Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: ZAHEEDA ABEDIN	**Job Title & Grade:** EPS, GS14.5
AAship/Region and Division: OECA/OSRE/PPED	**Address of Official Agency Worksite:** 6233Q1 WJCS, 1200 Pennsylvania Ave, DC 20004
Employee's Work Phone: 202-564-2946	**Employee's Work E-mail Address:** abedin.zaheeda@epa.gov
First-line Supervisor: Reiniero Rivera	**First-line Supervisor's Work Phone:** 202-564-1491
Proposed Start Date: 07/03/2022	**If Temporary, Proposed End Date:**

Address of Remote Work Location (Including city, state and zip code):
Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:
☑ Yes
☐ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: Ex. 6 Personal Privacy (PP)	**Alternate Phone Number (if available):** Ex. 6 Personal Privacy (PP)

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on 03/02/2022 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:	
I have been teleworking successfully for more the ten years and the use of Remote Work by the EPA throughout the COVID-19 pandemic has demonstrated my ability to work effectively both independently and as part of a workgroup or team without close in-person supervision. I have a designated home office free of distractions. I communicate effectively with managers and colleagues using email, the telephone, and uninterrupted video teleconferencing tools such as Microsoft Teams and Zoom which allow for instance chats, file, task, and screen sharing as well as document collaboration. I keep a regular work schedule and my online calendar is always up to date, so managers and colleagues know when I am available for meetings. My duties can be performed equally as effective as a full-time remote employee. My request would not present a significant difficulty or expense to EPA as I am presently working in a remote capacity within the Washington D.C. commuting area and no further expense would be required for me to continue to work remotely. My work consists of tracking and monitoring responsible party cleanup, cost recovery efforts, CERCLA volume of	
Approval/Disapproval (attach documentation): ☐ Approved ☐ Disapproved (cite reason(s) below)	
Employee's Signature: ZAHEEDA ABEDIN Digitally signed by ZAHEEDA ABEDIN Date: 2022.06.16 10:32:42 -04'00'	**Date:** 6/16/22
Supervisor's Signature: Rivera, Reiniero Digitally signed by Rivera, Reiniero Date: 2022.06.16 13:33:40 -04'00'	**Date:** 6/16/22
AA/RA (or designee) Signature:	**Date:**
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix D – Remote Work Agreement

Employee's Name: Tessa Allen	**Job Title, Pay Plan, Series & Grade:** Attorney Advisor
Office/Region and Division: OECA-OCE-XPS	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave
Employee's Work Phone: 202 564 1203	**Employee's Work Email Address:** allen.tessa@epa.gov
Supervisor's Name: Amy Porter	**Supervisor's Work Phone & Email Address:** 202 564-2431 porter.amy@epa.gov
Proposed Start Date: 5/23/2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: Allen, Tessa Digitally signed by Allen, Tessa Date: 2022.05.09 13:11:30 -04'00'

Supervisor's Signature: AMY PORTER Digitally signed by AMY PORTER Date: 2022.05.09 17:20:59 -04'00'

Approval Official or Designee's Signature:	Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.06.06 14:55:29 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA Remote Work Self-Certification Safety Checklist		
	Select a Response	Comments
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

This checklist is designed to assess the overall safety of the Remote Work Location and must be completed and given to your supervisor with your Remote Work Agreement. Signing this form does not guarantee that the RWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their RWL that could impact the health and safety of the employee and others.

Employee Signature Allen, Tessa Digitally signed by Allen, Tessa Date: 2022.05.09 13:15:42 -04'00'

Supervisor Signature AMY PORTER Digitally signed by AMY PORTER Date: 2022.05.09 17:19:54 -04'00'

EPA Form 3181-8

Eliana De Leon Remote Work Text

Since the Agency's transition to full-time remote work in March of 2020, I have successfully demonstrated my ability to perform all work duties remotely with no impediment to accomplishing the Agency's mission and operational goals. As our office transitions to a hybrid work setting, I am confident that performing all my duties from my Remote Work Location (RWL) will be beneficial to Agency operations, the workforce, and the environment.

The job requirements for my position as a Program Analyst in OECA's Office of Site Remediation Enforcement (OSRE) are 100% portable (See Section 8.A.1 of the AFGE Remote Work Articles). My day-to-day tasks are computer-oriented tasks conducted using remote work-supported tools and are outlined below.

Serve as Regional Analyst for Region 1 and Region 6

- Review, analyze and evaluate quantitative data from SEMS database.
- Gather and share relevant data with HQ attorneys (Regional Liaisons), as requested.
- Prepare written material, agendas, and summaries.
- Communicate SEMS data discrepancies to regions and SEMS Control Board Member.

Serve as a Virtual Training Coordinator for National Superfund Enforcement Training

- Coordinate and track Superfund Enforcement training via online collaborative platforms.
- Serve as facilitator, instructional designer, and technical producer for virtual training.
- Develop training materials and regularly generate ideas to boost participant engagement.
- Analyze and evaluate quantitative and qualitative training data to improve the program.

Serve as Lead for Coordinating Annual Superfund Enforcement Work Planning Efforts

- Coordinate annual process with regional enforcement personnel through a data call.
- Draft correspondence, memos, and other documents.
- Collect, review, and synthesize information from ten regional offices.
- Prepare written reports and briefing materials for management.

Provide Data Evaluation Support for the Superfund Enforcement Program

• Conduct ad-hoc data pulls and data reviews for OSRE, as requested.

Serve as Hispanic Employment Program Manager (HEPM) for OECA.

• Provide advice and feedback to management on diversity and equal employment issues.

• Review regular requests for feedback/technical assistance, and coordinate comments.

• Design activities for Hispanic Heritage Month event, suitable for a hybrid setting.

• Identify barriers and possible solutions to reduce under-representation of Hispanics.

Given my position does not require in-person interface with management officials or other colleagues on a routine basis, tasks can be performed just as effectively from my RWL as the Official Agency Worksite (See Sections 8.A.2 and 8.A.6). Being a power user of collaborative tools provided by the Agency, such as Microsoft Teams, SharePoint, OneNote and Onedrive, will enable me to excel in my assigned tasks in the face of the upcoming transition to hybrid work. EPA's technology portfolio allows for seamless interactive meetings and thorough document collaboration using tools like OneDrive and SharePoint. I am well-versed in the video and audio capabilities of said tools and regularly share desktop screens as part of my day-to-day work. Since most of my work is computer-based, the ability to share screens with colleagues is done more effectively when using collaborative tools (e.g., MS Teams), as opposed to having all colleagues look at the same screen or print things out in person.

For the majority of my five years and four months with OSRE, I have performed my work functions from a RWL as part of an approved Telework Agreement and Episodic/Situational Telework. Ex. 6 Personal Privacy (PP)

Ex. 6 Personal Privacy (PP)

Working from my RWL will not require any adjustments to my current work or tasks and no duties require reassignment to other staff (See Section 8.A.3). In fact, I have taken on additional job responsibilities while working remotely the past 2 years. Remote work has enabled me to focus more effectively on my projects by eliminating workplace distractions. Additionally, I successfully completed a workshare opportunity with the Region 2 Caribbean Environmental Protection Division (CEPD) during

the COVID-19 pandemic. Ex. 6 Personal Privacy (PP)

Ex. 6 Personal Privacy (PP)

Ex. 6 Personal Privacy (PP) Since March 2020, I have shared my knowledge to provide technical assistance and enable my OSRE colleagues and managers to transition to and thrive in a remote work environment (See Section 8.A.7 and 8.A.8).

