

**NCI-FREDERICK
TELECOMMUTING AGREEMENT**

Date:
Name:
Title:
Directorate:
Program Name:
Center #:

Alternate Work Site

Location Address:
Telephone#:
Description of workspace:

Period of Performance at alternate work site: _____
(Beginning and ending date)

Scheduled Telecommuting hours:

Describe work to be performed and measurable expectations:

Describe required communication and deliverables during period of telecommuting:

List equipment (specify both NCI-Frederick and personal property) to be used during period of telecommuting:

Request for exception to specific policy provision:

Agreement:

The information I have provided in this document is accurate and will be followed as stated. If any information changes, it is my responsibility to inform my supervisor and initiate the completion of an updated agreement.

I agree that I am responsible for establishing specific telecommuting hours (times the staff know they will be able to reach me), furnishing and maintaining my alternate work space in a safe manner, employing appropriate telecommuting security measures and protecting NCI-Frederick property, information, confidential materials, and systems.

I certify that the alternate work location is adequate, safe, and complies with the NCI-Frederick, Policy #313.

I understand that telecommuting is voluntary and I may stop telecommuting at any time. I also understand that my employer may at any time change any or all of the conditions under which I am permitted to telecommute, or withdraw permission to telecommute.

I have read and understand the NCI-Frederick Contractor Telecommuting-Alternate Work Sites Policy and Procedure #313 and agree to the duties, obligations, responsibilities and conditions for telecommuters described in that document.

Approvals:

_____	_____	_____
Employee	Printed Name	Date
_____	_____	_____
Line Manager	Printed Name	Date
_____	_____	_____
Director, Human Resources	Printed Name	Date
_____	_____	_____
Contract Principal Investigator	Printed Name	Date
_____	_____	_____
NCI Contracting Officer	Printed Name	Date