


For: FSA and RMA National Office Employees

FSA and RMA Flexiplace Program

Approved by: Acting Deputy Administrator, Management



1 Overview

A Background

In August 1998, the FSA and RMA Partnership Council signed an agreement, for National Office employees, supporting a flexible workplace program. This program allows employees who want to work offsite to do so if:

- their work is appropriate to this arrangement
- this arrangement will benefit the Government.

The Partnership Council is currently working on a subsequent agreement on short-term medical Flexiplace.

B Purpose

This notice:

- announces the FSA and RMA Flexiplace Program
- provides information about the Program
- provides procedures for applying for the Program
- requires employees on the FSA Pilot Flexiplace Program to submit a new work agreement for 1999.

C Contacts

For more information about this notice or the FSA and RMA Flexiplace Program, contact Susan Brown, HRD, on 202-418-9039 or TDD 202-418-9116.

Other contacts are also listed in this notice.

Disposal Date	Distribution
March 1, 2000	All FSA and RMA National Office Employees

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2 Definitions

A

Definition of Flexiplace

Flexiplace is a family-friendly program that permits work to be performed at nontraditional worksites, such as an employee's home or Interagency Telecenter.

B

Definition of Interagency Telecenter

Interagency Telecenters are alternative worksites in facilities generally shared by 2 or more agencies that provide space for employees. These are usually located in metropolitan areas.

Employees may review a list of these Interagency Telecenters at the website "<http://www.gsa.gov/pbs/owi/tclist.htm>".

3 FSA and RMA Flexiplace Program Requirements

A

Policy Statement

FSA and RMA support a flexible workplace policy for employees who want to work offsite for part of the pay period and whose work is appropriate to this arrangement.

B

Types of Flexiplace

Following are the 2 types of Flexiplace.

Type of Flexiplace	Description
Intermittent	A work schedule that does not follow a regular weekly schedule. It can include any of the following situations: <ul style="list-style-type: none">• <u>short-term</u>, which means a 1-time work assignment• <u>periodic</u>, which means an occasional work assignment up to 3 days a month• <u>recurring</u>, which means a regular work assignment occurring less than 4 days a month.
Long-term	A work schedule that generally includes more than 1 day a week at the Flexiplace site.

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3 FSA and RMA Flexiplace Program Requirements (Continued)

C Work Requirements

Appropriate work for a flexible worksite must meet the following criteria:

- work must be portable
- work must be measurable
- able to complete the work away from the official duty station without adversely affecting the workload of other employees, office coverage, or the mission of the work unit.

The types of work suitable for Flexiplace depend on a specific job function. However, jobs that require the following types of skills may be considered good candidates for Flexiplace:

- requires thinking and writing; such as, data analysis, reviewing voluminous documents, and writing decisions or reports
 - requires telephone-intensive tasks; such as, setting up conferences, obtaining information, and following up on participants in training sessions
 - computer-oriented tasks; such as, programming, data entry, and word processing.
-

D Employee Qualifications

To be considered for Flexiplace, an employee shall:

- have a permanent career status
 - have a performance rating of at least "fully successful" or the equivalent
 - demonstrate motivation, independence, and dependability in accomplishing work assignments
 - not have a lot of face-to-face contact with others
 - have good time management skills
 - be engaged in work that can be performed successfully offsite.
-

Continued on the next page

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3 FSA and RMA Flexiplace Program Requirements (Continued)

E

FFAS-14, FSA and RMA Flexiplace Program Process List

Supervisors and employees may use FFAS-14 (Exhibit 1):

- to assist them in determining whether all Flexiplace program requirements have been met
 - as a quick reference guide, and not as criteria for selection.
-

4 Responsibilities

A

Definition of Supervisor

According to the Partnership Council August 18, 1998, agreement, supervisor is defined as the employee's first-line supervisor.

B

Supervisory Responsibilities

Supervisors shall consider the following criteria in evaluating a position for Flexiplace:

- office staff is not adversely affected

Note: Ensure that work assignments and responsibilities are evenly distributed.

- office coverage is not adversely affected

Note: Flexiplace employees are considered on duty with respect to ensuring that no more than one quarter of the work unit is scheduled to be off duty on any one day.

- service to internal and external customers will not be adversely affected
 - work activities are portable and can be performed as effectively outside the office
-

Continued on the next page

4 Responsibilities (Continued)

**B
Supervisory
Responsibilities
(Continued)**

- job tasks are easily quantifiable or primarily project oriented
 - an essential component of job responsibility consists of reading and/or processing tasks
 - the technology needed to perform the job offsite is currently available
 - cyclical work does not present a problem
 - security and confidentiality of data can be adequately assured
 - most work assignments are not classified.
-

**C
Employee
Responsibilities**

Employees shall:

- sign and follow the terms and conditions of a written Flexiplace agreement
 - maintain productivity and customer service
 - follow established procedures for:
 - requesting and obtaining leave
 - accurately recording time and attendance
 - be in compliance with applicable building and safety codes and local permits. This includes, but is not limited to, ensuring that the electrical system and safeguards are adequate to protect Agency computers, printers, and other equipment.
-

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5 FSA and RMA Flexiplace Program Agreement

A

FFAS-10, Flexiplace Work Agreement

FFAS-10 (Exhibit 2) is a written agreement that:

- outlines details of the FSA and RMA Flexiplace Program
 - outlines responsibilities of employees and supervisors
 - must be signed before the employee begins working offsite
 - must incorporate the elements in this notice.
-

B

Length of FFAS-10

FFAS-10:

- may be for any period of time up to and including 1 year
- is required for long-term Flexiplace and recurring intermittent Flexiplace
- is **not** needed for short-term and periodic intermittent Flexiplace.

