



Fiscal Year \_\_\_\_\_ Positions Authorized to Telework

Position Title: \_\_\_\_\_

Position Classification Code: \_\_\_\_\_

Department Name: \_\_\_\_\_

Department Location: \_\_\_\_\_

Rationale for Recommendation:

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

List incumbents (use additional pages, if needed):

Last Name	First Name	EIN

Recommended: \_\_\_\_\_  
Print Name – Manager/Supervisor

\_\_\_\_\_  
Signature – Manager/Supervisor

\_\_\_\_\_  
Date

Approved: \_\_\_\_\_  
Print Name - Division Chief

\_\_\_\_\_  
Signature - Division Chief

\_\_\_\_\_  
Date



Fiscal Year \_\_\_\_\_ Positions Authorized for Episodic Telework

Position Title: \_\_\_\_\_

Position Classification Code: \_\_\_\_\_

Department Name: \_\_\_\_\_

Department Location: \_\_\_\_\_

Rationale for Recommendation:

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

List incumbents (use additional pages, if needed):

Last Name	First Name	EIN

Recommended: \_\_\_\_\_  
Print Name – Manager/Supervisor

\_\_\_\_\_  
Signature – Manager/Supervisor

\_\_\_\_\_  
Date

Approved: \_\_\_\_\_  
Print Name - Division Chief

\_\_\_\_\_  
Signature - Division Chief

\_\_\_\_\_  
Date