

Create & Submit Full-Time Telework Agreement

Create & Submit a Full-Time Telework Agreement (Employee View)

1. Select the **GSA Telework Agreement** tile from the Employee Self Service homepage.



2. Select the **Create New Agreement** button to create a new telework agreement.

| BR 👸 HR Shared Service | |
|--|----------|
| GSA Telework | |
| Telework Agreements Below is your current active agreement as well as your telework agreement history. You may modify or recertify your agreement CREATE NEW AGREEMENT | t below. |
| ① Please select Create New Agreement above to begin. | |
| | |



- 3. Read the **instructions** on each page.
 - a. Links to **GSA's Workforce Mobility and Telework Policy** and **Full-Time Telework Arrangement Policy** are listed for reference.



- 4. Confirm that the button is toggled to the right to show a check under the statement "I certify I have completed the required telework training."
 - a. You must complete the telework training before you can submit a telework agreement.





- 5. If you wish to telework, select **Yes** from the drop-down menu under the statement "**I choose to telework**."
- 6. Toggle the button to the right to show a check under the statement "I confirm my understanding of the above statement."
- 7. Select applicable response (**Yes** or **No**) from the drop-down menu under the statement "**Do you report to a GSA/federal facility at least twice a pay period**?"
 - a. If you select **No**, you will need to complete a **Full-Time Telework Agreement**.
 - b. If you select **Yes**, the system will display additional fields and allow you to select a **Routine Telework Agreement** or a **Situational Telework Agreement**.

| Section | n 2 – Telework Arrangement |
|------------|--|
| Your Posi | tion Telework Eligibility |
| ⊘ Yes | |
| ① Note | e: If the position telework eligibility is incorrect, please proceed with submitting the telework agreement and your supervisor will correct. |
| l choose t | o telework.* |
| Yes 🗸 | |
| training n | employees whose telework agreements identify them as (1) eligible for telework and (2) having the IT tools, equipment, and ecessary to telework - including those who select "I decline to telework" in the item above - are considered to be telework-ready red to telework (or take leave or other time off, or reschedule their alternative work schedule) in certain emergency situations, |
| pursuant | to GSA Workforce Mobility and Telework Policy. |
| I confirm | my understanding of the above statement.* |
| Ø | |
| Yes | port to a GSA/federal facility at least twice a pay period?* |
| No h | ovee agrees to participate in one of the following telework types.* |

8. Select the **Full-Time Telework** block under the statement "The employee agrees to participate in one of the following telework types. Select the **Next** button to continue.

| The employee agrees to participate in one of the | e following telework types.* | |
|---|---|--|
| FULL-TIME TELEWORK | ROUTINE TELEWORK | SITUATIONAL TELEWORK |
| Situational telework - telework that is approving and regular telework schedule. Exappointments or special work assignments intermittent, or ad-hoc telework. Full-time telework – telework performed or | amples of situational telework include telewor away from the office. Situational telework is s | worked were not part of a previously approved, rk to accommodate scheduling issues such as cometimes also referred to as episodic, ot typically utilize an agency worksite. Full-time |
| RETURN TO SEARCH SAVE FOR LATER NE | σ J | |

9. Toggle the button to the right to show a check under the statement, "I certify that I am not receiving transit benefits as a full-time telework employee."



| Arrangement | Telework | Acknowledgements | Summary | Submit |
|--------------------------|-----------------------------------|-----------------------------|---------|--------|
| Full-time Telework | ring transit benefits as a ful | ll-time telework employee.* | | |
| Note: Full-time telework | ers are not eligible to receive t | ransit benefits. | | |

- 10. Select **Yes** or **No** from the drop-down menu under the question, "**Is your home located in the city and state above**?"
 - a. If the answer is **no**, contact your servicing HR Office and continue with submitting the agreement.

| Official Worksite/Duty Station City and State | |
|---|------------------------|
| KANSAS CITY MO | |
| Is your home located in the city and state above?* | |
| No ks szarno please contact your servicing HR Office and continue with sub | mitting the agreement. |