Note: A new FFAS-10 shall be signed if an agreement is extended past 12 months.

C

Changing FFAS-10

Employees **must** submit a new FFAS-10 any time there is a permanent change to their Flexiplace work schedule. This is especially important when using an Interagency Telecenter, because the information must be tracked for budget purposes.

D

New 1999 Flexiplace Work Agreement Required

FSA employees on the pilot Flexiplace program shall complete a new Flexiplace agreement for 1999 on FFAS-10.

6 Preliminary Requirements

**A
Requirements
Before Working
Offsite**

The requirements in this paragraph must be completed before an employee starts to work offsite.

In addition, all clearances and technical requirements must be in place before any employee can begin Flexiplace.

**B
Offsite
Workdays**

The employee, in consultation with the supervisor, shall determine the number of offsite workdays each pay period.

- The employee may work at the alternative worksite from 1 to 4 days a week with at least 16 hours a pay period in the office.
- The arrangements are tailored to the individual employee's work requirements and are committed to a written agreement approved by the employee's supervisor.

These requirements are the same for full-time as well as part-time employees.

In addition to regularly scheduled onsite days, employees shall attend occasional meetings or other onsite events. Adequate notice of these events will be given to employees who are not scheduled to be in the office on those days.

Continued on the next page

6 Preliminary Requirements (Continued)

C
Home
Inspections

The Flexiplace employee's worksite must meet acceptable standards for the:

- employee's safety
- security of data
- security of any Government-owned equipment.

Before beginning to work at home, employees must have **either** of the following:

- a self-certification safety inspection completed on FFAS-7 (Exhibit 3)
 - an onsite inspection. Employees shall be given adequate notice before making the onsite inspection.
-

D
Hours of Duty
and Work
Schedules

Rules on hours of duty and core time apply to Flexiplace employees.

Alternative work schedules available to onsite employees may be approved for Flexiplace employees. A Flexiplace employee's work schedule is established with the concurrence of the supervisor and parallels the office's schedule.

E
Dependent Care

Flexiplace is **not** a substitute for day care. Flexiplace employees shall not have a dependent needing attention and care in the home during workhours, unless an in-home care provider is present.

Note: Older children who can take care of themselves before and after school may be in the home during workhours.

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7 Personnel Rules That Apply to Flexiplace Program

A

Introduction

The rules in this paragraph apply to employees who are approved to work offsite under the FSA and RMA Flexiplace Program.

B

Overtime and Credit Hours

Rules on overtime apply to Flexiplace employees. Employees should work overtime only with advance approval. Flexiplace privileges may be canceled for employees who continue to work unapproved overtime.

Employees on a Flexiplace arrangement may earn credit hours. See 17-PM, paragraph 358.

C

Pay and Leave

Rules on pay and leave administration apply to Flexiplace employees.

D

Emergency Dismissals

A Flexiplace employee may sometimes, but not always, be affected by a dismissal requiring the regular office to close.

IF...	THEN...
the regular office is affected by an emergency, but the alternative worksite is unaffected	the employee is not excused, and must continue to work his or her normal workday. Example: On a "snow day", the Flexiplace employee is not excused unless he or she cannot perform work at the alternative worksite because the regular office is closed.
the regular office and the alternative worksite are affected by a widespread emergency	the employee may be granted excused absence as appropriate.
an emergency affects the alternative worksite for a major portion of the workday	either of the following may apply: <ul style="list-style-type: none">• the employee may be required to do either of the following:<ul style="list-style-type: none">• report to the regular office• request leave• be granted excused absence, depending on the circumstances.

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7 Personnel Rules That Apply to Flexiplace Program (Continued)

E

Official Duty Station

The Flexiplace employee's official duty station is the same as the office to which the employee is assigned. Entitlement to locality-based comparability payment, special salary rates, travel allowances, and relocation expenses is based on the official duty station.

Example: An employee works in the USDA South Building and the duty station is Washington, D.C. The employee is approved for the Flexiplace program and now works 2 days a week from the employee's home in Fredericksburg, Virginia. The employee's official duty station is still Washington, D.C.

F

Performance Standards

Performance standards for Flexiplace employees will:

- be results-oriented
- describe the quantity and quality of expected work products and the method of evaluation.

Generally, the same performance standards will apply to Flexiplace employees and onsite employees who perform the same tasks. Work productivity that cannot be measured by performance standards is not appropriate for Flexiplace.

G

Position Descriptions

Established position descriptions will apply to Flexiplace employees, except that the "Supervisory Controls" and "Work Environment" sections may need to be modified.

