

Reclamation Manual

Directives and Standards

Bureau of Reclamation Remote Duty Station Work Agreement

The Parties to this Agreement are:

Employee: [Employee Name], [Position], GS-XXXX-XX, [Office], [Office/Region X]
("Employee")

Agency: Bureau of Reclamation, Supervisor [Supervisor Name], [Position], [Office],
[Office/Region X ("Agency")]

The Employee [is requesting a voluntary change in duty station from their official duty station to a remote duty station in [City], [State]. The Bureau of Reclamation will grant Employee's request, subject to the following terms and conditions].

Justification for remote duty station:

1. The Employee acknowledges and agrees this [change in duty station is voluntary and at their request] OR [agreement is voluntary].
2. The Employee acknowledges that since this arrangement is at their request, the Employee is not entitled to reimbursement from Reclamation for costs associated with their relocation to the remote duty station. Therefore, the Employee understands they are not eligible for reimbursement of the costs associated with a Permanent Change of Station (PCS) or for official time for the relocation.
3. The Parties acknowledge that a personnel action will be processed to change the Employee's official duty station to their remote duty station. [NOAC will be 890 Misc. Pay Adjustment (if change in locality pay) OR 792 Change in Duty Station (if locality pay does not change)]
4. The Employee understands that a new request must be submitted when Employee's remote work address changes, prior to the change becoming effective.
5. The Parties acknowledge that a change in duty station may result in a change to the Employee's locality pay and certain benefits, retirement, and state and/or city taxes may be affected/impacted by this change. The Parties acknowledge the Employee's salary will be set in accordance with the locality pay rate commensurate with the remote duty station on the Employee's SF-50, Notification of Personnel Action.

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6. The Employee understands they may have their regular tour of duty schedule adjusted based on the time zone of the location where they are providing services. Example, Employee may be required to work the same work schedule that he/she were on at the official duty station, regardless of the time zone of the remote duty station. Employee is expected to have the same level of customer service as they would in the office (returning phone calls, responding to emails, attending meetings, etc.).
7. Employee understands they are responsible for ensuring that the remote duty station meets all safety requirements and has all the necessary capabilities to complete work requirements (see attached signed Remote Worksite Safety Checklist). Reclamation assumes no responsibility for any operating costs, e.g., home maintenance, insurance, utilities, associated with an employee using personally owned or government-furnished equipment at the remote worksite. Reclamation will provide the standard suite of IT equipment as identified in IMR TRMR-125 and the employee understands that all Reclamation equipment will be returned when the remote agreement is no longer in effect or when directed.
8. Employee understands that Reclamation's information technology department will not provide support to Employee's home network or other non-Federal networks.
9. Employee understands they remain responsible for protecting Reclamation records/documents from unauthorized use or damage and to use Reclamation equipment only for official purposes.
10. The Employee understands that at least Fully Successful performance must be maintained and sustained in the performance any and all assigned duties while assigned to the remote duty station. This Agreement does not change Employee's responsibility to complete the duties outlined in Employee's position description, Employee Performance Appraisal Plan, and to follow their supervisor's instructions.
11. The Employee agrees to follow all time and attendance procedures, including requesting leave and recording time and attendance as directed by their direct supervisor. Employee understands these requirements may be different from those for employees who report to Reclamation offices.
12. The Employee understands that duty time may not be used for personal care or care of others. The Employee agrees to request the appropriate type of leave for any period of time when they are unable to perform the duties of the position they occupy.

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13. Employee understands they may be required to temporarily return/report to the official duty station for meetings, training, and other work-related activities. This temporary travel will be paid in accordance with appropriate Temporary Duty (TDY) travel regulations.
14. The Employee understands and acknowledges that Reclamation may reassign the Employee back to their official office location with 90 days advance notice. Employee understands and acknowledges that because this arrangement is at Reclamation's request, they will be entitled to reimbursement from Reclamation for applicable costs associated with a return to the official office location, including Permanent Change of Station (PCS) reimbursement or official time for the relocation. If the employee requests to return to the official office location, the employee understands and acknowledges they will not be entitled for any costs associated with a return to the official duty station, including PCS or official time for the relocation. Consistent with General Services Administration Federal Travel Regulations, the employee agrees to waive any rights to moving expenses if directed to return to the regular worksite based on a decline in performance or for misconduct.
15. The Employee understands they are required to comply with all ethical standards and employee conduct/behavior standards at the remote duty station, equivalent to the same compliance requirements for Reclamation employees that are assigned within the _____ Office, Region __. The Employee further understands that if they are in violation of the employee ethical or conduct/behavior standards, as defined under 370 DM 752 (5 CFR 752), they may be directed to return to the official duty station.
16. The Employee understands that nothing in this Agreement shall preclude management from taking other appropriate actions regarding Employee's performance, conduct, or time and attendance issues.
17. The Employee understands that if they fail to return to the official duty station, if directed by Reclamation, they may be subject to disciplinary action, up to and including removal from the Federal service.
18. Both parties understand that this agreement will be assessed annually, though it can be re-evaluated at any time.

