



INSPECTOR GENERAL  
DEPARTMENT OF DEFENSE  
400 ARMY NAVY DRIVE  
ARLINGTON, VIRGINIA 22202

January 15, 1998

## INSPECTOR GENERAL REGULATION 1400.620

### OFFICE OF THE INSPECTOR GENERAL, DEPARTMENT OF DEFENSE FLEXIPLACE PROGRAM

#### FOREWORD

This Regulation sets forth the policies, procedures, and responsibilities for the Office of the Inspector General, Department of Defense (OIG, DoD) Flexiplace Program.

Exceptions to the policies and procedures contained in this Regulation are not authorized without the prior approval of the Assistant Inspector General for Administration and Information Management (AIG-A&IM).

The Personnel and Security Directorate, (OAIG-P&SD) is the proponent of this Regulation. Requests for clarification to policy or recommended changes should be sent through appropriate channels to the Personnel and Security Directorate, OAIG-A&IM, OIG, DoD, 400 Army Navy Drive, Arlington, Virginia 22202-2884. Issue of further supplements to this Regulation is prohibited unless specifically approved and issued by the Director, Personnel and Security.

FOR THE INSPECTOR GENERAL:

A handwritten signature in black ink, appearing to read "Nicholas T. Lutsch".

Nicholas T. Lutsch  
Assistant Inspector General for  
Administration and Information Management

4 Appendices - a/s

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## Report Documentation Page

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| <b>Report Date</b><br>15 Jan 1998  | <b>Report Type</b><br>N/A                          | <b>Dates Covered (from... to)</b><br>- |
| <b>Title and Subtitle</b><br>Inspector General Regulation 1400.620: Office of the Inspector General, Department of Defense Flexiplace Program  | <b>Contract Number</b>                             |  |
|  | <b>Grant Number</b>                                |  |
|  | <b>Program Element Number</b>                      |  |
| <b>Author(s)</b>   | <b>Project Number</b>                              |  |
|  | <b>Task Number</b>                                 |  |
|  | <b>Work Unit Number</b>                            |  |
| <b>Performing Organization Name(s) and Address(es)</b><br>Inspector General Department of Defense 400 Army Navy Drive Arlington, VA 22202-2084 | <b>Performing Organization Report Number</b>       |  |
| <b>Sponsoring/Monitoring Agency Name(s) and Address(es)</b>  | <b>Sponsor/Monitor's Acronym(s)</b>                |  |
|  | <b>Sponsor/Monitor's Report Number(s)</b>          |  |
| <b>Distribution/Availability Statement</b><br>Approved for public release, distribution unlimited  |  |  |
| <b>Supplementary Notes</b>   |  |  |
| <b>Abstract</b>  |  |  |
| <b>Subject Terms</b>   |  |  |
| <b>Report Classification</b><br>unclassified   | <b>Classification of this page</b><br>unclassified |  |
| <b>Classification of Abstract</b><br>unclassified  | <b>Limitation of Abstract</b><br>UU                |  |
| <b>Number of Pages</b><br>17   |  |  |