H

Time and Attendance

Supervisors shall continue to:

- review the Flexiplace employee's request for leave
 - certify the Flexiplace employee's time and attendance.
-

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7 Personnel Rules That Apply to Flexiplace Program (Continued)

**I
Worker's
Compensation**

Flexiplace employees are covered by the Federal Employees Compensation Act and may qualify for payment for on-the-job injury or occupational illness.

**J
Zoning**

Flexiplace employees shall:

- determine, and comply with, any local zoning restrictions
 - pay for any costs of working at home that arise from local zoning requirements.
-

**K
Liability**

Agencies will not be held liable for damages to an employee's personal or real property while the employee is performing official duties or while using the Agency's equipment.

Exceptions: An Agency may be held liable by either of the following:

- the Federal Tort Claims Act
- claims arising under the Military Personnel and Civilian Employees Claims Act.

The employee shall obtain necessary insurance coverage, business use permits, variances, etc., from local municipalities, homeowner's associations, etc.

**L
Removing
Employees From
Flexiplace**

An employee's involvement in the Flexiplace program is voluntary and may be discontinued by the employee or the supervisor at any time with appropriate notice. This notice must be sufficient to allow necessary workplace adjustments to be made.

Continued on the next page

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7 Personnel Rules That Apply to Flexiplace Program (Continued)

L

Removing Employees From Flexiplace (Continued)

Management may remove an employee from the FSA and RMA Flexiplace Program if any of the following occur:

- the employee's performance declines
- other employees are unable to perform their duties because of the absence or unavailability of the Flexiplace employee
- the work assignment changes to include duties that cannot be performed from a remote worksite
- the program no longer benefits the organization's needs.

Normally, the employee will not be removed from Flexiplace for a single minor infraction of FFAS-10 (Exhibit 2). The supervisor and employee will make a bonafide effort to work out specific problems before any decision is made to remove the employee from the Flexiplace program.

Upon termination of FFAS-10, the employee shall return to the regular worksite.

M

Special Accommodations

Requests for special accommodations will be approved on a case-by-case basis. To request an accommodation, contact Susan Brown at 202-418-9039 or TDD 202-418-9116 at least 3 weeks before starting Flexiplace.

8 Applying for Flexiplace

A

Completing FFAS-10

To participate in the FSA and RMA Flexiplace Program, an employee shall:

- meet the requirements in paragraph 6
 - complete FFAS-10
 - obtain approval of the first-level supervisor on FFAS-10.
-

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8 Applying for Flexiplace (Continued)

B

Completing FFAS-7

Employees who want to work offsite in their homes must:

- complete FFAS-7 (Exhibit 3)
 - attach FFAS-7 to FFAS-10.
-

C

Obtaining Copy of Application Package

Employees may use any of the following sources to obtain copies of the forms required in the application package:

- access the FSA HRD website at "<http://dc.ffasintranet.gov/hrd/flexiplace>"
 - access the u:\wpforms directory
 - contact Susan Brown at 202-418-9039 or TDD 202-418-9116.
-

D

Applying to Work at Interagency Telecenter

Employees who want to work at an Interagency Telecenter shall indicate on FFAS-10. All arrangements for space at the Interagency Telecenter will be made through HRD.

E

Filing Completed FFAS-10

Employees and their supervisors should each keep a copy of the completed FFAS-10.

The original FFAS-10 shall be sent to:

Susan Brown
Performance Management, Benefits,
and Awards Branch, STOP 0595
USDA, FSA, HRD
1400 Independence Avenue, SW
Washington, DC 20250-0595.

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9 Computer Equipment

A
**Providing
Computer
Equipment**

Employees approved for working offsite will be provided with the necessary computer equipment to complete their work assignments.

The Agency will provide the following equipment, if available, for Flexiplace worksites.

IF employee requests a...	THEN employee must be approved for ...
computer Note: A waiting list will be established if there is a shortage of computers.	long-term or recurring intermittent Flexiplace.
laptop	periodic or short-term intermittent Flexiplace.
modem	the Flexiplace Program.
printer	
telephone lines	long-term Flexiplace.

B
**Using Personal
Equipment**

Employees wanting to use their own home computer equipment may do so, if the security of Government information can be assured.

Employees' personal equipment must:

- be IBM compatible
- have a current Windows package.

C
**Equipment
Service and
Maintenance**

If employees use their own equipment, they are responsible for servicing and maintaining it.

Employees using Government equipment shall bring the equipment into their regular worksite for service and/or repair.

D
Utility Expenses

Flexiplace employees shall pay any additional utility expenses associated with working at home.

Continued on the next page

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9 Computer Equipment (Continued)

E

**Requesting
Hardware and
Software**

To request a computer, printer, and/or software, such as WordPerfect, an employee shall:

- complete FFAS-6 (Exhibit 4)
- obtain supervisory approval
- send, hand-carry, or FAX the completed FFAS-6 to:

Steve Delman, Room 6759-So
USDA, FSA, ITSD, STOP 0585
1400 Independence Avenue, SW
Washington, DC 20250-0585.

