Telecommuting or Virtual Work Agreement

*To help ensure a safe and successful telecommute and virtual work experience, review this form with your* [*Human Resources Business Partner (HRBP)*](https://snlhr.sandia.gov/#/view/page/find-your-hrbp) *and submit completed form to the HR Contacts listed on the second page* ***at least two weeks before the agreement is effective.***

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| The agreement between Sandia National Laboratoriesandthe following employee is defined below.  Employee Name: Employee SNL ID: Effective Date: |

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| **Employee Information** | | | | | |
| **Employee Type:** | | | | | |
| Exempt  Non-Exempt Non-Represented  Non-Exempt Represented – ***Consult with labor relations SME before moving forward*** | | | Student Intern  Foreign National- ***Consult with immigration SME before moving forward*** | |  |
| **Primary Work Location Associated with the Job:** | | | | | | |
| Albuquerque, New Mexico | Livermore, California | Emeryville, California | | Carlsbad, New Mexico | | |
| Kauai, Hawaii | Las Vegas, Nevada | Tonopah, Nevada | | Amarillo, Texas | | |
| Kansas City, Missouri | D.C. Office | Other: | | | | |
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| **Physical Work Location:** | | | |
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| Street Address/ Apartment # | City | State | Zip Code |

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| How or why does this telecommuting/virtual work agreement benefit your organization’s business mission? |
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| **Ensure the physical work location is filled out above before proceeding.** | | | | |
| **Please complete ONE of the following sections for either Telecommuting OR Virtual Work according to what best describes the agreement type.** | | | | |
| **1** | **Telecommuting** - An employee working away from the primary work location, and available to report to the primary location for meetings or as requested by management within normal commuting times. | | | |
|  | **Telecommuting Schedule:** | | | |
|  | Partial-day | Less than 50%  *1-2 full days per week* | Greater than 50%  *3-4 full days per week* | 100%  *Entire work schedule* |
|  | **Reason for Telecommuting:** | | | |
|  | Family Need | Work/life balance | Business Need | Other: |
|  | | | | |
| **2** | **Virtual Work** - Virtual Worker:Anemployee working 100% away from the primary work location and not readily able to report to the primary work location within normal commuting times. | | | |
|  | Customer Site  Critical Skills Program | Personal Work Location | Student Intern | Other: |
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| **Section for Student Interns Only: To be completed by Manager** | | | |
| Are the assignments to be performed aligned with the student’s degree program?  Yes  No | | | |
| Please describe the work plan, expectations, assignments, and type of work to be performed while on Virtual Work: | | | |
| Student’s Sandia Mentor: |  | Mentor E-mail: |  |

