be assessed annually, though it can be reevaluated at any time.

With this approved remote work arrangement, I understand my benefits, retirement, etc. could be

Appendix B: Remote Work Agreement

impacted. I understand I am responsible for reviewing my Leave and Earnings Statement to ensure accuracy of information.

I understand the costs for which my Bureau/Office will be responsible for paying are: (*insert the office equipment/services the Bureau/Office will furnish the employee*); telephone service through the government-issued phone, if applicable; and any required temporary duty travel away from the official remote worksite.

I understand all Bureau/Office equipment will be returned to (*insert return name*) in the event of my separation.

Employee Signature

Date

First-Level Supervisor Signature

Date

OSMRE Information Resources Office

Date

AD/RD/Staff Office Head

Date

OSMRE Deputy Director

Date

Annual Recertification/Biannual Review of Remote Work Agreement

Review Date	Supervisor Signature	Employee Signature