- 11. Enter your **home address** in the field provided.
- 12. Select **Short-Term Arrangement** or **Long-Term Arrangement** from the drop-down menu under the question, "**Is this a Long or Short-Term Arrangement**?"
 - a. If **Short-Term Arrangement** is selected, choose the calendar icon to enter the Short-Term Arrangement **End Date**.

| Enter your home address.* | |
|---|----|
| 1234 Main Street, Anywhere, USA 12345 | |
| NOTE: Include full address: street, city, state, and zip code. | |
| Is this a Long or Short-Term Arrangement?* | |
| Long-Term Arrangement | Y, |
| Short-Term Arrangement: more than 90 days but less than a year. Long-Term Arrangement: more than a year. | |

- 13. Select the applicable option from the drop-down menu under the question, "**The Full-Time Telework Arrangement Analysis Tool has been completed and approved**?"
 - a. If either **N/A Mobile Worker** or **N/A Reasonable Accommodation** is selected, no documentation will be required.
 - b. *Mobile work* is characterized by regular travel to and work in customer or target (designated) worksites. Mobile work may consist of work such as site audits, site inspections and investigations. *Reasonable Accommodation* is for an employee who has been approved for full-time telework based on a medical disability.

| ſ | The Full-Time Telework Arrangement Analysis Tool has been completed and approved?* |
|---|--|
| | Yes 👻 |
| ľ | |
| | Mobile Worker: Work that is characterized by regular travel to and work in customer or target [designated] worksites. Mobile work may consist of work such as site audits, site inspections, and investigations. |
| | Reasonable Accommodation (RA): Employee has been approved for full-time telework based on medical disability. |
| l | ······································ |



- 14. Enter the appropriate worksite in the field **Agency Worksite (from Part D item 2 of the Analysis Tool)**.
 - a. The *Agency Worksite* is the physical address or place where you would work if you were not teleworking.
- 15. Select **Yes** or **No** from the drop-down menu under the statement, "**Official worksite/duty station is within the commuting area of agency worksite.**"
 - a. Generally, the commuting area is within a 50-mile radius of your duty station.
- 16. Select the **Next** button to continue.

| Agency Worksite (from Part D item 2 of the Analysis Tool) * |
|--|
| KANSAS CITY MO |
| Agency Worksite: The regular worksite for the employee's position of record; the physical address or place where the employee would work if not teleworking. |
| Official worksite/duty station is within the commuting area of agency worksite.* |
| ① Note: As a general rule, the commuting area is within a 50 mile radius of the employee's duty station. |
| RETURN TO SEARCH PREVIOUS SAVE FOR LATER |

17. Select the **GSA FT Telework Arrangement** button under the Download Templates heading.

| Note: An approved | GSA FT Telework Arrang | ement Analysis Tool is rec | quired for upload and to con | nplete this section. | |
|---------------------|------------------------|----------------------------|------------------------------|--------------------------|---|
| Note: An approved | GSA FT Telework Arrang | ement Analysis Tool is rec | quired for upload and to con | nplete this section. | |
| | - | ement Analysis Tool is rec | quired for upload and to com | nplete this section. | |
| ownload Templa | ites | | | | |
| ownload Templa | ates | | | | |
| | | | | | |
| GSA F | T TELEWORK ARRANG | EMENT | | | |
| ou currently do not | have any attachments | , please upload them be | elow: (At least one attachm | nent is required) | |
| UPLOAD ATTACHM | ENT | | | | |
| | | and Analysis Table 1971 | m represents a savings (de | ecrease in cost to GSA o | ompared with |
| | UPLOAD ATTACHM | UPLOAD ATTACHMENT | UPLOAD ATTACHMENT | UPLOAD ATTACHMENT | u currently do not have any attachments, please upload them below: (At least one attachment is required) UPLOAD ATTACHMENT Delete all fields below based on the completed Analysis Tool. If item represents a savings (decrease in cost to GSA co |