Employee Acknowledgment and Agreement

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| **By signing below, I confirm that I have read and agree and will comply with this Telecommuting and/or Virtual Work Agreement. Modifications to this agreement must be documented in an updated Telecommuting and Virtual Work Agreement and agreed upon by my current manager and me.** | | | | | | | | | |
|  | |  | | | | | | | |
|  | | I have reviewed and agree with all terms and conditions outlined in the [Telecommuting and Virtual Work Policy.](https://lps.web.sandia.gov/#/lps/policy/HR013)  I have not received an annual performance rating of a 6, 8, or 9 in the 9-Block chart in the most recent performance period.  I agree to not conduct virtual work internationally. | | | | | | | |
|  | | I have established and will adhere to specific work days and standard work hours. If I am a nonexempt employee, I understand I am not able to telecommute partial days. | | | | | | | |
|  | | I have/will update my permanent address in HR Self Service. | | | | | | | |
|  | | I can maintain a professional work environment free from distractions at my work location. I understand that Sandia management may visit the work location at any time within business hours. | | | | | | | |
|  | | I have reviewed the [Sandia Labs Ergonomic Self-Assessment](http://ergo.sandia.gov/) and I have taken actions to maintain a safe work environment that complies with the applicable ES&H policies and procedures. | | | | | | | |
|  | | I agree to maintain and protect all Sandia physical assets and information appropriately and as required by Sandia policies and procedures, including Unclassified Controlled Information (UCI), Official Use Only (OUO), and Personal Identifiable Information (PII). I will maintain Sandia equipment and information/data in an appropriate location. | | | | | | | |
|  | | I understand that classified work is prohibited and will not be accessed unless the work is conducted at a location with appropriate facilities and controls, and in accordance with management approval and direction. | | | | | | | |
|  | | I have reviewed policies relevant to the Telecommuting and Virtual Work Policy, including [HR012 Employee Time Charging Policy](https://lps.web.sandia.gov/#/lps/policy/HR012), [ESH001 Environment, Safety, and Health Policy](https://lps.web.sandia.gov/#/lps/policy/ESH001), [IT003 Protect Sandia’s Information Technology Resources Policy](https://lps.web.sandia.gov/#/lps/policy/IT003), [IAEB001 Refer Matters to Ethics, EEO, and Security Incident Management Program Policy](https://lps.web.sandia.gov/#/lps/policy/IAEB001). I agree to follow these and all other Sandia corporate procedures. | | | | | | | |
|  | | I agree to abide by local, state, and federal laws and regulations, including zoning laws that may be applicable in connection with this work arrangement. | | | | | | | |
|  | | I agree to be available to my manager, Sandia employees, customers, and business contacts via telephone, cell phone, email, text, or messaging during scheduled work times, and to monitor and respond to Sandia-related communications promptly. I will forward my Sandia office telephone line to an alternate phone line at my telecommute work location during scheduled telecommute work hours. | | | | | | | |
|  | | I understand that if working virtually for more than 50% of the work schedule, my state tax code will be changed to the location where I physically work listed on this form. ***State tax location changes must be effective on a Friday.***  **Note**: Telecommuters will remain in the compensation tier of their primary work location. Virtual workers will receive a compensation tier location change consistent with their physical work location (excluding Critical Skill Program Participants and student interns). | | | | | | | |
|  | | I understand that, based on business need and with at least 60-day notice to me, my immediate manager can terminate this agreement at any time, requiring me to return to my primary work location. I further understand that a choice on my part not to return to my primary work location would be deemed a voluntary separation from Sandia National Laboratories. | | | | | | | |
|  | | In addition to the above, I have reviewed and discussed with my manager all aspects of this agreement relative to my role and associated business operations. | | | | | | | |
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|  | **Employee Name** | |  | **Signature** |  | **Org** |  | **Date** |
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|  | **Manager Name** | |  | **Signature** |  | **Org** |  | **Date** |
|  |  | |  |  |  |  |  |  |
|  | **Senior Manager Name** | |  | **Signature (For non-exempt & Student T&VW only)** |  | **Org** |  | **Date** |
|  |  | |  |  |  |  |  |  |
|  | **Director Name** | |  | **Signature (For non-exempt & Student T&VW only)** |  | **Org** |  | **Date** |
|  |  | |  |  |  |  |  |  |
|  | **Matrixed Manager Name** | |  | **Signature (If applicable)** |  | **Org** |  | **Date** |
|  |  | |  |  |  |  |  |  |
|  | **Student Intern Program** | |  | **Signature (If applicable)** |  | **Org** |  | **Date** |

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| **HRBP Name:** |  | Review Date: |  |
| **Employee & Labor Relations Contact:** |  | Review Date: |  |

**Please submit this completed form for processing to the following contacts:**

**Employees including Critical Skills Recruiting Program:** Relocation Office- [*TVW@sandia.gov*](mailto:TVW@sandia.gov)

**NM Student Interns Only:** The [NM Student Intern Programs Office](mailto:interntca@sandia.gov)- [sip@sandia.gov](mailto:sip@sandia.gov) or Fax 505-284-5950

**CA Student Interns Only:** The CA Student Intern Programs Office- [ca\_sip@sandia.gov](mailto:ca_sip@sandia.gov) or Fax 925-294-1526