My work assignments rarely require access to in-office resources (See Section 8.A.4). After working from my RWL for the 2 years, my home office is fully functional with ample workspace, a printer, and a second monitor which allows me to work on two screens while using my EPA-issued laptop computer as I would in the Official Agency Worksite. Also, while working from my RWL, I am in close and constant contact with my supervisor, co-workers, and others via agency-provided communications technology (e.g., Microsoft Teams), e-mail, and phone. I am equally accessible to individuals outside of the Agency (See Sections 4.E, 4.F, and 8.A.5, A.8). I have continually demonstrated my ability to master communications from my RWL. In the rare instance where I have encountered communication interruptions at my RWL, I have worked closely with my supervisor to remain in communication and ensure the work of the Agency is be accomplished in an effective and timely manner (See Section 4.G and 4.H and 8.A.8). In fact, as a best practice, I like to call in to Microsoft Teams meetings by phone to have a backup audio line.

Understanding that Remote Work Outside Commuting Area employees may be recalled to the Official Agency Worksite, I will remain willing and able to comply with a recall given ample notice (See Section 4.I). I do not foresee a recall as likely, or that it will happen more than once a year, since the Agency has made many adaptations during the COVID-19 pandemic to facilitate remote work. These measures have now been in place for over two years and regularly continue to improve. The Agency is also equipping facilities with proper equipment for remote work due to varying telework schedules. If the Agency does recall me and incur associated costs, those costs would be more than offset by the lower salary costs associated with the "Rest of United States" locality pay at my RWL. At my 2022 pay rate, the Puerto Rico locality pay would save the Agency over $15,000 per year in salary, contribution to benefits such as Medicare, and monthly transit subsidy. The Agency will also have financial savings by not having to incur costs from my usage of water, electricity, heating, and cooling in the Headquarters office. Lastly, working from my RWL will also provide an environmental benefit to the Agency by reducing greenhouse gases produced from my travel. Overall, given that all of my work duties are 100% portable, I am confident that working from my RWL will be beneficial for Agency operations, the workforce, and the environment, especially as we transition to a hybrid work setting.

Elisabeth Freed Remote Work Text

EPA has been utilizing full-time remote work for the past two years and I've successfully and effectively performed all my duties. Additionally, OSRE has been operating in a hybrid environment for decades. We have had staff who worked remotely because of medical conditions so OSRE is already used to functioning in a hybrid manner. Most, if not all, OSRE staff telework so we have been operating in a hybrid environment where some staff are present in person and others participate by phone, Teams, or Zoom. There is no difference between their work and my projects. Since all my work is portable, I will be able to continue to work effectively via email, phone, Teams, and Zoom as my OSRE colleagues and I have been doing pre- and post-covid. Finally, Ex. 6 Personal Privacy (PP)

Ex. 6 Personal Privacy (PP)

Approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals because we already have the tools in place to work remotely and in a hybrid situation. Because my work is portable, I can complete it anywhere. Also, my RWL is within my official work station.

Arlene Anderson Remote Work Text

For the past three years, I have been performing my duties remotely and 99% of my work will continue to be remote and electronic. Therefore, I don't see any reason to not continue remote since I am available to come into the office with advance notice and when necessary travel when it is required. My schedule will remain the same (4/10 schedule) Monday through Thursday, 6:30 am to 5:00 pm with Fridays as my Flex-day.

1) Coordinating with regional counterparts through video-conference (State Review Framework Liaison for Regions 3 & 7)

2) Reviewing regional files remotely and/or in person via travel to specific region/state (this would include travel to other regions, but would not require a continued attendance in the HQ office)

3) Coordinating with HQ team through video conference since all team members are working telework/remote schedules

4) Developing and updating documents for a pilot study with regional participants (SDWA Enforcement Review Pilot)

5) Managing the national workgroup for SDWA ER PIlot, which is conducted virtually on a monthly bases

6) Maintaining contact and providing remote training to regional reviewers for pilot activities throughout the year (SDWA Enforcement Pilot and Stater Review Framework)

7) Maintaining databases through Teams and Sharepoint for all duties

8) Leading a multi-regional/agency workgroup dedicated to updating the State Review Framework RCRA media documents/process for the next round (RCRA Round 5 SRF Workgroup)

Mary Bell Remote Work Text

I have been teleworking successfully for more the twenty years and the use of Remote Work by the EPA throughout the COVID-19 pandemic has demonstrated my ability to work effectively both independently and as part of a workgroup or team without close in-person supervision. I have a designated home office free of distractions. I communicate effectively with managers and colleagues using email, the telephone, and uninterrupted video teleconferencing tools such as Microsoft Teams and Zoom which allow for instance chats, file, task, and screen sharing as well as document collaboration. I keep a regular work schedule and my online calendar is always up to date, so managers and colleagues know when I am available for meetings. My duties can be performed equally as effective as a full-time remote employee. My request would not present a significant difficulty or expense to EPA as I am presently working in a remote capacity within the Washington D.C. commuting area and no further expense would be required for me to continue to work remotely.

My work consists of tracking and monitoring responsible party cleanup and cost recovery efforts across all 50 states and U.S. territories for the Office of Site Remediation Enforcement's (OSRE) Superfund enforcement program using the Superfund Enterprise Management System (SEMS) (SEMS replaced the old CERCLIS database.) As a SEMS enforcement data Subject Matter Expert, I identify enforcement data needs and requirements; oversee the process of entering data into the system; ensure planning and accomplishment data are kept up to date; provide training and technical assistance to EPA regional offices as needed; maintain a set of enforcement reports and dashboards that illustrate site progress through the involvement of responsible parties in cleanup activities; use data for reporting purposes and presentations; use data to manage and assess program performance; use data to respond to Congressional, Whitehouse, OIG and GAO inquiries as well as to respond to FOIA requests; conduct periodic audits; provide definitions for data elements to promote consistency across the Superfund enforcement program; support the development of requirements for electronic data submission; and keep the Superfund Program Implementation Manual (SPIM) up to date providing standardized and common definitions for enforcement program planning and tracking accomplishments through program targets and measures. I serve as a mentor for junior branch staff and share my knowledge and expertise of the SEMS database which requires scheduling specific time to meet either by telephone or Teams to talk about and/or demonstrate different aspects of the SEMS and the data. All tasks require working with colleagues from EPA regional offices, various HQ offices (including teleworkers), and contractors. Communication and meetings are conducted by email, telephone, and Teams. All tasks are successfully accomplished in a remote work environment.

Additionally, I manage a cost reimbursement contract. As the primary COR, I prepare all required documents necessary to manage the contract. I provide technical direction and oversight of the contractor and review and approve all costs. The contractor is physically located in Massachusetts, communication with the contractor has always been by email, telephone, and Teams. All tasks are successfully accomplished in a remote work environment.

Other responsibilities include representing OSRE on workgroups/teams, both intra-agency and inter-agency as needed. I am currently participating on several workgroups/teams including OSRE's Environmental Justice Team and the SEMS 2.0 development team. Further, I participate on annual teams such as OSRE's regional work planning team, and the end-of-year results reporting team. Team

members include colleagues from EPA regional offices, various OECA and OLEM HQ offices (including teleworkers), and contractors. Team members are in multiple locations, communication and meetings are conducted by email, telephone, Teams, and a hybrid of both telephone and in-person on occasion. My participation on these workgroups/teams will continue as usual as a remote worker. Although the need to attend in-person meetings is expected to be rare, I am available to do so as needed. I will be working in a remote capacity within the Washington, D.C. commuting area and no further expense would be required by the Agency for me to attend in-person meetings.