**INSPECTOR GENERAL, DEPARTMENT OF DEFENSE  
FLEXIPLACE PROGRAM**

**TABLE OF CONTENTS**

| <b>Paragraph</b>                      |  | <b>Page</b> |
|---------------------------------------|--|-------------|
| <b>CHAPTER 1. GENERAL PROVISIONS</b>  |  |             |
| 1.1                                   | Purpose.....   | 1-1         |
| 1.2                                   | References.....  | 1-1         |
| 1.3                                   | Applicability and Scope.....   | 1-1         |
| 1.4                                   | Definitions.....   | 1-1         |
| 1.5                                   | Forms/Reports.....   | 1-2         |
| 1.6                                   | Policy .....   | 1-2         |
| 1.7                                   | Responsibilities.....  | 1-3         |
| 1.8                                   | Records Management.....  | 1-4         |
| <b>CHAPTER 2. GENERAL INFORMATION</b> |  |             |
| 2.1                                   | Salary and Benefits .....  | 2-1         |
| 2.2                                   | Equipment.....   | 2-1         |
| 2.3                                   | Supplies.....  | 2-1         |
| 2.4                                   | Telephone.....   | 2-1         |
| 2.5                                   | Security .....   | 2-1         |
| 2.6                                   | Injuries .....   | 2-1         |
| <b>CHAPTER 3. PROCEDURES</b>          |  |             |
| 3.1                                   | Submission of Request.....   | 3-1         |
| 3.2                                   | Supervisory Approval.....  | 3-1         |
| 3.3                                   | Submission to Personnel and Security Division .....                          | 3-2         |
| 3.4                                   | Approving Official Determination.....  | 3-2         |
| 3.5                                   | Flexiplace Agreement .....   | 3-2         |
| 3.6                                   | Time and Attendance Responsibility .....                                     | 3-2         |
| 3.7                                   | Supervisory Followup.....  | 3-2         |
| 3.8                                   | Maintenance of a Safe Worksite .....   | 3-3         |
| 3.9                                   | Notification of Termination .....  | 3-3         |
| <b>APPENDICES</b>                     |  |             |
| A                                     | Safety Checklist - Flexiplace Program.....                                   | A-1         |
| B                                     | Agreement Between the OIG, DoD and Employee<br>Approved for Flexiplace ..... | B-1         |
| C                                     | Supervisory - Employee Flexiplace Program Checklist .....                    | C-1         |
| D                                     | Flexiplace Time Log .....  | D-1         |

## CHAPTER 1 GENERAL PROVISIONS

**1.1. Purpose.** This Regulation sets forth policies, assigns responsibilities, and prescribes procedures for the implementation and approval of work at home for OIG, DoD, employees who have temporary health problems or whose immediate family members have temporary health problems.

### **1.2. References.**

- a. Comptroller General Decisions Regarding Payment of Salaries for Work At Home, B-214453, December 6, 1984 and B-22246, September 4, 1986.
- b. President's Council on Management Improvement, Guidelines for Pilot Flexible Workplace Arrangements, January 1990.
- c. Office of Personnel Management (OPM), Memorandum to Heads of Departments and Independent Agencies, Federal Flexible Workplace Pilot Project, January 26, 1990.
- d. OPM Memorandum for Personnel Directors. Alternative Work Arrangements (Flexiplace), October 21, 1993.
- e. 1GDM 5015.2, *Records Management Program*, October 25, 1994.
- f. Title 5, U.S.C. Section 552x, as amended, "The Privacy Act of 1974."

### **1.3. Applicability and Scope.**

- a. This Regulation applies to civilian employees of the OIG, DoD, paid from appropriated funds in both the competitive and excepted service.
- b. This Regulation does not apply to employees:
  - (1) appointed by the President;
  - (2) outside the Continental United States who are paid in accordance with local national prevailing wage rates for the area in which employed;
  - (3) on temporary appointments; or
  - (4) in noncareer executive assignments.

### **1.4. Definitions.**

- a. **Component Head.** The Deputy Inspector General, Assistant Inspectors General and the Director of Departmental Inquiries.
- b. **Day.** Calendar day, unless otherwise specified.

c. **Flexiplace.** A work arrangement that allows an employee to work at an alternative work site instead of the regular office. For purposes of this Regulation, the alternative work site will be the employee's residence.

d. **Immediate Family Member.** The employee's spouse, children, parents, brother or sister.

e. **Temporary Health Condition.** A medical illness or injury of limited duration that renders the employee unable to commute to and from the regular worksite; however, the employee must be medically able to perform the duties of his/her position at an alternative worksite. Examples would include recuperating from major surgery or childbirth (but not a period of time related to establishing a bond with the child), receiving treatment for which side effects are debilitating, orthopedic injuries, or the employee is placed on bed rest as a result of an illness or injury.

### 1.5. Forms/Reports.

- a. Safety Inspection Form (Appendix A)
- b. Flexiplace Agreement (Appendix B)
- c. Employee Checklist (Appendix C)
- d. Flexiplace Tune Log (Appendix D)

### 1.6. Policy.

a. The OIG recognizes that some employees, while unable to commute to and from the worksite due to temporary medical illness or injury, are still capable of performing the duties of their positions. The OIG Flexiplace Program is, therefore, established to provide the vehicle for those employees to work at home when it is in the best interest of both the individual employee and the OIG. The provisions of this Program are based on the guidance contained in references a through d.