The Parties voluntarily agree to the terms of this agreement.

Employee Signature and Date

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First-level Supervisor Signature and Date

The request is:

Approved _____ Denied _____

Commissioner/Deputy Commissioner Signature and Date

Bureau of Reclamation Remote Worksite Safety Checklist

The following checklist is designed to assess the overall safety of the remote worksite. Please read and complete this self-certification safety checklist. Note: Employees are responsible for informing their supervisor of any significant change to the remote site work area or space.

Work directly with your supervisor to resolve any remote worksite safety concerns.

Name
Address of remote worksite

Please answer “Yes”, “No”, or leave blank for “Not Applicable (NA)” when responding to the questions below:

A. Workplace Environment	Yes	No
1. Is the workspace free of asbestos-containing materials?		
2. If asbestos-containing material is present, is it undamaged and in good condition?		
3. To the extent it can be determined, is the work area free of indoor air quality problems?		
4. Is the space free of noise hazards?		
5. Is temperature and lighting adequate for your normal level of job performance?		

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6. Is all electrical equipment free of recognized hazards that would cause physical harm (e.g., frayed wires, bare conductors, loose wires, flexible wires running through walls or doorways, exposed wires fixed to the ceiling, missing ground prongs on plugs, etc.)?		
7. Will the electrical system permit the grounding of electrical equipment?		
8. Are file cabinets and storage closets arranged so drawers and doors do not open into hallways or exit ways?		
9. Are exit ways clear and easily accessible?		
10. Are phone lines, electrical cords, and surge protectors secured under a desk or alongside a baseboard, to prevent being stepped on or cause a tripping hazard?		
11. Is there a working smoke detector in or near the work area?		
12. Is adequate ventilation present for the desired occupancy?		
13. Is your office space neat, clean, and free of excessive amounts of paper or other combustibles?		
B. Workstation (See figure below for reference)	Yes	No
14. Are your monitor, keyboard, and mouse at appropriate heights so your posture and arms are comfortable throughout the day?		
15. Do you have a sturdy, adjustable office chair that fits your body (e.g. seat pan supports legs, lumbar support)?		
16. Is your back adequately supported by the backrest?		
17. Are your feet on the floor or fully supported by a footrest?		
18. Is it easy to read the text on your screen?		
19. Do you have enough leg room at your desk?		
20. Is the screen free from noticeable glare?		
21. Is the top of the screen eye level?		
22. When keying, are your forearms close to parallel with the floor?		
23. Are your wrists straight when keying?		

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Tilt or swivel the monitor to eliminate to reduce glare on the screen or add an anti-glare filter.

Reduce glare on work surface by decreasing overhead lighting and using window shades effectively.

Add a task light to illuminate documents properly.

Use document holder to place source documents as close to the computer screen as possible and at the same height and distance.

Place mouse and other input devices next to the keyboard.

Select a chair that allows clearance behind knees when seated against the backrest.

Maintain a proper posture; having a 90 degree or greater angle at the hips and knees while the feet are supported by the floor or footrest.

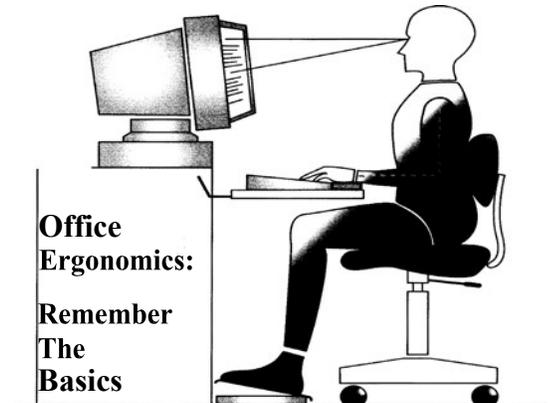
Use the backrest of the chair to provide full support, particularly for the lower back.

Adjust the height of the chair to achieve a proper posture.

Adjust the keyboard or chair height to keep forearms, wrists, and hands in a straight-line while using the keyboard.

Block noise with fabric partitions or use earplugs, music, or a small fan to mask noise.

Allow ample clearance to move knees and legs under the keyboard support.



<p>I believe the Safety Checklist above is accurate and my home is a safe place to work.</p>		
<p>_____</p> <p>Employee's Signature</p>		<p>_____</p> <p>Date</p>
<p><input type="checkbox"/> Approved</p>	<p><input type="checkbox"/> Disapproved</p>	
<p>_____</p> <p>Supervisor's Signature</p>		<p>_____</p> <p>Date</p>