Additionally, I participate on monthly calls where I represent OSRE. Some of these calls include the Information Management Coordinators call, OECA Monthly Strategic Plan Board Meeting and the Superfund Remedial Branch Managers Monthly meeting. Participates include colleagues from EPA regional offices, various OECA and OLEM HQ offices (including teleworkers), and contractors. Participated are in multiple locations, communication and meetings are conducted by email, telephone, and Teams. My attendance on these calls will continue as usual as a remote worker.

Although I have had little opportunity during my tenure with EPA to represent OSRE inter-agency, I worked with OSRE's RSD and the DOJ determining criteria for cross referencing SEMS responsible party data and other related party data to be used in pursuing proceeds from insurance policies issued to insolvent/bankrupt parties. All communication and meetings were by email, and telephone/conference call. The work continues today; work is initiated, and work product is delivered via email. Any future inter-agency representation would be accomplished in the same manner, by email, telephone/conference call and Teams. Although the need to attend in-person meetings with other agencies/departments is expected to be rare I am available to do so as needed. I will be working in a remote capacity within the Washington, D.C. commuting area and no further expense would be required by the Agency for me to attend in-person meetings.

The nature of my work has always required me to work with colleagues that are teleworkers, remote workers, or co-workers with official duty locations inside and outside of the Washington D.C. area. Most colleagues are in various EPA HQ offices, in EPA's regional offices, or are contractors located throughout the country. All my work is portable. Tasks and work assignments can be performed successfully at the remote work location, and none of my work would need to be reassignment to other staff. My position does not require in-person interface with management or other colleagues on any routine basis, and my work rarely requires access to in-office resources. Further, there is no foreseen disruption to communication with colleagues. I am available to attend in-person meetings in the Washington D.C. when needed. I will be working in a remote capacity within the Washington, D.C. commuting area and no further expense would be required by the Agency for me to do so. I am also available to travel as needed in the normal course of business as I always have during my tenure with EPA.

Simona Gerulyte Remote Work Text

I can complete all my work duties that consist of managing DSIMB's budget through coordination via email and Teams meetings. I able to attend all necessary work meeting through Teams during their scheduled time. I have created a workstation that consists of a work desk, two computer monitors, a docking station, a headset, and an ergonomic office chair, allowing me to conduct my day-to-day work duties just as proficient as I would on the worksite. I have also elected to a higher speed Wi-Fi to mitigate any connectivity issues. My job requires me to mainly work with Excel and communicate with various stakeholders through email and Teams. The Agency's ability to accomplish its mission will not diminish in any way, given that all my tasks can be completed from home and all documents are shared through either OneDrive or placed into a centralized Teams Folder that my leadership has access to.

Supervisor Comments:

If the employee chooses to move, any relocation costs associated with moving are the sole responsibility of the employee; If the Remote Work Agreement is terminated for any reason, the employee is responsible for all costs associated with returning to the official worksite location" in your approval.

I have determined that all work of this employee is portable and can be performed in a hybrid work environment.

Zaheeda Abedin Remote Work Text

I have been teleworking successfully for more the ten years and the use of Remote Work by the EPA throughout the COVID-19 pandemic has demonstrated my ability to work effectively both independently and as part of a workgroup or team without close in-person supervision. I have a designated home office free of distractions. I communicate effectively with managers and colleagues using email, the telephone, and uninterrupted video teleconferencing tools such as Microsoft Teams and Zoom which allow for instance chats, file, task, and screen sharing as well as document collaboration. I keep a regular work schedule and my online calendar is always up to date, so managers and colleagues know when I am available for meetings. My duties can be performed equally as effective as a full-time remote employee. My request would not present a significant difficulty or expense to EPA as I am presently working in a remote capacity within the Washington D.C. commuting area and no further expense would be required for me to continue to work remotely.

My work consists of tracking and monitoring responsible party cleanup, cost recovery efforts, CERCLA volume of contaminated soil and water, and RCRA corrective action orders across all ten regions for the Office of Site Remediation Enforcement's (OSRE) Superfund enforcement program using the Superfund Enterprise Management System (SEMS), Integrated Compliance Information System (ICIS) and RCRAInfo. As a data analyst, help answering the questions regarding the process of entering data into the systems; ensure planning and accomplishment data are kept up to date; help with the training and technical assistance to EPA regional offices as needed; use data for reporting purposes and presentations; use data to manage and assess program performance; use data to respond to Congressional, OIG and GAO inquiries as well as to respond to some FOIA requests. All tasks require working with colleagues from EPA regional offices, and various HQ offices (including teleworkers). Communication and meetings are conducted by email, telephone, and Teams. All tasks are successfully accomplished in a remote work environment.

Other responsibilities include representing OSRE on workgroups/teams, both intra-agency and inter-agency as needed. I participate on annual teams such as OSRE's regional work planning team, and the end-of-year results reporting team. Team members include colleagues from EPA regional offices, various OECA and OLEM HQ offices (including teleworkers), and contractors. Team members are in multiple locations, communication and meetings are conducted by email, telephone, Teams, and a hybrid of both telephone and in-person on occasion. My participation on these workgroups/teams will continue as usual as a remote worker. Although the need to attend in-person meetings is expected to be rare, I am available to do so as needed. I will be working in a remote capacity within the Washington, D.C. commuting area and no further expense would be required by the Agency for me to attend in-person meetings.

Additionally, I participate on monthly calls where I am one of the representatives of OSRE or my branch within OSRE. Some of these calls include the Information Management Coordinators call, and RCRA clean up team meeting. Participates include colleagues from EPA regional offices, various OECA and OLEM HQ offices (including teleworkers), and contractors. Participated are in multiple locations, communication and meetings are conducted by email, telephone, and Teams. My attendance on these calls will continue as usual as a remote worker.

Although I have had little opportunity during my tenure with EPA to represent OSRE inter-agency, I worked with OSRE's RSD and the DOJ determining criteria for cross referencing SEMS responsible party data and other related party data to be used in pursuing proceeds from insurance policies issued to insolvent/bankrupt parties. All communication and meetings were by email, and telephone/conference call. The work continues today; work is initiated, and work product is delivered via email. Any future inter-agency representation would be accomplished in the same manner, by email, telephone/conference call and Teams. Although the need to attend in-person meetings with other agencies/departments is expected to be rare I am available to do so as needed. I will be working in a remote capacity within the Washington, D.C. commuting area and no further expense would be required by the Agency for me to attend in-person meetings.

The nature of my work has always required me to work with colleagues that are teleworkers, remote workers, or co-workers with official duty locations inside and outside of the Washington D.C. area. Most colleagues are in various EPA HQ offices, in EPA's regional offices, or are contractors located throughout the country. All my work is portable. Tasks and work assignments can be performed successfully at the remote work location, and none of my work would need to be reassignment to other staff. My position does not require in-person interface with management or other colleagues on any routine basis, and my work rarely requires access to in-office resources. Further, there is no foreseen disruption to communication with colleagues. I am available to attend in-person meetings in the Washington D.C. when needed. I will be working in a remote capacity within the Washington, D.C. commuting area and no further expense would be required by the Agency for me to do so. I am also available to travel as needed in the normal course of business as I always have during my tenure with EPA.

Georgette Fogle Remote Work Text

My work is transportable. For the past two years I have been successful to perform my work duties effectively from my remote work location. My productivity increased while working remotely in an environment that has less distractions, In addition, I have the ability to think critically and to perform better in all my work tasks. To also mentioned that I have the ability to communicate efficiently and effectively with my supervisor and co-workers via Teams, outlook, and other communication tools made available via EPA and personal communication devices. To continue working remotely will make it easier for me to focus and be even more productive doing my work tasks, compared to being in a work environment that may not be safe or healthy due to the stressors related to the COVID-19 pandemic concerns and issues in an office environment.