b. Under certain circumstances, an employee may work at home instead of the regular office if he/she has a temporary, personal or job-related illness or injury. An employee may also be eligible to work at home if an immediate family member has a health-related problem that requires the employees' presence in the home. The Flexiplace Program is a management option, not an employee right. The Program benefits the OIG by allowing the employee to provide his/her services, which may reduce overtime for coworkers who may be required to complete the work of an employee who would otherwise be on extended leave. It also may eliminate injury compensation payments and enable management to maintain productivity that would be lost if the employee were on extended leave. The program also benefits the employee who can conserve leave and/or may avoid resignation or disability retirement. Approval to participate in the Flexiplace Program is discretionary and will only be granted if workload and the nature of the position permit and if resources are available to support the endeavor. The Program is not intended to permit an employee to work at home indefinitely or when short-term use of sick leave is more appropriate.

c. Flexiplace may be used when an employee is expected to be absent for at least 30 consecutive days. The Flexiplace arrangement will, normally, be no longer than 90 days. Exceptions will be considered on a case-by-case basis.

d. The employee's official duty station will continue to be the regular office location, not the alternative work site. Entitlement to locality-based comparability payment, special salary rates, etc., is based on the official duty station.

e. Existing rules on hours of duty, pay, and leave administration apply to Flexiplace employees. Employees participating in a Flexiplace arrangement shall not be authorized to work overtime, compensatory time or credit hours. Management determines employee work schedules consistent with mission requirements. The Fair Labor Standards Act, 29 U.S.C., Chapter 8, applies to Flexiplace employees; therefore, covered employees who perform hours in excess of those authorized must be compensated. For this reason, it is incumbent on supervisors and participating employees to ensure that unauthorized overtime is not worked so as not to incur additional expenses. Violation of this policy will result in cancellation of the approval to participate in the Program.

f. The employee's alternative worksite must meet acceptable safety standards. The OIG Flexiplace Program permits the employee to conduct the safety inspection, using the OIG Safety Inspection Form. See Appendix A.

g. If participation is approved for an employee to care for a family member with a temporary health condition, the care of the family member must not conflict with the duties of the job.

h. The mission of the office must take precedence over an employee's working in a Flexiplace arrangement.

### **1.7. Responsibilities.**

a. The **Inspector General, DoD**, will ensure fair and consistent application of this Regulation and compliance with all governing laws and rules.

b. **Component Heads** will:

(1) Ensure fair and consistent application of this Regulation within their respective organizational component.

(2) Act as the approving official on all requests to work at home.

***Change 1 - April 17, 2001. Pending revision to the governing regulation, the following change is effective immediately. The approving official for requests to work at home will be the second-level supervisor vice the OIG component head. At no time will the approving official be above the SES Director level.***

c. **Supervisors** will:

(1) Be responsible for deciding if the position is one that is appropriate for work at home and for examining both the content of the work and the performance of the employee.

(2) Ensure that, once an employee is approved to participate in the Flexiplace Program, the employee is properly oriented and understands the governing policies and procedures.

(3) Ensure that the employee is paid only for work performed or leave used.

d. **Employees** will:

(1) Be responsible for submitting all required documentation to support the request to work at home.

(2) Comply with all policies, procedures, and the Flexiplace Agreement as specified in this Regulation.

e. The **Directorate for Personnel and Security** will:

(1) As the proponent of this Regulation, manage the Flexiplace Program, including evaluating its effectiveness.

(2) Advise managers, supervisors, and employees on Program requirements and related issues.

(3) After reviewing each request, provide a recommendation to the approving official.

(4) Conduct evaluations of the Flexiplace Program to identify problems and determine actions to improve the Program.

**1.8. Records Management.**

a. In accordance with reference e, Employee Flexiplace Time Logs must be maintained for a period of 6 years or after a General Accounting Office audit, whichever is sooner.

b. In accordance with reference f, medical information will be accessed only by those who have a need to know and will be stored in a locked file cabinet. Further, no such information shall become a part of the employee's official record.

## CHAPTER 2 GENERAL INFORMATION

**2.1 Salary and Benefits.** Pay and entitlements are based on an employee's official duty station. Participation in a Flexiplace arrangement is not a basis for changing the employee's salary or benefits.