The FAX telephone number is 202-720-4268.

F

**Requesting
Dial-In Access**

To gain dial-in access from the employee's offsite location, an employee shall:

- complete FFAS-13C (Exhibit 5)
- send, hand-carry, or FAX the completed FFAS-13C to:

Dennis Dunne, Room 6759-So
USDA, FSA, ITSD, STOP 0585
1400 Independence Avenue, SW
Washington, DC 20250-0585.

The FAX telephone number is 202-720-4268.

G

**Computer
Problems**

Employees experiencing software-related problems should contact their servicing Users Assistance Team. See Exhibit 6 for these contacts.

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10 Telephone Lines

A What Will Be Paid For

The Government:

- **will** pay for:
 - domestic long-distance telephone calls needed to perform official Government business by using an FTS 2000 Calling Card
 - call forwarding to the Flexiplace worksite
 - will **not** reimburse Flexiplace employees for any of the following services:
 - long-distance telephone calls made on a private residential line that are not made using an FTS 2000 Calling Card
 - a residential telephone line used for personal **and** Government calls
 - caller ID
 - voice mail at the Flexiplace worksite.
-

B Government Telephone Lines

Only 1 telephone jack shall be installed on the Government telephone line and this must be located in the designated work area.

MSD shall research the most cost-effective method of installing a telephone line, and order that the appropriate line be installed in the Flexiplace employee's home.

MSD will issue a standard single line telephone instrument to the Flexiplace employee after receiving the employee's request for installing the telephone line. When the employee leaves the Agency or the Program, the employee shall return the telephone and any related telephone equipment.

- Before receiving the telephone instrument, the Flexiplace employee shall obtain FSA-951 to transfer ownership of the telephone and responsibility to the employee's division director.
 - FSA-951 must be signed by the Flexiplace employee and the division director. FSA-951 places the telephone on the division director's personal property inventory.
-

Continued on the next page

10 Telephone Lines (Continued)

**C
Requesting
Government
Telephone and
Calling Card**

The Flexiplace employee shall request:

- a telephone instrument
- an FTS 2000 Calling Card for domestic calls and/or an MCI Calling Card for overseas telephone calls
- the installation of a Government telephone line, using AD-700.

AD-700 shall include the following:

- employee's name
- home address, including city, State, and ZIP Code
- home telephone number
- office telephone number
- specific days of the week that the Flexiplace employee will work at home
- indication if the primary usage will be voice or data
- average length of telephone calls
- average number of domestic and foreign calls made a day
- any special telephone assists needed, such as TDD.

AD-700 must be signed by the Flexiplace employee and the immediate supervisor.

**D
Installing
Telephone Line**

Telephone line installation will only be scheduled on the days when the Flexiplace employee is working at home. The employee must oversee installation and ensure that the line is installed in the proper location.

Continued on the next page

10 Telephone Lines (Continued)

E

**Monitoring
Telephone Calls**

The Federal Information Resources Management Regulations do not allow private calls to be made on a Government telephone line. While working at home, these types of calls must be made on the Flexiplace employee's private telephone line, not on the Government line.

MSD will monitor all telephone calls made from the official Government telephone line using the Call Detail Report. This report includes the telephone numbers called, the time and duration of the call, and the cost of the call.

F

Repairs

The Flexiplace employee shall:

- bring any malfunctioning telephone equipment to MSD, and a replacement will be issued
 - if the Government telephone line needs repair, contact Liz Law, MSD, at 202-720-5458.
-

G

Contact

Refer any additional questions relating to telephone equipment or telephone lines to Liz Law, MSD at 202-720-5458.

11 Office Equipment, Supplies, and Material

A Office Equipment

FSA and RMA do not provide office equipment for Flexiplace participants.

Examples: Examples of office equipment include, but are not limited to, the following:

- cabinet
 - chair
 - desk.
-

B Supplies and Materials

FSA and RMA will provide supplies and materials for Flexiplace participants.

Examples: Examples of supplies and materials include, but are not limited to, the following:

- paper
- pencils and pens
- disks
- folders
- binders.

Order all supplies and materials from the employee's work unit through normal procurement procedures.

FFAS-14, FSA and RMA Flexiplace Program Process List

Following is an example of a completed FFAS-14.

REPRODUCE LOCALLY. Include form number and date on all reproductions.

FFAS-14 (05-24-99)	U.S. DEPARTMENT OF AGRICULTURE Farm and Foreign Agricultural Services	1. Participant's Name Doe, Jane A.
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FSA/RMA FLEXIPLACE PROGRAM PROCESS LIST

The purpose of this list is to assist supervisors and employees in determining if all requirements have been met for the flexiplace program. The list is to be used as a quick reference guide, not as criteria for selection. Supervisors and employees should refer to specific policies and procedures regarding flexiplace.

Check (✓) "Yes" or "No" for each question and add "Comments" to questions as applicable.

