DD Mmm Yyyy

MEMORANDUM

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

To: President, Naval Postgraduate School

Via: Human Resources Director, Human Resources Office, Naval Postgraduate School

Subj: FULL-TIME REMOTE TELEWORK REQUEST FOR PROSPECTIVE HIRE FIRST NAME LAST NAME

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

3. Eligibility. Provide the position’s telework eligibility. If a current federal employee, provide the employee’s most recent performance appraisal.

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

5. FACULTY POSITIONS ONLY: Indicate whether the employee will be teaching. If so, provide list of classes and what types of classes (i.e., distant learning (DL) only, resident only, or hybrid).

6. 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).

7. 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.

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

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

10. 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.).

11. 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.

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

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

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

15. Explain the mission impact if full-time remote telework is not approved.

16. Certify that the new employee will complete initial PII and Telework Training in TWMS and submit a telework request in TWMS to reflect the remote arrangement within 30 days of onboarding.

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

PRESIDENT’S DECISION:

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

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

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