Approval of my request to work remotely will not diminish the the Agency's ability to accomplish its mission but will foster a positive impact enabling me to continue to perform work duties from a remote work location and to accomplish my agency mission. At my remote work location I will maintain a positive impact on the environment and will meet agency's operational goals as I have been maintaining for the last two years while working in a pandemic era.

Dianne Clark - Remote Work Application: Attachment

Explain how you can perform all of your duties as effectively from the Remote Work Location (RWL) as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

1. ***Explanation of Effective RWL Performance:***
    a. *Duties of a technical writer/editor are portable and do not require in-person activities at the NEIC office.*

I serve as NEIC's technical writer-editor. My work involves editing NEIC reports, project plans, quality system documents, and other documents as assigned. I also perform field activities administrative reviews of reports and compile regular highlights of completed reports. Every part of every work product that I edit or review is provided to me electronically, either by email or on a SharePoint site. I consult with NEIC staff via phone and Teams calls whether I or other staff are or are not in the office. Electronic consultation is the best format for reviewing documents whether I or the owner of the document is or is not in the office.

Lastly, my work does not include tasks that are designated as inappropriate for remote work and/or telework, like physical protection of facilities or site-dependent activities.

b. *My work history over the last 2 years demonstrates that I can perform this work at least equally effectively from a RWL as the NEIC office.*

I have a demonstrated track record of effectively performing my work as a technical writer/editor working from my RWL without close, in-person supervision since March 2020. Thus far in fiscal year 2022, I have edited and/or reviewed 177 work products, entirely from my RWL. This work is representative of my current and future duties. As evidenced by the work I have performed remotely, my position is performed effectively via virtual interfacing with and does not require in-person meetings on a routine basis.

c. *My work can be performed independently with minimal in-person review.*

I perform my work almost entirely independently, which evidences its appropriateness for remote work.

d. *My work requires minimal in-person collaboration.*

My work involves collaboration that can be performed remotely, and it does not regularly require in-person collaboration. Over the last 2 years, I have effectively collaborated virtually with NEIC staff, including authors, project managers, and managers.

My virtual collaboration with NEIC employees demonstrates that my work can be done remotely, and if any instances arise (likely irregularly and infrequently) where my management or I prefer that I collaborate with NEIC employees in person, I can easily be recalled to the NEIC office, as *it is less than 15 miles* from my RWL.

ED_013902C_00000011-00001

e. Approving my remote work application will not require reassignment of work.

Approving my remote work application will not require reassignment of work, as the work can be performed equally as effectively from an RWL. I have not relied on administrative staff any differently during my remote work than while I was working in the NEIC office.

f. There will be no foreseen disruptions to communication with internal or external clients or stakeholders.

There have not been disruptions to communication over the last 2 years while I have worked from my RWL, and there will be no foreseen disruptions. I have utilized existing EPA technologies to be very available while working remotely. For example, I forward my work phone to my personal cell, and I keep my Microsoft Outlook calendar up to date with my daily availability.

The technology I need to perform my duties is available and fully functional. I have reliable high-speed internet, a functioning phone, a large monitor, and an ergonomic desk. I have not had any technological disruptions over the past 2 years that prevented me from performing my duties or required me to return to the NEIC office. Even if such a technical issue arose in the future that required me to return to the NEIC office for equipment servicing or repair, I could easily resolve it because my RWL is less than 15 miles from the NEIC office.

I have complied with my Telework Agreement for the duration of my time at the Agency, including the 2 years during the pandemic. I will continue to comply with the terms of any approved Remote Work Agreement.

g. My work rarely requires access to in-office resources.

My work rarely requires access to in-office resources. My work has also transitioned away from using hard copy documents. Instead, 100 percent of the documents that I edit or review either are available on SharePoint or are emailed to me. Accordingly, I have not needed, and I will not need, regular access to the NEIC office for in-office resources.

My position rarely requires me to keep records, but when I do, I keep them electronically. Further, the keeping of electronic records is consistent with the federal mandate that "to the fullest extent possible, agencies eliminate paper and use electronic recordkeeping." (Mandate M-12-18). EPA is moving forward with this transition to an electronic records environment, which further evidences I will not need regular access to the NEIC office. If any infrequent, irregular situations arise when I need to return to the office, any costs to the Agency will be *de minimis*, as my RWL is less than 15 miles away.

2. Explanation Why Remote Work Will Benefit, Not Diminish, The Agency's Mission:

a. Remote work will not increase, and will likely decrease, costs to the Agency.

As the Agency agreed in the Remote Work Article, "certain costs to the Agency may be *de minimis* for those Remote Workers Within the Local Commuting Area." This is true in my situation. I have not in the past, and will not in the future, need to travel on Agency business. The Agency will not incur more than *de minimis* travel costs if I need to return to the NEIC office for technology or work reasons, as I live less than 15 miles from the NEIC office. For the same reason, the Agency will not need to pay for hotel costs if I need to return to the NEIC office.

The Agency will likely save money by approving my remote work application. For example, the Agency will have the option to save the cost of my office space in the NEIC office when the Agency negotiates the next lease agreement for the NEIC office. The Agency's operations and maintenance costs will also decrease, as they do not need to maintain or clean an office space for me at the NEIC office.

b. Remote work furthers the Agency's mission of protecting human health and the environment.

As the Agency agreed in the Remote Work Article, allowing remote work can further the Agency's mission of protecting human health and the environment via "protection of environmental quality by reducing commutes and in turn reducing traffic congestion and vehicle emissions, reduction in the agency's carbon footprint, . . . enhanced health and safety (reduced viral transmission), . . . and improved emergency preparedness." This is particularly true in the Denver metro area, where commuting to the office contributes to Denver's status as Clean Air Act non-attainment zone.

As explained by the Agency, approving my remote work application also can result in many workplace benefits, including: "increased productivity and performance, enhanced recruitment and retention of a diverse workforce from areas of the country for which Federal employment has traditionally required relocation, retain talent and institutional knowledge, heightened employee morale, increased work/life balance, . . . [and] appropriate workspace for focused work[.]" These benefits apply in my situation, as I find working at my RWL to be more productive, allow for focused work without interruptions, and results in higher performance ratings It also increases my morale and my desire to remain at the Agency.

Appendix D – Remote Work Agreement

Employee's Name: Nancy K Browne	**Job Title, Pay Plan, Series & Grade:** Environ. Sci., GS 15-10
Office/Region and Division: OECA/OSRE/RSD	**Address of Regular Office or Worksite:** 1200 Penn Ave, NW
Employee's Work Phone: 202-564-4219	**Employee's Work Email Address:** browne.nancy@epa.gov
Supervisor's Name: Bruce Kulpan	**Supervisor's Work Phone & Email Address:** 202-564-4252 kulpan.bruce@epa.gov
Proposed Start Date: As soon as possible	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: Browne, Nancy Digitally signed by Browne, Nancy Date: 2022.07.01 09:46:15 -04'00'

Supervisor's Signature: Kulpan, Bruce Digitally signed by Kulpan, Bruce Date: 2022.07.08 11:50:10 -04'00'

Approval Official or Designee's Signature:	Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.10.07 12:20:53 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix D – Remote Work Agreement