PART A - EMPLOYEE PROFILE			
YES	NO	QUESTION	COMMENTS
✓		2. Performance Rating - Does the employee have at least a fully successful rating or the equivalent?	
✓		3. Career Status - Does the employee have permanent career status?	
	✓	4. Performance Issues - Does the employee have any current performance issues?	
✓		5. Motivated Self-Starter - Is the employee motivated, independent, and dependable?	
✓		6. Keeps Supervisor Updated - Does the employee keep the supervisor informed of current status and any issues related to assigned work?	
✓		7. Time Management - Does the employee have good time management skills?	
✓		8. Independent Worker - Is the employee able to work with minimal supervisory guidance and review?	
PART B - CURRENT AND/OR ANTICIPATED WORK PRODUCTS			
✓		9. Portable/Measurable - Are the employee's work products portable and measurable?	
✓		10. Customer Service - Can the employee's customer service duties be accomplished in a flexiplace environment?	
PART C - BENEFIT/IMPACT ON AGENCY/UNIT MISSION			
	✓	11. Impact on Work Unit - Will the employee's flexiplace status have little to no effect on the workload of other employees, office coverage, or the mission of the work unit?	
✓		12. Security - If the employee is using his/her own home computer equipment, can the security of Government information be assured?	
PART D - TYPE OF FLEXIPLACE REQUESTED			
		13. Intermittent - Is the employee requesting the appropriate type of intermittent flexiplace work schedule (short-term, periodic, or recurring) based on his/her work products?	Not applicable.
✓		14. Long Term - Does the employee requesting long term flexiplace at home need computer equipment and/or supplies and materials?	
✓		15. Location - Have supervisor and employee discussed best location option (home or telecenter) for his/her job?	TCC-Spotsylvania.

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Continued on the next page

FFAS-14, FSA and RMA Flexiplace Program Process List (Continued)

FFAS-14 REVERSE (05-24-99)			
PART E - APPROVAL AND IMPLEMENTATION PROCESS			
YES	NO	QUESTION	COMMENTS
✓		16. Equipment and Services - Has the employee, if needed, completed the appropriate forms for requesting computer equipment and other services (e.g., phone and related services)?	FFAS-6 completed 05-25-99. AD-700 for calling card & phone transfer completed 5/25/99.
		17. ITSD Clearance - If computer equipment is available, has the employee received the equipment at his/her home?	Not applicable.
✓		18. MSD Clearance - Has the employee's phone services requests, received clearance from MSD?	Expect phone service in 2 weeks.
		19. Home Safety Checklist - If the employee is working out of their home, has he/she completed form FFAS-7, Flexiplace Home Safety Checklist?	Not applicable.
✓		20. HRD Clearance - Has the employee's form FFAS-10, Flexiplace Work Agreement been forwarded and cleared by HRD?	Forwarded 05-25-99.
21. Supervisor's Signature			Date
<i>/s/ John S. Smith</i>			05-26-99

FFAS-10, Flexiplace Work Agreement

Following is an example of a completed FFAS-10.

REPRODUCE LOCALLY. Include form number and date on reproductions.	
FFAS-10 (05-24-99)	U.S. DEPARTMENT OF AGRICULTURE Farm and Foreign Agricultural Services
FLEXIPLACE WORK AGREEMENT	
PURPOSE	
<p>The purpose of this agreement is to document the flexiplace work agreement between the employee and supervisor.</p> <p>Flexiplace agreements shall be signed and forwarded to the Flexiplace Coordinator when employee and supervisor agree to flexiplace participation of one month or more. If an agreement is for less than one month, the document shall be signed and maintained by the supervisor for record purposes, but is not required to be forwarded to the Flexiplace Coordinators. Employee shall receive a copy of the agreement.</p>	
QUALIFICATIONS	
<p>The employee volunteers to participate in the Flexiplace Work Program and to adhere to the applicable guidelines and policies included in this document and in the Partnership Agreement on FSA/RMA Flexible Workplace (Flexiplace) Program (PC agreement).</p>	
Dependent Care	Employee understands that Flexiplace is not a substitute for dependent care. Care for dependents outside the home or in the home by a third party must be provided during the employee's scheduled work hours.
Guidelines	The employee demonstrates motivation, independence, dependability and good time management skills in accomplishing work assignment.
Performance Rating	Employee must currently have a performance rating of at least fully successful.
Work Assignment	Flexiplace work shall be portable, measurable and able to be completed away from the official duty station without adversely affecting the workload of other employees, office coverage, or other mission of the work unit.
ADMINISTRATIVE POLICIES	
<p>In the event an employee must report to the official duty station during the workday, travel time from the alternative work site will be considered part of the tour of duty.</p>	
Time and Attendance	Employee's time and attendance will be recorded as if performing duties at the official duty station. Work Schedule Log (Form FSA-958) may be submitted telephonically, electronically, via US mail or in person in order to allow the timely processing of time and attendance records.
Work Schedule, Overtime, Pay, Leave and Other Personnel Issues	<p>Rules concerning work schedules, overtime, pay, leave, core hours and other personnel issues apply to flexiplace employees as they do to on-site employees.</p> <p>The employee does not relinquish any entitlement to reimbursement for authorized expenses incurred while conducting business for the Government.</p>

Continued on the next page

FFAS-10, Flexiplace Work Agreement (Continued)