18. A dialog box will appear, stating "Your file is ready." Select the View Attachment button.

| 1. Complete all applic Telework Agreeme 2. To print an agreem Ready' pop up mes | Your file | is ready. | VIEW ATTACHMEN | π | a for the official GSA I receive a 'Your File is print. |
|--|------------------------|---------------------------|-------------------------------|--------------------|---|
| Please Note: If you hav appropriate. | e previously complete | d a telework agreen | nent, fields are pre-popula | ted. Please upda | ate fields, as |
| Click here for GSA Workf Click here for Full-Time T Employees: Please refer | Felework Arrangement P | Policy. | te a Telework Agreement. | | |
| Arrangement | Telework | Documentation | Acknowledgements | Summary | Submit |
| Section 3 - Docu | | nent Analysis Tool is rec | juired for upload and to comp | lete this section. | |
| Download Templa | tes | | | | |
| GSA F | T TELEWORK ARRANGEN | MENT | | | |
| You currently do not l | _ | lease upload them be | elow: (At least one attachme | nt is required) | |

19. Select the **Save** button and then select the **Open** button and complete the form GSA 3703-19a (<u>Full-Time Telework Arrangement Analysis Tool</u>).

| | GSA FT TELEWORK ARRANGEMENT | | |
|---------------------|--|-----------------|-------------|
| | You currently do not have any attachments, please upload them below: (At least one attachment is required) | | |
| Do you want to save | GSA3703-19_Full-Time_Telework_Arrangement_Analysis_Tool.pdf from uat-hrlinks.gsa.gov? | Save - | Cancel × |
| | | | |
| The GSA3703-19_ | Full-Time_Telework_Arrangement_Analysis_Tool.pdf download has completed. | n folder View o | downloads × |



20. Once you have completed the Full-Time Telework Arrangement Analysis Tool, select the **Upload Attachment** button.

|)Note: An app | oved GSA FT Telework Arrang | ement Analysis Tool is | required for uplo | ad and to comple | te this section. | |
|----------------|-----------------------------|------------------------|-------------------|------------------|------------------|--|
| | | | | | | |
| ownload Te | nplates | | | | | |
| | | |] | | | |
| (| SA FT TELEWORK ARRANG | EMENT | | | | |
| | | |] | | | |
| ou currently d | not have any attachments, | , please upload them | below: (At least | t one attachmen | t is required) | |
| UPLOAD ATTA | | | | | | |

21. Select the **Click To Choose A File or Drag File Here** button to choose and upload the completed Full-Time Telework Arrangement Analysis Tool form.

| <u>ب</u> | |
|--|--|
| CLICK TO CHOOSE A FILE OR DRAG A FILE HERE | |

22. Once the attachment is selected, the file will appear under the **Attached Files** column.

| UPLOAD ADDITIONAL ATTACHMENT | |
|--|--------|
| Attached Files | |
| Erin_GSA_Full-Time_Telework_Analysis_Tool_2019v2.pdf | DELETE |

23. Select the calendar icon under **Analysis Tool Certification Date**, and select the date of certification (found on the Full-Time Telework Arrangement Analysis Tool, *Part K* - *Approval Date*).

| Analysis Tool Certification Date * | |
|------------------------------------|-----|
| MM/DD/YYYY | Ē |
| | - m |



- 24. Enter the correct amounts, found on the Full-Time Telework Arrangement Analysis Tool, for the following items:
 - a. Salary Difference (from Part Line 5 of the Analysis Tool)
 - b. Annual planned cost (or savings) to travel to agency worksite (from Part E line 11 of Analysis Tool)
 - c. Total Additional Cost/Savings (from Part F of Analysis Tool)
 - d. Overall cost of full-time telework arrangement (from Part G line 1 of Analysis Tool)
 - e. Percentage above Agency Worksite cost for full-time telework (from Part G line 2 of Analysis Tool)

Reminder: Enter (-) before the amount to indicate savings to GSA; do not add a dollar or percent symbol when entering amounts into the fields.