Employee's Name: Nathaniel Folkemer	**Job Title, Pay Plan, Series & Grade:** Attorney Advisor, 0905, 15-3
Office/Region and Division: OECA/OAP/PLCD	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave. NW, Washington, DC 20460
Employee's Work Phone: 202-578-9934	**Employee's Work Email Address:** Folkemer.Nathaniel@epa.gov
Supervisor's Name: Caroline Emmerson	**Supervisor's Work Phone & Email Address:** 202-564-1716, Emmerson.Caroline@epa.gov
Proposed Start Date: 06/05/2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(**Supervisor:** Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by **management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy** and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☒ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: Folkemer, Nathaniel — Digitally signed by Folkemer, Nathaniel Date: 2022.05.31 14:29:42 -04'00'

Supervisor's Signature: CAROLINE EMMERSON — Digitally signed by CAROLINE EMMERSON Date: 2022.06.02 14:30:18 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature: Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.06.14 12:01:56 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	N/A	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature Folkemer, Nathaniel Digitally signed by Folkemer, Nathaniel Date: 2022.05.31 12:31:56 -04'00'

Supervisor Signature CAROLINE EMMERSON Digitally signed by CAROLINE EMMERSON Date: 2022.06.02 14:31:28 -04'00'

EPA Form 3181-8

Appendix D – Remote Work Agreement

Employee's Name: Lourdes Bufill	**Job Title, Pay Plan, Series & Grade:** Attorney Advisor GS-15
Office/Region and Division: OECA-OCE-WED	**Address of Regular Office or Worksite:** WJC Building, Washington DC
Employee's Work Phone: 202-564-5128	**Employee's Work Email Address:** bufill.lourdes@epa.gov
Supervisor's Name: Carol King	**Supervisor's Work Phone & Email Address:** 202-564-2412/ king.carol@epa.gov
Proposed Start Date: 4-1-2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☐ New Request ☑ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: LOURDES BUFILL Digitally signed by LOURDES BUFILL Date: 2022.08.02 09:48:33 -04'00'

Supervisor's Signature: King, Carol Digitally signed by King, Carol Date: 2022.08.05 18:26:59 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature:	Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.10.07 12:48:35 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix D – Remote Work Agreement

Employee's Name: Robert Abrams	**Job Title, Pay Plan, Series & Grade:** Attorney Advisor (GS 13, level 1)
Office/Region and Division: OECA/OSRE	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave NW, Washington DC 20004
Employee's Work Phone: 202-564-4805	**Employee's Work Email Address:** abrams.robert@epa.gov
Supervisor's Name: Bruce Kulpan	**Supervisor's Work Phone & Email Address:** 202-564-4252, kulpan.bruce@epa.gov
Proposed Start Date: 6/7/2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☑ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: ROBERT ABRAMS Digitally signed by ROBERT ABRAMS Date: 2022.06.06 20:35:17 -04'00'

Supervisor's Signature: Kulpan, Bruce Digitally signed by Kulpan, Bruce Date: 2022.08.01 15:35:09 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature:	Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.08.28 18:50:55 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Elisabeth Freed	**Job Title & Grade:** EPA GS14
AAship/Region and Division: OECA/PPED	**Address of Official Agency Worksite:** 1200 Pennsylvania Ave Washington DC 20460
Employee's Work Phone: 2025645117	**Employee's Work E-mail Address:** freed.elisabeth@epa.gov
First-line Supervisor: Kyle Aarons	**First-line Supervisor's Work Phone:** 2025647351
Proposed Start Date: 4/24/22	**If Temporary, Proposed End Date:**

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☑ Yes

☐ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: Ex. 6 Personal Privacy (PP)	**Alternate Phone Number (if available):** Ex. 6 Personal Privacy (PP)

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on 3/1/22 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

EPA has been utilizing full-time remote work for the past two years and I've successfully and effectively performed all my duties. Additionally, OSRE has been operating in a hybrid environment for decades. We have had staff who worked remotely because of medical conditions so OSRE is already used to functioning in a hybrid manner. Most, if not all, OSRE staff telework so we have been operating in a hybrid environment where some staff are present in person and others participate by phone, Teams, or Zoom. There is no difference between their work and my projects. Since all my work is portable, I will be able to continue to work effectively via email, phone, Teams, and Zoom as my OSRE colleagues and I have been doing pre- and post-covid. Finally, Ex. 6 Personal Privacy (PP)

Ex. 6 Personal Privacy (PP)

Approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals because we already have the tools in place to work remotely and in a hybrid situation. Because my work is portable, I can

Approval/Disapproval (attach documentation):

- [x] Approved
- [ ] Disapproved (cite reason(s) below)

Employee's Signature: ELISABETH FREED Digitally signed by ELISABETH FREED Date: 2022.03.10 16:02:04 -05'00'	**Date:** 3/10/22
Supervisor's Signature: KYLE AARONS Digitally signed by KYLE AARONS Date: 2022.03.21 15:22:42 -04'00'	**Date:** 3/21/2022
AA/RA (or designee) Signature:	**Date:**

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

EPA

Appendix D – Remote Work Agreement

Employee's Name: Marc Nicholas Callaghan	**Job Title, Pay Plan, Series & Grade:** National Forensics Coordinator GS14-5
Office/Region and Division: OECA/OCEFT/CID/IB/Forensics and Response Sec	**Address of Regular Office or Worksite:** Denveral Federal Center, Bld 25, Denver, CO
Employee's Work Phone: 503.318.1858	**Employee's Work Email Address:** callaghan.marc@epa.gov
Supervisor's Name: Justin Oesterreich	**Supervisor's Work Phone & Email Address:** 913.551.7839 / Oesterreich.justin@epa.gov
Proposed Start Date: Upon approval	**Proposed End Date (for DETO):** Not Applicable

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☐ Yes ☑ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☑ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☒ Approved ☐ Disapproved (cite reason(s) below)

See attachment(s):
1) Remote Work Safety Checklist (1page).
2) Callaghan Remote Work Explanation (4pages).
3) Forensic Coordinator Position Description (5pages).

Employee's Signature: MARC CALLAGHAN Digitally signed by MARC CALLAGHAN Date: 2022.10.28 16:57:59 -06'00'

Supervisor's Signature: JUSTIN OESTERREICH Digitally signed by JUSTIN OESTERREICH Date: 2022.11.16 13:01:04 -06'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature:	
MARK F. BAD[illegible]	15 DEC. 2022
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

See attachment(s):

1) Remote Work Safety Checklist (1page).
2) Callaghan Remote Work Explanation (4pages).
3) Forensic Coordinator Position Description (5pages).

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Eliana De Leon	**Job Title & Grade:** Program Analyst, GS-13
AAship/Region and Division: OECA-OSRE-PPED	**Address of Official Agency Worksite:** 1200 Pennsylvania Ave., N.W.,Washington, DC 20460
Employee's Work Phone: 202-564-0184	**Employee's Work E-mail Address:** deleon.eliana@epa.gov
First-line Supervisor: Helena Healy	**First-line Supervisor's Work Phone:** 202-564-5124
Proposed Start Date: April 25, 2022	**If Temporary, Proposed End Date:** N/A

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☐ Yes

☑ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: 202-564-0184 (Work Phone)	**Alternate Phone Number (if available):** Ex. 6 Personal Privacy (PP)