FFAS-10 (05-24-99)	
EMPLOYEE RESPONSIBILITIES	
Working at Home	An employee working at home is responsible for: <ul style="list-style-type: none"> • operating costs associated with working at home such as utilities, maintenance, insurance or any other incidental cost • obtaining necessary insurance coverage, business use permits, or variances etc. from local municipalities, home owners' association, etc.
Safeguarding Records	The employee will safeguard and protect Government/Agency records from unauthorized exposure or damage and will comply with Privacy Act requirements set forth in Privacy Act of 1974, Public Law 93-573, codified as Section 552a, Title 5 U.S.C.
Personal or Real Property Damage	The employee is liable for damages to an employee's personal or real property during the course of performance of official duties or while using Government equipment in the employee's residence, except to the extent the Government is held liable for Federal Tort Claims Act claims or claims arising under the Military personnel and Civilian Employees Claims Act.
Government Equipment	Employee will protect the Government equipment in accordance with the procedures established in FIRMR Bulletin 30, October 15, 1985, this agreement and the PC agreement. The employee is responsible for transporting the equipment to and from ITSD from their Flexiplace Work site.
Employee Equipment	If the employee provides equipment, he/she is responsible for servicing and maintaining it.
GOVERNMENT RESPONSIBILITIES	
Service and Maintenance of Government Equipment	The Government is responsible for servicing and maintaining Government owned equipment. Should Government equipment need repair or additional software employee must transport the equipment to and from ITSD.
Home Inspections	The Agency must provide the employee at least 24 hours advance notice to permit periodic home inspections by the Agency of their work site during normal work hours.
PERFORMANCE MANAGEMENT	
Failure to Comply with Flexiplace Agreement	Failure to comply with flexiplace provisions may result in loss of pay, termination of this flexiplace arrangement, and/or other appropriate disciplinary action.
Job Performance	Employee's job performance shall be held at the same standard as any employee who works at the official duty station and shall be evaluated by his/her immediate supervisor.
Maintaining Fully Successful Rating	A flexiplace employee must maintain a performance rating of at least fully successful. Failure to maintain a fully successful rating will result in re-evaluation of Flexiplace participation and may result in removal from the program.
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FFAS-10, Flexiplace Work Agreement (Continued)

REPRODUCE LOCALLY. Include form number and date on reproductions.

FFAS-10
(05-24-99)

U.S. DEPARTMENT OF AGRICULTURE
Farm and Foreign Agricultural Services

FLEXIPLACE WORK AGREEMENT

1. The following constitutes an agreement between:

Employee's Name: Doe, Jane E.	Agency: FSA
Grade: GS-12	Division/Branch: HRD/PMBAB
Title: Personnel Management Specialist	Telephone No.: 202-555-1234
Supervisor's Name: James Smith	Telephone No.: 202-555-4321

Employee volunteers to participate in the flexiplace program and to adhere to applicable Union Contract and/or Partnership Council Agreement guidelines and Agency policy. Agency concurs with employee's participation and agrees to the applicable guidelines and policies.

2. Employee requests the following type of flexiplace with the following beginning and ending dates:

Type of Flexiplace	Begin Date	End Date (NTE 1 Year)
Long-Term (Complete Item 4A also)	03-01-99	03-01-00
Intermittent (Recurring Only) (Complete Item 4B also)		
Short-Term Medical (Complete either Item 4A or 4B also depending on medical documentation.)		

NOTE: If applying for Short-Term Medical Flexiplace, a physician's statement, which includes the maximum number of hours the employee may work each workday, must be attached to the agreement.

3. Employee's Work Location:

Employee's Work Location	Employee's Alternate Work Site - Home or Telecommute Center
City/State: Washington, D.C.	Address: Fredericksburg, VA
Telephone No.: 240-555-1234	Telephone No.: 540-555-5678
E-Mail Address: jane_doe	E-Mail Address: same
FAX No.: 202-555-9876	FAX No.: 540-555-4786
Server (Contact your User Assistance Team (UAT)):	

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Continued on the next page

FFAS-10, Flexiplace Work Agreement (Continued)

FFAS-10 (05-24-99)

4. Work Location Schedules:

A. Long Term:

Scheduled Workdays Each Workweek	Week One Work Location	Week Two Work Location
Monday	ODS	ODS
Tuesday	AWS	AWS
Wednesday	ODS	ODS
Thursday	AWS	AWS
Friday	ODS	ODS
Saturday*		
Sunday*		

*Available for short-term medical flexiplace only.

B. Intermittent Schedule - Describe employee work schedule:

(For example: Jane Doe will work at home 2 days every 3rd week of the month to complete monthly estimate reports).

5. Indicate hardware/software and/or telephone services required:

(✓) If you are requesting . . .	Then complete Form(s) . . .
<input type="checkbox"/> Desk top setup required on personal computer	FFAS-6, Flexiplace Hardware and Software Request
<input type="checkbox"/> Agency computer	
<input type="checkbox"/> Laptop	
<input checked="" type="checkbox"/> Software	
<input type="checkbox"/> Modem	
<input type="checkbox"/> Printer	FFAS-13C, Local Area Network (LAN) Dial-In Access Authorization
<input checked="" type="checkbox"/> Dial-in-Access	
<input type="checkbox"/> Phone Line	AD-700, Procurement Request
<input checked="" type="checkbox"/> General calling card	
<input type="checkbox"/> FAX machine (Short-term medical)	

Employee should request any of the above through the appropriate contact. Indication on this form does not constitute a request for these services.

