

**APPENDIX 2:
FAA TELECOMMUTING AGREEMENT**

Employee Name **Eugene P. McCoy**
Title, Series, and Grade **Principal Avionics Inspector, FG-1825-14**
Organization **FAA / AEA-FSDO-05 - Allentown**
Telecommuting Location:

X Work at Home

Telecenter -- Location _____
 "Virtual Office"

Phone number at telecommuting location: **(610) 767-7989**

Telecommuting Schedule: Provide specific days during which employee will telecommute (e.g., Monday and Wednesday each week, 2nd Thursday of each pay period, 1st Monday of every month, etc.):

The work schedule will be on Wednesday of each week. The shift hours on this day will be from 0700 until 1730 hours, with a 30-minute lunch break. Time worked beyond the 10 hours for that day will require prior management approval.

The telecommuting day can be canceled for any reason by either party should that party feels it is necessary. The cancellation of a single telecommuting day does not affect the overall contract in any way.

Projected projects/tasks/duties to be performed while telecommuting:
(a separate document may be attached if necessary)

The primary tasks for this telecommuting agreement will be, but not limited to, FAA Form 337 reviews, field approvals, and document reviews related to assigned 14 CFR Part 125, 135 and 145 operators and air agencies. Telephone communications with the office or operators to verify information or request additional clarification will be accomplished as needed. Time may be allocated to conduct PASS representational duties in accordance with the CBA. PTRS and LDR data entries will be completed at the telecommuting work site using VPN.

The employee reviewing with the supervisor the intended work to be completed at the telecommuting site will accomplish performance assessment. This will be done the day before the scheduled telecommuting day. Upon returning to the office, the employee will review with the supervisor the work accomplished while at the telecommuting site.

The telecommuting agreement is valid for six months from the date of signing and approval. At that time, the agreement will be reviewed and a decision will be made to extend or rescind the agreement.

Under this agreement, it is the understanding that the employee will be available during normal working hours to answer the phone and respond to emergency situations.

The intent of this telecommuting agreement is to increase productivity and surveillance activity. The employee will complete FAA Form 337's, field approvals, document reviews, and limited PASS official office representation. This will provide the employee with the added time in the field to conduct surveillance items. The additional surveillance will provide a thorough and complete surveillance program.

Terms and conditions of telecommuting participation:

1. Telecommuting participation is voluntary on the part of the employee and the supervisor. Either party may terminate participation in the program, at any time.
2. The employee and the supervisor must obtain and review a copy of the FAA Telecommuting Handbook. Signature on this agreement constitutes commitment to abide by all rules, procedures, terms, and conditions of the telecommuting program as described in the Handbook and in this agreement.
3. If working at home, the employee has completed a Self-Certification Safety Checklist to certify that the home is in compliance with safety guidelines.
4. Unless otherwise agreed, the employee will continue to work the same work schedule while telecommuting as was approved for the normal work site. A different work schedule may be established in accordance with the work schedule policies of the organization and the FAA, if requested by the employee and approved by the supervisor.
5. The employee is prohibited from working overtime, compensatory time and/or credit hours while telecommuting unless approved in advance by the supervisor.
6. Unless short-term variations are mutually agreed to in advance by the employee and the supervisor, the employee will telecommute in accordance with the schedule identified in this agreement. The employee may be required to forego telecommuting on a scheduled telecommuting day if work obligations require that he or she must report to the normal work site. The "missed" telecommuting day may be rescheduled upon mutual agreement.
7. The employee is not permitted to telecommute for partial days, unless the remainder of the day is accounted for by approved leave status.
8. The employee and the supervisor will make and adhere to arrangements for all necessary administrative procedures, including time and attendance, request and approval of leave, review of work products and accomplishments, and appropriate communications while telecommuting.

9. The duties, tasks, and projects to be completed while telecommuting have been documented in this agreement. The employee and supervisor are responsible for making appropriate modifications to this agreement in the event that the work to be performed while telecommuting changes over time. Procedures for periodic review of completed assignments, work products, and other accomplishments while telecommuting will be established and the employee and supervisor will be responsible for regularly reviewing and discussing work products.

By signing below, the employee and supervisor agree to abide by all terms and conditions contained in this agreement and the FAA Telecommuting Handbook.

Employee signature: *[Handwritten Signature]* Date: 11-14-2005

Supervisor signature: *[Handwritten Signature]* Date: 11/14/05

Name and Title of Supervisor: Donald L. Borda Assistant Manager

A copy of the completed and signed telecommuting agreement must be forwarded to the telecommuting coordinator in the servicing human resource management office before the employee begins telecommuting.

Appendix 3.

