Dd Mmm Yyyy

MEMORANDUM

From: Supervisor’s Name, Title, Organization/Department, Naval Postgraduate School

To: President, Naval Postgraduate School

Via: Human Resources Director, Naval Postgraduate School

Subj: FULL-TIME REMOTE TELEWORK REQUEST IN CARE OF FIRST NAME LAST NAME

Encl: (1) PII Training Certificate of dd Mmm yy

(2) Telework Training Certificate of dd Mmm yy

1. The Organization/Department is requesting a permanent/temporary (if temporary, provide end date), full-time, remote telework arrangement for First Name Last Name, Position/Title, GS/AD-Series-Grade. If approved, Mr./Ms. Last Name’s telework location will be City, State.

2. Nature of Request. Indicate if this is a renewal or a new request. If renewal, indicate how long the employee has been remote. If new, provide the employee’s current on-site location (Bldg./Rm.) and acknowledge that this space will no longer be available to the employee if this request is approved.

3. Background. Explain the reasoning behind this request for full-time remote telework.

4. Eligibility. Provide the employee’s telework eligibility and position telework eligibility (both may be viewed in TWMS or MyBiz). Provide the employee’s most recent rating of record.

5. Provide the critical duties of the position and indicate whether they can be performed 100% remotely.

6. FACULTY POSITIONS ONLY: Indicate whether the employee is teaching. If so, provide list of classes, types of classes (i.e., distant learning (DL) only, resident only, or hybrid), and summary of student evaluations.

7. Indicate whether this position requires a security clearance. If so, where will classified work be performed (If SCIF access is required, please contact the NPS Security Office for further guidance on obtaining a written agreement with the remote SCIF location).

8. Indicate whether this position requires access to PII. If so, confirm that the employee will complete annual PII training and will be provided a government furnished computer since PII cannot be stored on personally owned devices.

9. Explain how performing work remotely is in the best interest of NPS.

10. Explain how you will manage and evaluate the effectiveness of the remote employee. Explain what you will do if this arrangement does not work.

11. If the employee is working outside our time zone (PST), provide the employee’s anticipated hours of work/work schedule to ensure minimum disruption to NPS operations (i.e., normal business hours, student schedules, etc.).

12. Provide the total number of employees within the department and indicate whether the department has any full-time remote employees. If so, provide how many along with their position titles. FOR FACULTY POSITIONS ONLY: If the department has full-time remote faculty who teach, provide the total number of classes they teach along with their curriculums and indicate whether any classes are resident courses.

13. Explain how an approved full-time remote arrangement will affect the work of others in the department.

14. Indicate how often the employee will return to NPS.

15. Provide the cost-implications of this arrangement, to include, TDY, locality pay, etc.

16. Explain the mission impact if full-time remote request is not approved.

17. If you have any questions regarding this matter or need additional information, please contact me at email address or phone number.

F. M. LAST

HR DIRECTOR’S DECISION:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disapproved

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other

PRESIDENT’S DECISION:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disapproved

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