6. Indicate the type of work you will be doing on flexiplace. (For reporting purposes only - you may choose more than one.)

(✓) Type of Work
<input checked="" type="checkbox"/> Computer (programming, data-entry or word processing)
<input checked="" type="checkbox"/> Analytical
<input type="checkbox"/> Writing
<input type="checkbox"/> Telephone Intensive Tasks
<input checked="" type="checkbox"/> Planning/Project Management

7. Approvals:

Employee: <i>/s/ Jane Doe</i>	Date: <i>5/25/99</i>
Supervisor: <i>/s/ James Smith</i>	Date: <i>5/26/99</i>
HRD-Flexiplace Coordinator (only for short-term medical flexiplace):	Date:

FFAS-7, Flexiplace Home Safety Checklist

Following is an example of a completed FFAS-7.

REPRODUCE LOCALLY. Include form number and date on reproductions.

FFAS-7 (06-01-99)		U.S. DEPARTMENT OF AGRICULTURE Farm and Foreign Agricultural Services	
FLEXIPLACE HOME SAFETY CHECKLIST			
PART A - GENERAL INFORMATION			
1. FLEXIPLACE PARTICIPANT'S NAME, ALTERNATE WORKSITE, AND TELEPHONE NUMBER John Doe Home 703-675-4455		2. AGENCY/DIVISION/BRANCH FSA, MSD, Directives	
3. EMPLOYEE'S OFFICIAL DUTY STATION, CITY, AND STATE USDA, FSA 14th & Independence Avenue Room 1345 Washington, DC 20250-1400		4. FLEXIPLACE COORDINATOR'S NAME AND TELEPHONE NO. Susan Brown 418-9039	
5. ALTERNATE WORKSITE ADDRESS 4355 West Dodge Springfield, VA 33499		6. DESCRIBE THE LOCATION OF DESIGNATED WORK AREA (If worksite in participant's home.) Home Extra room	
PART B - CHECKLIST ITEMS			
The following checklist is designed to assess the overall safety of the alternate worksite. Read, complete, and submit this form. Upon completion, the checklist should be signed and dated by the participating employee and their immediate supervisor. A copy of this document should be maintained by the supervisor.			
MARK "NA" IF NOT APPLICABLE		YES	NO
7. Is the space free of indoor air quality problems, and the space adequately ventilated?		✓	
8. Is the space free of noise hazards (in excess of 85 decibels)?		✓	
9. Is there a potable (drinkable) water supply?		✓	
10. In working at home, are you in compliance with municipal codes? Homeowner Association?		✓	
11. Are lavatories available with hot and cold running water?		✓	
12. Are all stairs with 4 or more steps equipped with handrails?		✓	
13. Are all circuit breakers and/or fuses in the electrical panel labeled?		✓	
14. Do circuit breakers clearly indicate if they are in the open or closed position?		✓	
15. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed or loose wires, bare conductors, exposed wires)?		✓	
16. Will the building's electrical system permit the grounding of electrical equipment?		✓	
17. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?		✓	
18. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?		✓	
19. Do chairs have any loose casters (wheels)? Are the rungs and legs of chairs sturdy?		✓	
20. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?		✓	
21. Is the office space neat, clean and free of excessive amounts of combustibles?		✓	
22. Are floor surfaces clean, dry, level, and free of worn or frayed seams?		✓	
23. Are carpets well secured to the floor, and free of frayed or worn areas?		✓	
24. EMPLOYEE'S SIGNATURE /s/ John Doe		DATE 06-01-99	
25. SUPERVISOR'S SIGNATURE /s/ Frederick Small		DATE 06-02-99	
SPECIAL NOTE: SUPERVISORS ARE ENCOURAGED TO CONDUCT AN ON SITE INSPECTION FOR ANY EMPLOYEE CHECKING FIVE OR MORE "NO" ANSWERS. EMPLOYEES ARE RESPONSIBLE FOR INFORMING THEIR SUPERVISOR OF ANY SIGNIFICANT CHANGE TO WORKSITE.			
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FFAS-6, Flexiplace Hardware and Software Request

Following is an example of a completed FFAS-6.

REPRODUCE LOCALLY. Include form number and date on reproductions.