Supervisor's Checklist for Review of Telecommuting Requests

Name of Employee Requesting Telecommuting: Eugene P. McCoy

Part One: The Job

	Yes	No
Are the work activities portable? Can they be performed effectively outside the normal office or facility environment?	✓	
Are the job tasks easily quantifiable or primarily project-oriented so that progress can be measured by results rather than by direct observation?	✓	
Can the employee's contacts with other employees and customers be performed electronically or by telephone without loss of productivity?	✓	
Are classified materials required for accomplishing the telecommuting tasks?		✓
Is appropriate technology available to perform the job off-site?	✓	
Do the telecommuting tasks require access to materials not available at remote worksites (i.e., reference files, manuals, databases, equipment, etc.)?		✓
Does the work have clearly-defined performance measures?	✓	
Is the work flow steady so that periods of inactivity do not occur?	✓	
Can data and systems involving sensitive, non-classified, and Privacy Act information be adequately secured at the telecommuting location?	✓	

Part Two: The Requesting Employee

	Yes	No
Has the employee demonstrated dependability? Can the employee function independently?	✓	
Does the employee require close or constant supervision or guidance that may only be provided at the normal worksite?		✓
Is the employee highly motivated and a self-starter?	✓	
Does the employee have good time-management skills?	✓	
Is the employee's performance satisfactory?	✓	
Has the employee signed a written telecommuting agreement?	✓	
If working at home, does the employee have a designated work space which is quiet and safe, free of interruptions, and equipped with the necessary equipment to perform the job?	✓	
Has the employee completed a Self-Certification Safety Checklist?	✓	

Part Three: Supervisor's Certification

As the first-line supervisor of Eugene P. McCoy, I certify to the following:

	Yes	No
I am comfortable with evaluating work performance by measuring results and assessing work products instead of relying upon direct observation.	✓	
I can and will monitor the employee's work products on a regular basis. I will accomplish this by: <i>Reviewing intended work to be accomplished at the telecommuting site the day before, upon return to the office the work accomplished will be reviewed to insure work is completed.</i>	✓	
I will provide feedback and direction as needed.	✓	
I can clearly define tasks and expectations.	✓	
I trust that the employee will honor the telecommuting agreement and I am willing to approve the telecommuting request.	✓	
I will take appropriate action if the telecommuting agreement is violated in order to maintain the integrity and effectiveness of the telecommuting program.	✓	
I understand that I will be held accountable for carrying out my responsibilities as outlined in this document.	✓	

Based on my analysis as documented above, I approve X disapprove _____ this employee's telecommuting request.

Donald L. Buel Assistant Manager 11/14/05
 First-level Supervisor Signature Title Date

George Wadsworth MBA 14-Nov-2005
 Manager's Signature Title Date

**APPENDIX 1:
FEDERAL AVIATION ADMINISTRATION
SELF-CERTIFICATION SAFETY CHECKLIST FOR
HOME-BASED TELECOMMUTERS**

Name: **Eugene P. McCoy**
Organization/Office: FAA / AEA-FSDO-05 Allentown, PA
Location: AEA-FSDO-05 Allentown, PA
Phone: 610-264-2888 extension 235

The following checklist is designed to assess the overall safety of the alternate worksite. Each participant should read and complete the self-certification safety checklist. Upon completion, the checklist should be signed and dated by the participating employee and his/her supervisor.

The alternate worksite is located at: 1329 Skyline Drive, Slatington, PA 18080
Describe the designated work area: Home Office

A. WORKPLACE ENVIRONMENT

1. Are temperature, noise, ventilation, and lighting levels adequate to maintain your normal level of job performance? Yes (X) No ()
2. Are all stairs with four or more steps equipped with handrails? Yes (X) No ()
3. Does the electrical system conform to appropriate local building codes? Yes (X) No ()
4. Are aisles, doorways, and corners free of obstructions to permit visibility and movement? Yes (X) No ()
5. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways? Yes (X) No ()
6. Are chairs free of loose casters (wheels) and are legs of the chairs sturdy? Yes (X) No ()
7. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard? Yes (X) No ()
8. Is the office space neat, clear, and free of excessive amounts of combustibles? Yes (X) No ()
9. Are floor surfaces (including carpets) clean, dry, level, and free of worn or frayed seams? Yes (X) No ()
10. Is there enough light for reading? Yes (X) No ()

B. COMPUTER WORKSTATION (IF APPLICABLE)

11. Is your chair adjustable? Yes (X) No ()
12. Is your back adequately supported by a backrest? Yes (X) No ()
13. Is your computer monitor eye level? Yes (X) No ()
14. When keying, are your forearms close to parallel with the floor? Yes (X) No ()
15. Are your wrists fairly straight when keying? Yes (X) No ()

Employee Signature Eugene P. McCoy Date 09-07-2005

Supervisor Signature Ronald L. Smith Date 11/14/05

Please send a copy of this list to your telecommuting coordinator and retain a copy for your records.