**2.2. Equipment.** If needed and available, the OIG will provide a Government-owned lap-top computer to the employee and will install OIG-approved software, e-mail and other programs necessary for the employee to perform his/her duties at the alternative work site. The OIG will be responsible for any required maintenance to Government-owned equipment issued to the Flexiplace employee. If OIG-owned computers or other equipment are damaged or inoperable, the employee must report such facts to his/her supervisor within one workday. It is the employees' responsibility to make arrangements for delivery and return of equipment. If equipment needed by the employee to perform work at home is unavailable, the employee's request to work at home may be disapproved or terminated. Government equipment is to be used for official Government business only. Use of Government equipment for personal reasons may result in termination of the employee's participation in the Flexiplace Program.

**2.3. Supplies.** The OIG will provide necessary office supplies to the Flexiplace employee but the employee must make arrangements for delivery or pick up of the supplies.

**2.4. Telephone.** The OIG will not pay for the installation of a telephone or extra telephone lines for the Flexiplace employee. The OIG will reimburse the employee for business-related long distance telephone calls. The employee will submit the long distance portion of the telephone bill and any other required documentation to support the request for reimbursement.

**2.5. Security.** No classified information may be delivered or transmitted to an employee in connection with his/her duties while participating in a Flexiplace arrangement. Unclassified material, e.g., "for official use only," or Privacy Act material which the employee has access to at the alternative work site must be protected in accordance with governing security regulations. Such material will be properly marked and placed in a folder or envelope and stored out of sight in a secure location during non-duty hours.

**2.6. Injuries.** Flexiplace employees are covered by the Federal Employees Compensation Act (FECA) and may qualify for compensation for on-the-job injuries or occupational illnesses. If an employee is injured while performing duties at the alternative work site, the employee must verbally report the incident to the supervisor and the Employee Relations Division, P&SD, within ONE workday. The supervisor will initiate an inquiry as soon as possible after the incident is reported (normally, within 5 workdays of the report). An on-site visit to the alternative workplace (with reasonable advance notice to the employee) will normally be part of the inquiry. After the supervisor has investigated the claim, he/she should ensure the employee has all necessary forms and contacts the Employee Relations Division, P&SD, to receive further guidance and assistance. If an unsafe condition has caused or contributed to the injury, and has not been corrected, the Flexiplace arrangement should be terminated immediately.

## CHAPTER 3 PROCEDURES

**3.1. Submission of Request.** A Flexiplace request may be initiated by an employee who has a temporary health problem for a period of at least 30 days, which renders him/her unable to commute to or perform work in the regular office. An employee may also request to participate in the Program if he/she is needed at home to care for an family member with a temporary health condition.

a. If the employee has the health problem, the request must be in writing and explain the reason(s) the employee needs to work at home. It must include medical documentation from a licensed physician, on his/her letterhead stationary, that provides the diagnosis, anticipated duration of the health problem, and prognosis for return to work at the regular duty station. It must also specify the type of duties the employee is able to perform and it must list any/all limitations (e.g., whether rest breaks are needed, maximum number of consecutive work hours, special equipment needed, etc.).

b. If the request to work at home is initiated based on a health problem of an immediate family member, the employee must submit a written request and include medical documentation from a licensed physician, on his/her letterhead stationary, which provides the diagnosis and an explanation that the employee's presence is required to provide care for the immediate family member and the duration of time the employee will be needed to stay at home with the family member.

c. The employee must identify a specific space in the home that will be set aside to function as an office or work station within the residence. The employee must also conduct a safety inspection of the residence, using the Safety Inspection Form (Appendix A) and include this form in the request package.

d. The employee should submit the request and all required documentation to his/her immediate supervisor for concurrence. If the supervisor nonconcurs, the employee will be advised of the reasons for the nonconcurrence.

**3.2. Supervisory Approval.** Upon receipt of the employee's request and all required documentation, the supervisor should determine whether the request is appropriate for the Flexiplace Program. The determination is to be based on a balanced review of the needs of the organization and the individual employee's ability to work independently. Some duties are not appropriate for the Flexiplace Program. For example, if an employee cannot perform his/her duties without accessing classified material or if the job requires extensive face-to-face contact, it is not appropriate to submit a request for approval. Duties such as analysis, computer work, planning, writing and research are examples of work that may be performed at home with minimal adaptation. Supervisors should also consider current staffing levels and weigh the benefits to the OIG before endorsing a request to work at home.

a. The list below, which is not all-inclusive, provides some issues to be considered:

- (1) Is the employee well organized, a self-starter, highly disciplined?
- (2) Does the employee require minimal supervision?