FFAS-6 (05-24-99)		U.S. DEPARTMENT OF AGRICULTURE Farm and Foreign Agricultural Services	
FLEXIPLACE HARDWARE AND SOFTWARE REQUEST			
PART A - REQUESTING OFFICE			
1. Name of Flexiplace Participant Gene Mitchell	2. Agency/Division/Branch FSA/HRD/DOB	3. Telephone Number (Area Code) 703-555-2222	
	4. Room Number 1306	5. E-mail Address gmitchell@usda.gov	
PART B - HARDWARE/SOFTWARE DESCRIPTION			
6. Check (✓) the appropriate box(es) indicating the equipment you need: <i>(Please attach additional information, if needed.)</i>			
<input checked="" type="checkbox"/>	Desk top setup required on personal computer	<input type="checkbox"/>	Agency computer
<input type="checkbox"/>	Laptop	<input type="checkbox"/>	Software: <i>(List specific software packages in Item 7, Remarks.)</i>
<input checked="" type="checkbox"/>	Modem	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	Printer	<input type="checkbox"/>	
7. Remarks Paradox 7.0.			
PART C - APPROVALS			
8. Signature of Supervisor <i>/s/ Payne Jordan</i>	Date 05/25/99	9. Name of Employee's Supervisor Payne Jordan	
10. Signature of ITSD Official <i>/s/ Cheryl Carrera</i>	Date 05/25/99	11. Name and Title of Approving ITSD Official Cheryl Carrera Chief, Service Branch	
<small>The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2800 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.</small>			

FFAS-13C, Local Area Network (LAN) Dial-In Access Authorization

Following is an example of a completed FFAS-13C.

REPRODUCE LOCALLY. Include form number and date on all reproductions.			
FFAS-13C (05-27-99)		Local Area Network (LAN) Dial-In Access Authorization Farm and Foreign Agriculture Services	
USDA-FFAS			
Part A - User Information			
1. Name Doe, Jane		4. Home Address 1111 Main Street Anywhere, VA 00000	
2. Title Personnel Mgmt. Spec			
3. Organization FSA-HRD-DOB		5. Work Phone (202) 555-1234	6. Home Phone (540) 555-9876
7. Status of Employee Career Conditional <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Temporary <input type="checkbox"/> Other Govt <input type="checkbox"/> Other (Explain) <input type="checkbox"/>			
8. Explanation Long-Term Flexiplace			
Part B - Functions and Applications			
1. List Required Functions and Applications Groupwise			
2. Start Date - 6-1-99		3. Expiration Date ^{1/} - 6-1-00	
^{1/} Your dial-in access privileges will be automatically terminated on the specified expiration date.			
Part C - Data Security Requirements Acknowledgment			
<p>The data maintained on the agencies' LANs contain critical and sensitive information subject to the provisions of the Privacy Act of 1974, other Federal laws, agency and USDA regulations. Users of these resources are responsible for protecting and safeguarding the data and information resources from unauthorized access and disclosure.</p> <ul style="list-style-type: none"> Hardware, software, communications, systems, data and information resources accessed and retrieved from Agency LANs will not be given or disclosed to any unauthorized person. Access and use of LAN, systems, data and information resources must be approved and authorized by your immediate supervisor and will be for official government use only. Your user identification and password for the LAN and systems shall not be shared, disclosed, or transferred to anyone. Failure to follow these basic security procedures may result in an investigation by appropriate FFAS and USDA officials including the office of the inspector general. Any person who violates or abuses FFAS and USDA regulations and these security procedures may be subject to disciplinary action including dismissal. <p>I hereby acknowledge that I have read and understand these data security requirements. I agree to comply with them and to access only the LAN, data, systems, software, and information resources that have been authorized and approved by my supervisor for official government use only.</p>			
User's Signature <i>/s/ Jane Doe</i>		Date 5-25-99	
Part D - Approval Authorities (Please Print Name and Sign)			
1. User's Supervisor/Manager James Smith		3. Work Phone (202) 555-4321	
2. Title Branch Chief		4. Supervisor/Manager Sign and Date	
5. Signature, Director, Information Technology Services Division		6. Date	
Part E - LAN System Administrator Actions (Assigned User ID Codes, Password, Etc.)			
1. Date Issued -		2. Expiration Date -	
3. LAN System Administrator Signature		4. Date	
Mail Form to:		Director, Information Technology Services Division Stop 0580 Washington, DC 20250-0580	
Questions on Completing Form:		RMA and FSA User Assistance - (202) 690-4316 FAS User Assistance - (202) 720-6763	

Flexiplace Support Team Contact List

Employees shall use the following contact list as needed.

Contact	Duty	Telephone Number	FAX Number
Susan Brown	HRD Coordinator and Telecommute Center Coordinator	202-418-9039 TDD 202-418-9116	202-418-9129
Charles Soisson	HRD Coordinator and Telecommute Center Coordinator Backup	202-418-9000 TDD 202-418-9116	202-418-9129
Steve Delman	Hardware and Software Coordinator	202-720-3190	202-720-4268
Dennis Dunne	Dial-In Access (e-mail) Coordinator	202-690-2541	202-720-4268
Liz Law	Telephones and Federal Calling Cards	202-720-5458	202-720-6426
Howard Strother	Backup Telephone Coordinator	202-720-7005	202-690-0917
Skip Mielwocki	MSD Coordinator	202-720-6866	202-690-4790
User Assistance Team	Computer Assistance	South Bldg. L Street Park Office Center	202-690-4316 202-418-9070 703-305-1404

Bargaining unit employees may also contact a union steward for information and assistance.
