



NIH REMOTE WORK APPLICATION

Applicant Name (*last, first*):

Status

☐ FT

☐ PT

Series/Grade

IC/Division/Office/Branch:

Duration of Request

☐ Short-term (less than 6 months)

☐ Long-Term (6 months or more)

Supervisor Signature:

Date:

☐ Approve

☐ Deny

To be Completed by Supervisor:

Please write explanation to support request and include why it is important to retain employee.

Division/Office Director Signature:

Date:

☐ Approve

☐ Deny

EMPLOYEE INFORMATION

(Completed by the Employee)

**Dates / Duration of
Remote Work Request**

*If a hardship request,
please briefly describe
hardship*

*(NOTE: additional
documentation may be
required)*

**Is this position
considered mission
critical?**

- ☐ Yes
☐ No

**Are you a Project Manager or
Project Lead?**

- ☐ Yes
☐ No

**Can the position duties be
done remotely?**

- ☐ Yes
☐ No

**Are you currently responsible for
delivering in-person training or
presentations?**

- ☐ Yes
☐ No

**Do you meet any IC/Office
minimum PMAP criteria for
eligibility?**

- ☐ Yes
☐ No

**Will return travel be
required?**

- ☐ Yes
☐ No

If yes,
how often?

**Will there be a time zone
difference?**

- ☐ Yes
☐ No

If yes, how will
this be managed
in conjunction
with current hours
of operation?

Please write explanation for the remote work request:

EMPLOYEE INFORMATION

(Completed by the Employee)

1a) How will you fulfill your daily responsibilities as a remote worker? How will you ensure milestones and accomplishments are being met as a remote worker?

1b) If you are a Project Manager or Project Lead: *How will you direct your team from a remote location? How will you track and assess the work of the individual team members?*

2) How will you remain engaged with the Division/Branch/Team as a remote worker?

3) How will you remain accountable for your work and ensure your Supervisor remains knowledge about your work activities?

EMPLOYEE INFORMATION

(Completed by the Employee)

Cost Comparison

Costs you may want to consider including space, equipment, technology, shipping, parking, etc.

| | | |
|--------------------------------|--|---|
| Salary and Locality Pay | Current <input type="text"/> | Proposed <input type="text"/> |
| Annual Travel Costs | Current <input type="text"/> | Proposed <input type="text"/> |
| Other: <input type="text"/> | Current <input type="text"/> | Proposed <input type="text"/> |
| Other: <input type="text"/> | Current <input type="text"/> | Proposed <input type="text"/> |
| Other: <input type="text"/> | Current <input type="text"/> | Proposed <input type="text"/> |
| TOTAL: | Current <input type="text"/> | Proposed <input type="text"/> |

Training & Requirements

| | | |
|---------------------------------------|----------------|----------------------|
| Active Telework Agreement | Date Completed | <input type="text"/> |
| <hr/> | | |
| IT Security Awareness Training | Date Completed | <input type="text"/> |
| <hr/> | | |
| Privacy Act Training | Date Completed | <input type="text"/> |
| <hr/> | | |
| Other: | Date Completed | <input type="text"/> |
| <hr/> | | |
| Other: | Date Completed | <input type="text"/> |
| <hr/> | | |

Employee Signature

Date