(3) Can the employee productively perform tasks at home without access to classified material?

(4) Can the duties of the position be performed without extensive face-to-face contact with OIG staff or customers?

(5) Is the supervisor comfortable with managing by results rather than observation?

(6) Does the employee have, or can the OIG provide, the resources the employee will need to perform the job at home (e.g., computer, telefax machine, etc.)?

(7) Is there a reasonable explanation that the employee will need to be absent for at least 30, but not more than 90 days?

b. If the supervisor determines that work at home is not feasible, the employee should be advised of the reasons and counseled as to other options (e.g., use of annual and/or sick leave, advanced leave, unpaid leave or the leave donation program).

c. If the request is concurred by the supervisor, he/she will:

(1) Prepare a specific work plan to accompany the request. The work plan will include duties/tasks the employee will be assigned during the time period he/she is working at home and a description of the method the supervisor will use to monitor the work.

(2) Enclose the work plan and a signed, dated copy of the performance plan with the request and forward the package to the next higher level manager for review and concurrence. If the manager non-concurs, the employee will be advised of the reasons.

**3.3. Submission to P&SD.** If the manager concurs, the package, with all required enclosures, will be forwarded to P&SD, Employee Relations (ER) Division, for review. If appropriate, the ER Division will forward the medical information to the OIG Medical Review Officer (MRO) for evaluation. If additional medical information is needed by the MRO, the employee may be requested to submit a medical release authorization, which will be provided by the ER Division. After review, the package will be forwarded to the approving official with a recommendation from the ER Division.

**3.4. Approving Official Determination.** The approving official will make a determination on the request and will provide the employee with a written decision. If the request is disapproved, the employee will be notified of the reason(s). A copy of the written decision will be provided to the supervisor, the next level manager and the ER Division, P&SD.

**3.5. Agreement.** After approval of the request, the employee must sign an agreement (Appendix B) to abide by the terms of this Regulation. The supervisor should ensure the employee is properly oriented to the procedures and governing rules by providing the employee with a copy of this Regulation and completing the "Supervisor/Employee Checklist" (Appendix C).

**3.6. Time and Attendance Responsibility.** After the employee commences working at home, he/she is responsible for keeping track of hours worked on a daily basis by using the Employee Flexiplace Time Log (Appendix D). The employee is also responsible for providing the Time Log to

the supervisor in an accurate and timely manner to meet time card submission deadlines. The supervisor should ensure that the employee has an adequate supply of time logs.

**3.7. Supervisory Followup.** Once the employee begins working at the alternative work site, the supervisor must ensure that the employee is working when scheduled. This may be accomplished by determining the reasonableness of the work output for the time spent or by making occasional telephone calls or on-site visits during the employee's scheduled work time.

**3.8. Maintenance of a Safe Worksite.** An employee must ensure that safe working conditions are maintained at the alternate worksite at all times and are in accordance with the safety inspection requirement.

**3.9. Notification of Termination.** When the Flexiplace arrangement is terminated, the supervisor must notify the ER Division, P&SD, in writing. In addition, the supervisor and employee must complete any requested evaluation reports.

**APPENDIX A  
SAFETY CHECKLIST - FLEXIPLACE**

|  |              |    |
|--|--------------|----|
| <i>The following checklist is designed to assess the overall safety of the alternative worksite.</i>                                     |              |    |
| Name of Employee:  |              |    |
| Alternative Work Site Address:   |              |    |
| Description of Designated Work Area:   |              |    |
| Employing OIG Component:   |              |    |
|  | (Circle One) |    |
| 1. Are temperature, noise, ventilation, and lighting levels adequate for maintaining your normal job performance?                        | YES          | NO |
| 2. Are all stairs with four or more steps equipped with handrails?   | YES          | NO |
| 3. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service?   | YES          | NO |
| 4. Do circuit breakers clearly indicate if they are in the open or closed position?  | YES          | NO |
| 5. Is all electrical equipment free of recognized hazards that could cause harm (e.g., frayed, loose or exposed wires, bare conductors)? | YES          | NO |
| 6. Will the building's electrical system permit grounding of electrical equipment?   | YES          | NO |
| 7. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?   | YES          | NO |
| 8. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?  | YES          | NO |
| 9. Do chairs have any loose casters? Are the rungs and legs of chairs sturdy?  | YES          | NO |
| 10. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?                            | YES          | NO |



