

# Full-Time Telework Arrangement Analysis Tool

The Full-Time Telework Arrangement Analysis Tool is used to analyze the costs or savings of a proposed or existing full-time telework arrangement, provide justifications for full-time telework arrangements when required, and document the approval or disapproval of full-time telework arrangements, as described in GSA Order HRM 6040.2. Page 3 provides guidance on completing and using this tool.

## Part A. Full-Time Telework Arrangement Data

- |  |  |   |
|--|--|---|
| 1. Select:                                 | 2. Select:                             | 3. Select:  |
| <input type="checkbox"/> Current Incumbent | <input type="checkbox"/> New           | <input type="checkbox"/> Short-Term Arrangement<br>(more than 90 days but less than a year) |
| <input type="checkbox"/> Recruit Action    | <input type="checkbox"/> Modification  | Duration: _____ through _____   |
|  | <input type="checkbox"/> Annual Review | <input type="checkbox"/> Long-Term Arrangement - to be reviewed and updated annually        |

## Part B. Employee Data - if current incumbent request or renewal

1. Employee Name	Last Name	First Name	Middle Initial
2. Current Official Worksite/Duty Station:		3. Requested Official Worksite/Duty Station (please include complete street address):	

## Part C. Position Data

1. Employing Office	2. Agency Worksite	3. Position Title and Series
4. Grade	5. Step	6. Supervisory Status

## Part D. Locality Pay Calculations

1. Requested Official Worksite/Duty Station	2. Agency Worksite
3. Requested Official Worksite/Duty Station Salary (based on <a href="#">OPM Pay Tables</a> )	
4. Agency Worksite Salary	
5. Salary Difference - (calculate difference between lines 3 and 4 above)	

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**Part E. Full-Time Telework Travel Budget Development** *(enter percentages as decimals)*

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1. Percentage of time employee will work from requested official worksite/duty station <i>(full-time telework location) - (management estimate)</i>	%	Total Percentage MUST Equal 100%
2. Percentage of time employee will work from agency worksite - <i>(management estimate)</i>	%	
3. Percentage of time employee will be on business travel - <i>(management estimate - business travel costs are NOT factored in the cost analysis)</i>	%	
4. Round trip transportation cost per trip to travel to agency worksite <i>(in accordance with Federal Travel Regulations)</i>		
5. M&IE cost per day to travel to agency worksite <i>(from per diem chart)</i>		
6. Hotel cost per night at agency worksite <i>(from per diem chart)</i>		
7. Additional costs per trip while on travel to agency worksite <i>(management estimate)</i>		
8. Average number of nights per trip		
9. Total cost per trip to agency worksite <i>(total lines 5 and 6, multiply by line 8, then add to total of lines 4 and 7)</i>		
10. Number of planned trips per year to agency worksite		
11. Annual planned cost (or savings) to travel to the agency worksite <i>(line 9 multiplied by line 10)</i>		

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**Part F. Additional Costs/Savings**

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*Note: Items MUST be further justified/explained in Part H, Justification. Enter (-) for any savings.*

1. Transit Subsidy Savings
2. Travel Savings - based on proximity to customers, etc. - clarify in Part H, Justification
3. Other, if applicable
4. Other, if applicable
5. Other, if applicable
<b>Total Additional Costs/Savings</b>

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**Part G. Cost Benefit Analysis**

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1. Overall cost of full-time telework arrangement <i>(total of Parts D, E, and F - Locality Pay, Full-Time Telework Travel Budget, and Additional Costs/Savings)</i>
2. Percentage above Agency Worksite cost for Full-Time Telework Arrangement

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## Part H. Justification

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Provide justification costs associated with the full-time telework arrangement (*Overall cost from Part G Item 1*)

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Provide justification/explanation for applicable items included in Part F, Additional Cost/Savings

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**Part I. Concurring Supervisor**

*(the requesting employee's supervisor, or the supervisor of the position being recruited for)*

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Name	Title
Signature	Date

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**Part J. Concurrences**

*(This section should reflect appropriate concurrence levels)*

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Supervisor Name	Supervisor Title
Supervisor Signature	Supervisor Signature Date
Second Level Supervisor <i>(if applicable)</i> Name	Second Level Supervisor Title
Second Level Supervisor Signature	Second Level Supervisor Signature Date
Third Level Supervisor <i>(if applicable)</i> Name	Third Level Supervisor Title
Third Level Supervisor Signature	Third Level Supervisor Signature Date
Office of Human Resources Management (OHRM) Name	Office of Human Resources Management (OHRM) Title
Office of Human Resources Management (OHRM) Signature	Office of Human Resources Management (OHRM) Signature Date
Regional Commissioner (RC), Assistant Commissioner, or equivalent (SES Level) Name	Regional Commissioner (RC), Assistant Commissioner, or equivalent (SES Level) Title
Regional Commissioner (RC), Assistant Commissioner, or equivalent (SES Level) Signature	Regional Commissioner (RC), Assistant Commissioner, or equivalent (SES Level) Signature Date
Deputy Administrator or Designee Name	Deputy Administrator or Designee Title
Deputy Administrator or Designee Signature	Deputy Administrator or Designee Signature Date

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**Part K. Approval/Disapproval**

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Final Determination

Approved      Approval Date: \_\_\_\_\_       Disapproved      Disapproval Date: \_\_\_\_\_

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**Part L. Change of Official Worksite/Duty Station**

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Date Proposed: \_\_\_\_\_      Date Completed: \_\_\_\_\_

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