

Indian Affairs

Remote Work Agreement

This agreement is voluntarily made between _____ (employee's name) and _____ (employee's organization).
On _____ (month, day, year) _____ (employee's name) will change their official duty station;

- From their current official worksite _____ (city, state)
- To their new official remote worksite, _____ (city, state)

By signing this Agreement, I certify that I have read the Indian Affairs Remote Work Policy 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 Bureau/Office 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 _____.
- I understand this action is to fulfill specific business needs of Indian Affairs. If the work conducted under this agreement does not meet management's expectations, I will be required, within a reasonable notice period of generally 90 days, to return to the official office location of _____, or I agree to voluntarily separate at the time freely, and without coercion. I understand that I will be responsible for moving expenses if directed to return to the regular worksite based on decline in performance or for misconduct.
- 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 impacted. I understand I am responsible for reviewing my Leave and Earnings Statement and ensure accuracy of information.
- I understand the costs for which my Bureau/Office will be responsible for paying the following list of office items and any required temporary duty travel away from the official remote worksite;

- I understand all Bureau/Office equipment will be returned to _____ in the event of my separation.

Employee Signature and Date _____ First-Level Supervisor Signature and Date _____ Approving Official Signature and Date _____

Annual Renewal/Review of Remote Work Agreement

Review #1 Date _____ Review #1 Employee Signature and Date _____ Review #1 Supervisor Signature and Date _____

Review #2 Date _____ Review #2 Employee Signature and Date _____ Review #2 Supervisor Signature and Date _____

Review #3 Date _____ Review #3 Employee Signature and Date _____ Review #3 Supervisor Signature and Date _____

Review #4 Date _____ Review #4 Employee Signature and Date _____ Review #4 Supervisor Signature and Date _____

Review #5 Date _____ Review #5 Employee Signature and Date _____ Review #5 Supervisor Signature and Date _____