**APPENDIX B  
AGREEMENT BETWEEN THE OIG, DoD, AND EMPLOYEE APPROVED  
FOR FLEXIPLACE**

This Agreement between the OIG, DoD, and \_\_\_\_\_ (*Employee Name*) describes the conditions of the Flexiplace Program.

**Participation in Flexiplace:** This Flexiplace arrangement will begin on \_\_\_\_\_ (*month/day/year*): and will end on \_\_\_\_\_ (*month/day/year*).

I understand that the opportunity to participate in the Flexiplace Program is a temporary arrangement based on a temporary health condition which prevents me from commuting to and performing work at the official duty station or requires me to provide medical care for an immediate family member. I understand that I may terminate participation in this arrangement at any time and that management has the right to terminate this arrangement without prior notice if my performance declines; if the arrangement fails to satisfy mission requirements; or if I fail to adhere to guidelines and policies applicable to this arrangement.

**Duty Station and Alternative Workplace:** I understand that my official duty station is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Indicate street address, city, state, and zip code for the official duty station.)*

My approved alternative workplace is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Indicate street address, apartment number, if applicable, city, state, and zip code.)*

**Official Duties:** Unless otherwise instructed, I agree to perform official duties only at the regular office if applicable, or at the OIG-approved alternative workplace. I agree not to conduct personal business while in an official duty status at the alternative workplace, for example, caring for dependents or making home repairs.

**Work Schedule and Tour of Duty:** My official tour of duty will be (*specify days and hours*):

From: \_\_\_\_\_ To: \_\_\_\_\_ (Hours)  
\_\_\_\_\_  
\_\_\_\_\_ (Days)

I understand that, while I may work intermittent hours throughout the workday, all work must be performed within the hours of 6:30 a.m. and 6:00 p.m. I understand that, while working at the alternative work place, neither overtime, compensatory time or credit hours can be earned. I understand that if I work unauthorized overtime, compensatory time or credit hours, the Flexiplace privilege will be terminated.

**Time and Attendance:** I agree to keep a daily Flexiplace Time Log (Appendix D) indicating the hours worked and leave used. I also agree to provide the time log to the supervisor in an accurate and timely manner.

**Leave:** I agree to follow established office procedures for requesting and obtaining approval of leave.

**Equipment and Supplies:** I agree to protect any Government-owned equipment and to use the equipment only for official purposes. I agree to sign receipts for all equipment and understand that installation, service, and maintenance of any personal equipment is my personal responsibility. I agree to make my own arrangements for delivery of supplies to the alternate work site.

**Telephone services:** I understand that, when accessing the OIG network, charges are billed to the OIG; therefore, I will make every effort to avoid long connection times. If I incur long-distance or toll charges directly related to my official duties, those charges will be paid for by the OIG upon submission of appropriate documentation.

**Security:** I agree to comply with all applicable security policies and directives and understand that no classified information will be taken to, handled, stored or processed at the alternative work site. All unclassified sensitive information, e.g., "for official use only," will be properly marked and protected from unauthorized viewing. Material will be placed in a folder and stored out of sight in a locked cabinet during non-work hours.

**Work Area:** I agree to provide a work area adequate for performance of official duties.

**Safety Inspection:** I agree to conduct a safety inspection of the Flexiplace work site and agree to maintain safe conditions at all times.

**Alternative Workplace Costs:** I understand that the OIG will not be responsible for any costs that are associated with my use of my home as an alternative work site, for example, home maintenance, insurance or utilities. I understand I do not relinquish any entitlement to reimbursement for authorized expenses incurred while conducting business for the OIG, as provided for by statute and regulations.

**Injury Compensation:** I understand I am covered under the Federal Employee's Compensation Act if injured in the course of actually performing official duties at the regular office or the alternative duty station. I agree to notify my supervisor and the Employee Relations Division, Personnel and Security Directorate, within one workday of any accident or injury that occurs at the alternative workplace.