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on 3/14/2022 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:	
Since the Agency's transition to full-time remote work in March of 2020, I have successfully demonstrated my ability to perform all work duties remotely with no impediment to accomplishing the Agency's mission and operational goals. As our office transitions to a hybrid work setting, I am confident that performing all my duties from my Remote Work Location (RWL) will be beneficial to Agency operations, the workforce, and the environment. The job requirements for my position as a Program Analyst in OECA's Office of Site Remediation Enforcement (OSRE) are 100% portable (See Section 8.A.1 of the AFGE Remote Work Articles). My day-to-day tasks are computer-oriented tasks conducted using remote work-supported tools and are outlined below. Serve as Regional Analyst for Region 1 and Region 6 • Review, analyze and evaluate quantitative data from SEMS database. **Approval/Disapproval (attach documentation):** ☑ Approved ☐ Disapproved (cite reason(s) below)	
Employee's Signature: ELIANA DE LEON Digitally signed by ELIANA DE LEON Date: 2022.04.07 13:45:12 -04'00'	**Date:** 4/7/2022
Supervisor's Signature: HELENA HEALY Digitally signed by HELENA HEALY Date: 2022.04.12 15:19:32 -04'00'	**Date:**
AA/RA (or designee) Signature:	**Date:**
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix D – Remote Work Agreement

Employee's Name: Keith Bartlett	**Job Title, Pay Plan, Series & Grade:** Attorney Advisor, GS-0905-14
Office/Region and Division: OECA/OAP/PLCD	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave., NW, Washington, DC
Employee's Work Phone: 202-564-2385	**Employee's Work Email Address:** bartlett.keith@epa.gov
Supervisor's Name: Caroline Emmerson	**Supervisor's Work Phone & Email Address:** 202-564-1716, emmerson.caroline@epa.gov
Proposed Start Date: April 24, 2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☐ New Request ☑ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Previously approved under prior bargaining agreement.

Employee's Signature: KEITH BARTLETT Digitally signed by KEITH BARTLETT Date: 2022.06.07 07:37:48 -04'00'

Supervisor's Signature: CAROLINE EMMERSON Digitally signed by CAROLINE EMMERSON Date: 2022.06.28 16:48:41 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature:	Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.06.29 13:54:10 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix D – Remote Work Agreement

Employee's Name: Kimberly Dubbs Clayton	**Job Title, Pay Plan, Series & Grade:** Program Analyst GS-343-15
Office/Region and Division: OECA:OCEFT:CID	**Address of Regular Office or Worksite:** 1200 Penn Ave.NW WDC 20004
Employee's Work Phone: 202-564-1598	**Employee's Work Email Address:** dubbs.kimberly@epa.gov
Supervisor's Name: Jessica M.E. Taylor	**Supervisor's Work Phone & Email Address:** taylor.jessica@epa.gov 202-564-2455
Proposed Start Date: 10/09/2022	**Proposed End Date (for DETO):** n/a

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☑ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: KIMBERLY DUBBS CLAYTON — Digitally signed by KIMBERLY DUBBS CLAYTON Date: 2022.09.23 16:26:40 -04'00'

Supervisor's Signature: EDWARD OWENS — Digitally signed by EDWARD OWENS Date: 2022.10.04 22:33:43 -07'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature:	Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.10.07 12:39:51 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix D – Remote Work Agreement

Employee's Name: Dominique Freyre	**Job Title, Pay Plan, Series & Grade:** Attorney-Advisor; GS; Grade 14
Office/Region and Division: OECA/FFEO	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave., NW, Washington, D.C. 20460
Employee's Work Phone: 202-564-0433	**Employee's Work Email Address:** freyre.dominique@epa.gov
Supervisor's Name: Marie Muller	**Supervisor's Work Phone & Email Address:** 202-564-0217; muller.marie@epa.gov
Proposed Start Date: 12/05/2022	**Proposed End Date (for DETO):** n/a

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☑ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: DOMINIQUE FREYRE Digitally signed by DOMINIQUE FREYRE Date: 2022.07.19 13:57:14 -04'00'

Supervisor's Signature: MARIE MULLER Digitally signed by MARIE MULLER Date: 2022.08.02 15:02:39 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature:	Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.08.28 19:48:18 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Mary Bell	**Job Title & Grade:** Environmental Protection Specialist GS-14, step 10
AAship/Region and Division: OECA/OSRE/PPED/PECB	**Address of Official Agency Worksite:** 1200 Pennsylvania Ave NW Washington DC 20460
Employee's Work Phone: 202-564-2256	**Employee's Work E-mail Address:** bell.mary@epa.gov
First-line Supervisor: Helena Healy	**First-line Supervisor's Work Phone:** 202-564-5124
Proposed Start Date: April 11, 2022	**If Temporary, Proposed End Date:**

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☑ Yes

☐ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: Ex. 6 Personal Privacy (PP)	**Alternate Phone Number (if available):**

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on July 17, 2019 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:	
I have been teleworking successfully for more the twenty years and the use of Remote Work by the EPA throughout the COVID-19 pandemic has demonstrated my ability to work effectively both independently and as part of a workgroup or team without close in-person supervision. I have a designated home office free of distractions. I communicate effectively with managers and colleagues using email, the telephone, and uninterrupted video teleconferencing tools such as Microsoft Teams and Zoom which allow for instance chats, file, task, and screen sharing as well as document collaboration. I keep a regular work schedule and my online calendar is always up to date, so managers and colleagues know when I am available for meetings. My duties can be performed equally as effective as a full-time remote employee. My request would not present a significant difficulty or expense to EPA as I am presently working in a remote capacity within the Washington D.C. commuting area and no further expense would be required for me to continue to work remotely. My work consists of tracking and monitoring responsible party cleanup and cost recovery efforts across all 50 states **Approval/Disapproval (attach documentation):** ☑ Approved ☐ Disapproved (cite reason(s) below)	
Employee's Signature: MARY BELL Digitally signed by MARY BELL Date: 2022.02.16 17:20:39 -05'00'	**Date:**
Supervisor's Signature: HELENA HEALY Digitally signed by HELENA HEALY Date: 2022.03.02 09:56:51 -05'00'	**Date:**
AA/RA (or designee) Signature:	**Date:**
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Simona Gerulyte	**Job Title & Grade:** Budget Analyst, GS-11
AAship/Region and Division: OECA/ETDD	**Address of Official Agency Worksite:** 1200 Pennsylvania Avenue, N.W.Washington, D.C. 20460
Employee's Work Phone: 202-564-6418	**Employee's Work E-mail Address:** gerulyte.simona@epa.gov
First-line Supervisor: Rob Cannon	**First-line Supervisor's Work Phone:** 202-566-2925
Proposed Start Date: 05/02/2022	**If Temporary, Proposed End Date:**

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☐ Yes

☑ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: Ex. 6 Personal Privacy (PP)	**Alternate Phone Number (if available):** Ex. 6 Personal Privacy (PP)

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on 05/03/2021 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

I can complete all my work duties that consist of managing DSIMB's budget through coordination via email and Teams meetings. I able to attend all necessary work meeting through Teams during their scheduled time. I have created a workstation that consists of a work desk, two computer monitors, a docking station, a headset, and an ergonomic office chair, allowing me to conduct my day-to-day work duties just as proficient as I would on the worksite. I have also elected to a higher speed Wi-Fi to mitigate any connectivity issues. My job requires me to mainly work with Excel and communicate with various stakeholders through email and Teams. The Agency's ability to accomplish its mission will not diminish in any way, given that all my tasks can be completed from home and all documents are shared through either OneDrive or placed into a centralized Teams Folder that my leadership has access to.