25. Select the **Next** button to continue.

| -1250 | |
|--------------------------|--|
| Annual planned co | st (or savings) to travel to agency worksite (from Part E line 11 of Analysis Tool) |
| 450 | |
| Total Additional C | ost/Savings (from Part F of Analysis Tool) * |
| -120 | |
| Overall cost of ful | -time telework arrangement (from Part G line 1 of Analysis Tool)* |
| Overall cost of ful | -time telework arrangement (from Part G line 1 of Analysis Tool)* |
| -920 | |
| -920 | -time telework arrangement (from Part G line 1 of Analysis Tool)* Agency Worksite cost for full-time telework (from Part G line 2 of Analysis Tool) |
| -920 Percentage above | |
| -920 Percentage above | |

- 26. In the Reporting to Agency Worksite section, toggle the button to the right to show a check under the statement, "**I acknowledge the above statement**", regarding situations when you will be required to report to the worksite during otherwise planned telework days.
- 27. Enter the how many hours of advanced notice you require to report to your worksite in the field below the phrase **Enter hours of advanced notice to report on planned telework day**.



| Arrangement | Telework | Documentation | Acknowledgements | Summary | Submit |
|---|---------------------|---------------------------|-------------------------------|-------------------------|-----------------------|
| | | | • | | |
| Reporting to Agenc | y Worksite | | | | |
| l acknowledge that there ma day. | ay be situations wł | nen I will be required to | report to the Agency wor | ksite during an otherw | vise planned telework |
| l acknowledge the above st | atement.* | | | | |
| My supervisor and I have ag day, <u>(fill in below)</u> hours of a | | | o report to the Agency w | orksite on an otherwis | e planned telework |
| Enter hours of advanced no | tice to report on | planned telework day. | | | |
| 48 | \searrow | | | | |
| NOTE : pursuant to HRM 604 notice is included in the agre | | | k Policy, if this field is no | t completed, a 2 hour t | ime period of advance |

28. Toggle the button to the right to show a check under the statement, "I certify the above **Privacy Act Statement.**"

Privacy Act Statement

I understand that this information is subject to the Privacy Act of 1974 (5 U.S.C. Section 552a). This agreement is used to collect data from GSA employees entering into telework agreements pursuant to HCO 6040.1A and Public Law 106-346, § 359 of Oct. 23, 2000. The information is used to document position telework eligibility and facilitate implementation of individual telework arrangements. The information may be disclosed: to appropriate Federal, State, or local agencies when relevant to civil, criminal, or regulatory investigations or prosecutions; to the Office of Personnel Management or the Government Accountability Office for evaluation of the program; to a Member of Congress or staff in response to a request for assistance by the employee of record; to another Federal agency or to a court under judicial proceedings; and to an expert, consultant, or contractor of GSA when needed to further the implementation and operation of this program. Furnishing the information on this agreement is voluntary.

I certify the above Privacy Act Statement.*





- 29. In the **Agency Policies** section, toggle the buttons to the right to show a check under the three statements, "**I certify the above statement.**"
- 30. Select the **Next** button to continue.

| Agency Policies | |
|---|---------------|
| I understand that the laws, rules, regulations, and Agency policies which govern time and attendance, leave, compensatory overtime remain in effect regardless of whether I am working at an Agency worksite or from an appropriate alternative wor home. Specifically: | |
| - Technology and devices which permit me to work from a remote location such as my home (including laptop computers, smartphones, and remote computing programs) are for use for Agency business only during my authorized duty hours. Ag permitting reasonable personal use of Agency equipment and information technology systems apply when I am teleworking | ency policies |
| Agency policy requires that I obtain my supervisor's approval in writing before I work overtime. This requirement applies teleworking. I am not permitted to work overtime unless it is authorized and approved in advance by my supervisor. | 5 |
| l certify the above statement.* | |
| | |
| I have the necessary IT tools, equipment, and training to meet the definition of a telework-ready employee, pursuant to GSA Mobility and Telework Policy. Telework-ready employees may or may not be emergency employees. | 's Workforce |
| l certify the above statement.* | |
| | |
| I understand my responsibilities as a telework-ready employee under GSA Dismissal and Closure Procedures. | |
| l certify the above statement.* | |
| | |
| | |
| RETURN TO SEARCH PREVIOUS SAVE FOR LATER | |