**Work Assignments/Performance:** I agree to complete all work assigned by the supervisor according to instructions, governing standards, and the performance plan. I agree to provide regular reports, if required by the supervisor, to help judge my performance.

**Standards of Conduct:** I understand that I am bound by the OIG standards of conduct while working at the alternative workplace.

**Cancellation:** I understand that a decline in performance, or any violation of the governing instruction or this Agreement, may be cause to immediately terminate this arrangement.

**Other Action:** I understand that nothing in this Agreement precludes the OIG from taking any appropriate disciplinary or adverse action against me if I fail to comply with the provisions of this Agreement or fail to adhere to agency regulations and requirements.

I have been provided a copy of OIG Regulation 1400.620, *Flexiplace Program*, which I have read and understand.

Employee's Signature and Date: \_\_\_\_\_

Supervisor's Signature and Date: \_\_\_\_\_

Second-Line Supervisor's Signature and Date: \_\_\_\_\_

OAIG-A&IM Flexiplace Program Coordinator's Signature and Date:  
\_\_\_\_\_

Component Head's Signature and Date: \_\_\_\_\_

***Change 1 - April 17, 2001. Pending revision to the governing regulation, the following change is effective immediately. The approving official for requests to work at home will be the second-level supervisor vice the OIG component head. At no time will the approving official be above the SES Director level. See Section 1.7, "Responsibilities," b. (2).***

***Final approval and implementation of this agreement cannot occur until it is signed and dated by all parties, as indicated above, and all required forms have been completed and submitted.***

**APPENDIX C  
SUPERVISORY - EMPLOYEE FLEXIPLACE PROGRAM CHECKLIST**

| <i>This checklist is designed to ensure that the employee is cognizant of all policies and procedures of the Flexiplace Program</i>  |                 |            |           |          |       |       |       |       |       |             |       |       |              |       |       |  |
|--|-----------------|------------|-----------|----------|-------|-------|-------|-------|-------|-------------|-------|-------|--------------|-------|-------|--|
|  | <b>Initials</b> |            |           |          |       |       |       |       |       |             |       |       |              |       |       |  |
| 1. Employee has read the OIG Flexiplace Regulation outlining the policies and procedures of the program.   |                 |            |           |          |       |       |       |       |       |             |       |       |              |       |       |  |
| 2. Employee has been provided with a schedule of core hours of work.   |                 |            |           |          |       |       |       |       |       |             |       |       |              |       |       |  |
| 3. Employee has been advised that he/she is required to record time and attendance on the Flexiplace Time Log on a daily basis and understands that credit hours, overtime or compensatory hours may not be earned while participating in the Program.   |                 |            |           |          |       |       |       |       |       |             |       |       |              |       |       |  |
| 4. Employee has been issued equipment as indicated below (and, if applicable, has signed hand receipts for all equipment). <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th align="center"><u>Yes</u></th> <th align="center"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>Computer</td> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td>Modem</td> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td>FAX Machine</td> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td>Other: _____</td> <td align="center">_____</td> <td align="center">_____</td> </tr> </tbody> </table> |                 | <u>Yes</u> | <u>No</u> | Computer | _____ | _____ | Modem | _____ | _____ | FAX Machine | _____ | _____ | Other: _____ | _____ | _____ |  |
|  | <u>Yes</u>      | <u>No</u>  |           |          |       |       |       |       |       |             |       |       |              |       |       |  |
| Computer   | _____           | _____      |           |          |       |       |       |       |       |             |       |       |              |       |       |  |
| Modem  | _____           | _____      |           |          |       |       |       |       |       |             |       |       |              |       |       |  |
| FAX Machine  | _____           | _____      |           |          |       |       |       |       |       |             |       |       |              |       |       |  |
| Other: _____   | _____           | _____      |           |          |       |       |       |       |       |             |       |       |              |       |       |  |
| 5. Policies/procedures for care of equipment issued by the OIG have been explained and are understood.   |                 |            |           |          |       |       |       |       |       |             |       |       |              |       |       |  |
| 6. Policies and procedures covering classified, secure or Privacy Act data have been discussed and are understood.   |                 |            |           |          |       |       |       |       |       |             |       |       |              |       |       |  |
| 7. An on-site inspection has been conducted, and the worksite has been certified as safe.  |                 |            |           |          |       |       |       |       |       |             |       |       |              |       |       |  |
| 8. Performance expectations have been discussed and are understood.  |                 |            |           |          |       |       |       |       |       |             |       |       |              |       |       |  |
| 9. The employee understands that the supervisor may terminate employee participation at any time, in accordance with established procedures.   |                 |            |           |          |       |       |       |       |       |             |       |       |              |       |       |  |

