U.S. DOD Form dod-navpers-12300-19

TELEWORK AGREEMENT

EMPLOYEE

Last Name First Name Middle Initial

Title Pay Plan/Series/Grade

Activity Name and Location

Days in Biweekly Pay Period Employee is Authorized to Telework

The employee is approved to work at the approved alternative worksite specified below per the following schedule:

WORK SCHEDULE

DAY	**PER WEEK**	**PER PAY PERIOD**	Fixed or **Alternative**	FWS or CWS	**DUTY HOURS (specify hours of work and lunch break)**
MON					
TUE					
WED					
THU					
FRI					

ALTERNATIVE WORKSITE

The employee's alternative worksite is

Home Office or Work Area Address

Location of Home Office or Work Area

Phone Number Fax Number E-Mail Address

GSA TELECENTER

Address

Phone Number Fax Number E-Mail Address