Supervisor Comments:
If the employee chooses to move, any relocation costs associated with moving are the sole responsibility of the employee;

Approval/Disapproval (attach documentation):

☐ Approved
☐ Disapproved (cite reason(s) below)

Employee's Signature: Gerulyte, Simona Digitally signed by Gerulyte, Simona Date: 2022.03.10 17:28:12 -05'00'	**Date:** 03/10/2022
Supervisor's Signature: BEATRICK CANNON Digitally signed by BEATRICK CANNON Date: 2022.03.15 15:32:12 -04'00'	**Date:**
AA/RA (or designee) Signature:	**Date:**

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix D – Remote Work Agreement

Employee's Name: Ava Azad	**Job Title, Pay Plan, Series & Grade:** Attorney-Advisor, GS-905-14
Office/Region and Division: OECA/FFEO/SRES	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave NW, Washington D.C. 20460
Employee's Work Phone: (202) 564-4473	**Employee's Work Email Address:** azad.ava@epa.gov
Supervisor's Name: Marie Muller	**Supervisor's Work Phone & Email Address:** (202) 564-0217; muller.marie@epa.gov
Proposed Start Date: 6/19/22	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☐ Yes ☑ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☑ No

Request:

Select one: ☐ New Request ☑ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by **management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy** and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☒ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: AVA AZAD Digitally signed by AVA AZAD Date: 2022.06.08 10:39:29 -04'00'

Supervisor's Signature: MARIE MULLER Digitally signed by MARIE MULLER Date: 2022.06.09 14:42:20 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature: Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.06.29 13:48:09 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA Telework Self-Certification Safety Checklist		
	Select a Response	Comments
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

This checklist is designed to assess the overall safety of the Alternate Work Location and must be completed and given to your supervisor with your Telework ***Agreement****. Signing this form does not guarantee that the AWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their AWL that could impact* ***the*** *health and safety of the employee and others.*

Employee Signature AVA AZAD Digitally signed by AVA AZAD Date: 2022.05.24 11:21:31 -04'00'

Supervisor Signature MARIE MULLER Digitally signed by MARIE MULLER Date: 2022.06.13 08:53:39 -04'00'

EPA Form 3181-3

Appendix D – Remote Work Agreement

Employee's Name: Sara Ayres	**Job Title, Pay Plan, Series & Grade:** Engineer, GS-14, Series 893
Office/Region and Division: OECA/OC/MAMPD	**Address of Regular Office or Worksite:** 77W. Jackson Blvd. Chicago, IL 60604
Employee's Work Phone: 312-353-6266	**Employee's Work Email Address:** ayres.sara@epa.gov
Supervisor's Name: Robert Scinta	**Supervisor's Work Phone & Email Address:** 202-564-7171, scinta.robert@epa.gov
Proposed Start Date: 8/21/2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☐ Yes ☑ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: SARA AYRES Digitally signed by SARA AYRES Date: 2022.08.15 12:27:46 -05'00'

Supervisor's Signature: ROBERT SCINTA Digitally signed by ROBERT SCINTA Date: 2022.08.18 14:34:49 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature: MARK BADALAMENTE	Digitally signed by MARK BADALAMENTE Date: 2022.10.31 13:27:10 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Georgette A. Fogle	**Job Title & Grade:** Environmental Protection Specialist
AAship/Region and Division: Branch Chief, National Planning and Measures Branch Offi	**Address of Official Agency Worksite:** 1200 Pennsylvania Ave., NW, Washington, DC 20460
Employee's Work Phone: 202 564-3786	**Employee's Work E-mail Address:** fogle.georgette@epa.gov
First-line Supervisor: Michele McKeever	**First-line Supervisor's Work Phone:** 202-412-8910
Proposed Start Date: May 2, 2022	**If Temporary, Proposed End Date:**

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☑ Yes

☐ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: Ex. 6 Personal Privacy (PP)	**Alternate Phone Number (if available):**

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on 3/28/22 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

My work is transportable. For the past two years I have been successful to perform my work duties effectively from my remote work location. My productivity increased while working remotely in an environment that has less distractions, In addition, I have the ability to think critically and to perform better in all my work tasks. To also mentioned that I have the ability to communicate efficiently and effectively with my supervisor and co-workers via Teams, outlook, and other communication tools made available via EPA and personal communication devices. To continue working remotely will make it easier for me to focus and be even more productive doing my work tasks, compared to being in a work environment that may not be safe or healthy due to the stressors related to the COVID-19 pandemic concerns and issues in an office environment.

Approval of my request to work remotely will not diminish the the Agency's ability to accomplish its mission but will foster a positive impact enabling me to continue to perform work duties from a remote work location and to accomplish my agency

Approval/Disapproval (attach documentation):

☐ Approved
☐ Disapproved (cite reason(s) below)

Employee's Signature: GEORGETTE FOGLE	Digitally signed by GEORGETTE FOGLE Date: 2022.03.25 13:12:29 -04'00'	**Date:** March 25, 2022
Supervisor's Signature: MICHELE MCKEEVER	Digitally signed by MICHELE MCKEEVER Date: 2022.03.30 19:55:12 -04'00'	**Date:**
AA/RA (or designee) Signature:		**Date:**

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

EPA

Appendix A – EPA Remote Work Agreement

Employee's Name: Christine Belka	**Job Title, Pay Plan, Series & Grade:** Program Analyst, GS, 0343, 13
Office/Region and Division: OECA/OCEFT/PIQA	**Address of Regular Office or Worksite:** Denver Federal Center, Building 25, Lakewood, CO
Employee's Work Phone: 303-462-9363	**Employee's Work Email Address:** belka.christine@epa.gov
Supervisor's Name: Greg Horvath	**Supervisor's Work Phone & Email Address:** 202-564-6370
Proposed Start Date:	**Proposed End Date (for DETO):** N/A

Address of Remote Work Location (including city, state and zip code):
Ex. 6 Personal Privacy (PP)

Within same Locality Commuting Area of Regular Office or Worksite:

(●) Yes ( ) No

(Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ( ) Yes (●) No

Request:

Select one: (●) New Request ( ) Request for Modification to Existing Agreement

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. I have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

(●) Approved

( ) Disapproved (cite reason(s) below)

Employee's Signature: CHRISTINE BELKA Digitally signed by CHRISTINE BELKA Date: 2022.05.11 14:18:18 -04'00'

Supervisor's Signature: GREGORY HORVATH Digitally signed by GREGORY HORVATH Date: 2022.05.11 14:41:06 -04'00'

AA/RA (or designee) Signature: Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.06.06 15:19:14 -04'00'

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

EPA Form 3181-7

Christine Belka (OECA/OCEFT/PIQA Quality Assurance Manager)
Portability of Work and Explanation of How Responsibilities Will be Accomplished at AWL

Portability of Work: Christine's primary duties include Quality Program management, Quality Program audits, directives management, forensic support coordination, and serving as the OCEFT Quality Program representative (details provided below). Responsibilities center on document generation, review, and revision; communication and coordination amongst personnel in multiple locations; and maintenance of SharePoint. Because her position is outplaced, her immediate work unit is not located in the Lakewood, CO office. Communication and collaboration via email, MS Teams, and phone has been fully successful for all purposes including monthly briefing of the OCEFT IO in Washington, DC.

Explanation of How Responsibilities Will be Accomplished at Alternative Work Location:
Duty 1 (25%) Quality Program Management

- Conducts independent oversight of the implementation and management of OCEFT's quality system.
- Plans, develops, and implements OCEFT's overarching Quality Management Plan (QMP) and coordinates development and implementation of divisional QMPs.
- Independently conducts annual review of OCEFT's QMP and oversees annual reviews of division QMPs to ensure conformance with federal and Agency standards and meets mandatory EPA Quality System requirements.
- Analyze, evaluate, and recommend changes to the OCEFT QMPs as needed and ensure division QMPs are amended as needed following annual reviews to ensure efficient implementation of OCEFT's programs.
- Complete OCEFT and division-level QMP updates every five years and serve as lead for coordination with OMS-EI / EQMD for approval.
- Coordinates any changes with OCEFT-PIQA SAC and OCEFT Director and Deputy Director and ensure implementation by organizational units.
- Serve as expert on QMP process and serve as national lead for development and delivery of guidance and training to OCEFT as needed.