**Supervisor's Signature and Date:** \_\_\_\_\_

**Employee's Signature and Date:** \_\_\_\_\_

**APPENDIX D  
FLEXIPLACE TIME LOG**

|  |     |     |     |     |     |     |     |  |     |     |     |                   |     |     |       |                     |
|--|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|-----|-------------------|-----|-----|-------|---------------------|
| This form is subject to the Privacy Act of 1971.   |     |     |     |     |     |     |     |  |     |     |     |                   |     |     |       |                     |
| EMPLOYEE NAME  |     |     |     |     |     |     |     | SOCIAL SECURITY NUMBER   |     |     |     | PAY PERIOD ENDING |     |     |       |                     |
| BASIC WORK REQUIREMENT (BWR) TOUR OF DUTY  |     |     |     |     |     |     |     |  |     |     |     |                   |     |     |       |                     |
| <p>PRIVACY ACT STATEMENT: Section 6111 of Title 5 to the U.S. Code authorizes this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance of Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation of civil or criminal law; to a Federal agency when conducting an investigation on you for employment or security reason; to the Office of Personnel Management or General Accounting Office when the information is required for evaluation of leave administration; and to the General Services Administration in connection with its responsible for records management. Where the employee identification is your Social Security Number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request.</p> |     |     |     |     |     |     |     |  |     |     |     |                   |     |     |       |                     |
| TYPE OF CHARGE   | SUN | MON | TUE | WED | THU | FRI | SAT | SUN  | MON | TUE | WED | THU               | FRI | SAT | TOTAL | OTHER LEAVE COQ     |
| TIME IN  |     |     |     |     |     |     |     |  |     |     |     |                   |     |     |       | A - Administration  |
| TIME OUT   |     |     |     |     |     |     |     |  |     |     |     |                   |     |     |       | H - Holiday         |
| TIME IN  |     |     |     |     |     |     |     |  |     |     |     |                   |     |     |       | L - LWOP            |
| TIME OUT   |     |     |     |     |     |     |     |  |     |     |     |                   |     |     |       | J - Jury Duty       |
| TIME IN  |     |     |     |     |     |     |     |  |     |     |     |                   |     |     |       | M - Military        |
| TIME OUT   |     |     |     |     |     |     |     |  |     |     |     |                   |     |     |       | W - AWOL            |
| TIME IN  |     |     |     |     |     |     |     |  |     |     |     |                   |     |     |       | S - Suspension      |
| TIME OUT   |     |     |     |     |     |     |     |  |     |     |     |                   |     |     |       | O - Other (explain) |
| BWR HOURS WORKED   |     |     |     |     |     |     |     |  |     |     |     |                   |     |     |       | REMARKS             |
| ANNUAL LEAVE TAKEN   |     |     |     |     |     |     |     |  |     |     |     |                   |     |     |       |                     |
| SICK LEAVE TAKEN   |     |     |     |     |     |     |     |  |     |     |     |                   |     |     |       |                     |
| OTHER LEAVE TAKEN (CODE)   |     |     |     |     |     |     |     |  |     |     |     |                   |     |     |       |                     |
| BWR TOTAL  |     |     |     |     |     |     |     |  |     |     |     |                   |     |     |       |                     |
| TOTAL HOURS  |     |     |     |     |     |     |     |  |     |     |     |                   |     |     |       |                     |
|  |     |     |     |     |     |     |     | <b>EMPLOYEE CERTIFICATION</b><br>The above accurately reflects the hours I have worked and the distribution I wish to make of them. Leave charges accurately reflect my use of the leave during this period. |     |     |     |                   |     |     |       |                     |
| Supervisory Approval   |     |     |     |     |     |     |     | Employee Signature   |     |     |     |                   |     |     |       |                     |