31. Review the information on the **Summary** page, and select the **Next** button to continue.

| I acknowledge that there may be situations when I will be required to report to the Agency worksite during an otherwise planned telework day | ⊘ Yes |
|---|-------|
| My supervisor and I have agreed that in the event that I am required to report to the Agency worksite on an otherwise planned telework day,(fill in below) hours of advance notice | 48 |
| I understand that this information is subject to the Privacy Act of 1974 (5 U.S.C. Section 552a). This agreement is used to collect data from GSA employees entering into telework a | ⊘ Yes |
| I understand that the laws, rules, regulations, and Agency policies which govern time and attendance, leave, compensatory time, and overtime remain in effect regardless of whether | ⊘ Yes |
| I have the necessary IT tools, equipment, and training to meet the definition of a telework- ready employee, pursuant to GSAs Workforce Mobility and Telework Policy. Telework- ready | ⊘ Yes |
| I understand my responsibilities as a telework-ready employee under GSA Dismissal and Closure Procedures RETURN TO SEARCH PREVIOUS NEXT | ⊘ Yes |



32. Toggle the button to the right to show a check under **Employee Telework Certification**.

| Arrangement | Telework | Documentation | Acknowledgements | Summary | Submit | |
|--|--|--|---|--|--------|--|
| | | | | | | |
| Employee Certific | cation | | | | | |
| Providing at no cos Securing and safeg Working at a satisfa Meeting my persor Adhering to approp | d will work in accorda ppropriate alternativ t to GSA internet accordance uarding GSA furnishe actory level to meet n hal, organizational, ar priate requirements of | nce with all provisions of e worksite is safe, secur ess to access resources; ed equipment; ny performance and de d work team requireme outlined in GSA Dismissi | of this telework agreeme e, and suitable for telewo velopment objectives; | nt and Agency policy, in orking activites; es; and | , | |
| This telework agreement reviewed by managemer Program. | , 0 | , | | 0 | , | |
| Employee Telework Cert | ification* | | | | | |
| 12 | | | | | | |

33. Enter comments in the **Additional Comments** box if needed. Select the **Save & Submit** button.

| | | |
|------|------|--|



34. A confirmation message will appear, stating, "Your agreement has been successfully submitted." Select the **OK** button.

| GSA Te | elework |
|--|---------------------------------|
| ✓ Your agreement has | as been successfully submitted. |
| Subject: | Jane Smith, 0102030405 |
| Approver: | Sue Jones |
| Status: | Pending |
| ок | |

- 35. A status banner will appear at the top of the page with the name of the approver (ex: *Pending approval by Sue Jones*).
- 36. Select the **Print Agreement** button to download a PDF version of your agreement.

| ① STATUS: | WITHDRAW TO EDIT |
|---|------------------------|
| Pending approval by Sue Jones | |
| nstructions | |
| Complete all applicable fields below. This agreement is designed as a questionnaire, which will provide the dat Telework Agreement. | a for the official GSA |
| To print an agreement, click the Print Agreement button. When your agreement is ready to be printed you wi Ready' pop up message. Click View Attachment. Your telework agreement will open in a new tab and you can | |
| Please Note: If you have previously completed a telework agreement, fields are pre-populated. Please upda appropriate. | te fields, as |
| lick here for GSA Workforce Mobility and Telework Policy. | |
| Click here for Full-Time Telework Arrangement Policy. | |
| mployees: Please refer to the HR Links training guide on how to create a Telework Agreement. | |
| Summary | |
| | |
| | |
| Summary | |
| Arrangement | |



37. Select the **Return to Search** button at the bottom of the screen to return to the GSA Telework homepage, where your pending Telework Agreement will be displayed.

| worksite during an otherwise planned telework day | |
|---|-------|
| My supervisor and I have agreed that in the event that I am required to report to the Agency worksite on an otherwise planned telework day,(fill in below) hours of advance notice | 48 |
| I understand that this information is subject to the Privacy Act of 1974 (5 U.S.C. Section 552a). This agreement is used to collect data from GSA employees entering into telework a | ⊘ Yes |
| I understand that the laws, rules, regulations, and Agency policies which govern time and attendance, leave, compensatory time, and overtime remain in effect regardless of whether | ⊘ Yes |
| I have the necessary IT tools, equipment, and training to meet the definition of a telework- ready employee, pursuant to GSAs Workforce Mobility and Telework Policy. Telework- ready | ⊘ Yes |
| l understand my responsibilities as a telework-ready employee under GSA Dismissal and Closure Procedures | ⊘ Yes |
| Additional Comments: Full-Time Telework Agreement and documents attached. | |
| | |