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| Remote Work Evaluation  |
| Part A. Request Details |
| 1. Select: Current Employee Recruit Action | 2. Select: New Modification\*\_\_\_\_Update\*\* | 3. Select: From an OSMRE Office to Alternate Worksite To OSMRE Office \_\_\_ From one Alternate Worksite to Another Alternate Worksite |
| *\*Modifications are for all requests (new or existing) outside of current local commuting area**\*\*Updates are for existing arrangements within the current local commuting area* |
| Part B. Employee & Environment (all requests) |
| 1.Employee Name: | Last Name | First Name |
| 2.Current Official Duty Station: | 3.Requested Official Duty Station: |
| 4. Distance, in miles, from current Official Duty Station to requested Official Duty Station:  |
| 5. Describe the working environment of the requested Duty Station (designated workspace, dependent care arrangements, if necessary, safeguards in place, etc.).  |
| 6. Is the requested Duty Station’s working environment conducive to perform duties safely and effectively? (Yes/No) |  |
| 7. Does employee have reliable internet? |  |
| 8. Does employee have specific duties that can only be performed in the office or other reasons for having to go to office? (i.e., checking mail, scanning/depositing checks, etc.) |  |
| 9. Employee’s latest performance evaluation rating? |  |
|  10. Have there been any performance or misconduct issues that would result in the employee being ineligible? (Yes/No) \**\*if questions, consult with HRO*  |  |
| a. Have there been any issues with communication/response times with employee? |  |
| b. Does employee complete required duties within prescribed time frames and by due dates? |  |
| c. Does employee have any time and attendance issues? |  |
| Part C. Position Data (New/Modifications) |
| 1.Employing Office | 2.Agency worksite | 3.Position Title and Series |
| 4.Grade/Step | 5.Time in division | 6.Supervisory Status |
| Part D. Locality Pay Calculations (New/Modifications) |
| 1. Requested Official Worksite/Duty Station Salary (Based on OPM Pay [Tables](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/)) |  |
| 2. Current Agency Worksite Salary |  |
| 3. Salary Difference–calculate difference between lines 3 and 4 above.  |  |

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| Part E. Cost/Savings Analysis (New/Modifications) |
|  1. Estimated annual cost per year to travel to agency worksite. (Reminder that if employee’s remote worksite is more than 50 miles from office, and employee is required to travel to office TDY will apply; employees within 50 miles are entitled to reimbursement for mileage from remote work site to office) |  |
| 2. Will there be office space savings? (Answer: yes, no, neutral, n/a) |  |
| 3. Are there extra IT equipment costs that would result from the employee being a remote worker? |  |
| 4. Are there any cost savings related to transit subsidy benefits? |  |
| 5.Other considerations, if applicable.  |  |
|  6. Based on your knowledge of the operations and needs of the organization, will this request result in a cost/time benefit to the government? (Yes/No/Neutral)  |  |
| Part F. Intangible Benefit Analysis |
| 1. Are there other intangible benefits that should be taken into consideration in this request? (Retention, productivity, etc.)
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| Part G. Summary of Evaluation |
| 1. Employee Eligible (Part B)? (Yes/No)  |  |
| 2. Position Eligible (Part C)? (Yes/No) |  |
| 3. Does it result in a cost/time savings (Part D & E)? (Yes/No/Neutral) |  |
| 4. If the results of Part D & E are neutral, does it result in intangible benefits? (Yes/No) |  |
| 5. Is it in the best interest to the Government? (Yes/No)  |  |
| 6. Please summarize reason for approval/denial (Please state whether the employee is approved or denied below)  |
| Part H. Required Signatures  |
| *Title* | *Signature* | *Date* |
| Supervisor  |   |  |
| RD/AD/Division Chief |  |  |