Explanation: Duties related to Quality Program management center on electronic document creation, review, and revision as well as virtual coordination with OCEFT and OMS-EI/EQMD personnel located outside of the Lakewood, CO office. Tasks require word processing and electronic communication capabilities. This fully portable work requires internet access and a government-furnished laptop, software suite, and telephone. Alternate work location provides high-speed cable internet access, quiet environment conducive to focus, and video conferencing capabilities sufficient to accomplish all necessary tasks.

Duty 2 (30%) Quality Program Audits

- Designs and conducts quality management system audits during periodic management reviews of Criminal Investigation Division Field Offices and other OCEFT operating units including National Enforcement Investigations Center, National Capitol Area Branch, and National Computer Forensics Lab as defined in OCEFT's Office Inspection Manual.

- Regularly evaluates and revises audit checklists to ensure compliance with current EPA requirements for implementing the EPA Quality Policy and associated Agency procedures.
- Serves as lead or senior member of a review team and communicates with senior managers from across OCEFT's Headquarters and field components, including OCEFT and CID SES Office and Division Directors, CID Special Agents in Charge, and regional office management to obtain required information and review responses to ensure responses are comprehensive.
- Completes thorough technical reviews of various work products submitted by the office and/or unit under review, including the office self-inspection, investigation files, forensic support requests, and OCEFT Directives for compliance with a focus on quality assurance.
- Independently identifies areas that may be candidates for improvement in their administration and management and prepares documentation regarding corrective actions necessary for resolution for OCEFT senior management implementation.

Explanation: Duties related to quality management system audits require independent creation and maintenance of documents such as interview questionnaires and audit checklists, records reviews of CID criminal case file documentation in OCEAN, report writing, and follow-up on corrective actions as applicable. Occasional TDY travel to conduct office inspections will be required regardless of remote work status. Routine communication will be accomplished via email, MS Teams, and telephone. Tasks require word processing and electronic communication capabilities as well as access to online resources such as SharePoint and OCEAN. This fully portable work requires internet access and a government-furnished laptop, software suite, and telephone. Alternate work location provides high-speed cable internet access, quiet environment conducive to focus, and video conferencing capabilities sufficient to accomplish all necessary tasks.

Duty 3 (20%) Directives Management

- Manages a comprehensive OCEFT Directives system on OCEFT's SharePoint site.
- Monitors and evaluates extensive collection of directives which include, e.g., law enforcement directives such as arrest, firearms, evidence handling, as well as document control, hiring, etc.
- Analyzes and prepares reports and recommendations regarding needed changes or identifies situations where deviations or exceptions to the directive should be authorized and directly advises OCEFT senior management officials of these findings.
- Changes may be the result of office inspection findings which require a change in directive, Agency process or requirements, or feedback from OCEFT employees.
- Advises SAC-PIQA and OCEFT SES Director and Deputy Director in all phases of implementing the policy system.
- Provides expert assistance to workgroup leads with document development, review, and approval and briefs OCEFT SES Director and Deputy Director monthly on status of directives under review and identifies those issues requiring senior leadership consideration when necessary.
- Ensures that centralized access (SharePoint) to OCEFT Directives is available and updated to assure appropriate user access and that distribution of OCEFT directives is kept current.

Explanation: Duties related to directives management require document revision, electronic records management, coordination with OCEFT personnel primarily located outside the Lakewood, CO office, and access to online systems such as SharePoint. This fully portable work requires internet access and a

government-furnished laptop, software suite, and telephone. Routine OCEFT IO briefings occur via MS Teams due to outplaced position. Additional routine communication will be accomplished via email, MS Teams, and telephone. Alternate work location provides high-speed cable internet access, quiet environment conducive to focus, and video conferencing capabilities sufficient to accomplish all necessary tasks.

Duty 4 (15%) Forensic Support Coordination

- Applies an in-depth and broad knowledge of forensic quality assurance program practices, procedures, and precedents and uses a high level of professional knowledge and judgement in determining practicality, appropriateness, and acceptability of program guidelines.
- Evaluate program quality and influences and persuades management to accept and implement recommendations on courses of action.
- Works with CID Forensics Coordinator on non-EPA laboratory evaluations and analyses in compliance with OCEFT Directives.
- Provides expert quality management practices, determine programmatic and administrative requirements, and assure the highest degree of proficiency in the development and execution of assigned programs.

Explanation: Duties related to forensic support involve to national-level work and coordination with the CID Forensics Coordinator and OCEFT leadership in Washington, DC. Tasks require word processing and electronic communication capabilities as well as access to online systems such as OCEAN. This fully portable work requires internet access and a government-furnished laptop, software suite, and telephone. Alternate work location provides high-speed cable internet access, quiet environment conducive to focus, and video conferencing capabilities sufficient to accomplish all necessary tasks.

Duty 5 (10%) OCEFT Quality Program Representative

- Serves as an advisor to OCEFT senior management on quality assurance issues.
- Works with OCEFT staff and managers to integrate program policies and directives into OCEFT's mission and accomplishes follow-up actions to ensure compliance with, or resolution of, findings and recommendations.
- Independently represents OCEFT on QA discussions within OECA and the EPA.

Explanation: Duties of the OCEFT Quality Program Representative require national-level coordination with OCEFT, OECA, and EPA personnel primarily located outside of the Lakewood, CO commuting area. Tasks require word processing and electronic communication capabilities including MS Teams. This fully portable work requires internet access and a government-furnished laptop, software suite, and telephone. Alternate work location provides high-speed cable internet access, quiet environment conducive to focus, and video conferencing capabilities sufficient to accomplish all necessary tasks.

PROGRAM ANALYST
GS-0343-13

INTRODUCTION:

This position is located within the Professional Integrity and Quality Assurance (PIQA) Staff, Immediate Office, Office of Criminal Enforcement, Forensics and Training (OCEFT). OCEFT is a criminal law enforcement program within the U.S. Environmental Protection Agency (EPA), Office of Enforcement and Compliance Assurance (OECA). In this capacity, the incumbent conducts independent oversight of the implementation and management of OCEFT's environmental quality systems, develops the OCEFT Quality Management Plans, and conducts annual assessments of OCEFT's quality systems. The incumbent performs complex program and policy reviews of OCEFT initiatives and operations; and assists in the direction, coordination, development, implementation and management of national programs within OCEFT.

MAJOR DUTIES AND RESPONSIBILITIES:

DUTY 1 **25%**

Conducts independent oversight of the implementation and management of OCEFT's quality system; plans, develops, and implements OCEFT's overarching Quality Management Plan (QMP) and coordinates the development and implementation of divisional QMPs. Independently conducts annual review of OCEFT's QMP and oversees annual reviews of division [(National Enforcement Investigations Center (NEIC) and Criminal Investigation Division (CID)] appendices in the OCEFT QMP) to ensure conformance with federal and Agency standards and meets mandatory EPA Quality System requirements. Analyze, evaluate and recommend changes to OCEFT QMP as needed and ensure that division QMPs are amended as needed following annual reviews to ensure efficient implementation of OCEFT's programs; complete OCEFT and division-level QMP updates every five years and serve as lead for coordination with the Office of Environmental Information for approval. Coordinates any changes with OCEFT- PIQA Special Agent in Charge (SAC) and OCEFT Director and Deputy Director and ensure implementation by organizational units. Serve as expert with regard to QMP processes and serve as national lead for development and delivery of guidance and training to OCEFT as needed.

DUTY 2 **30%**

Designs and conducts quality management system audits during periodic management reviews of the Criminal Investigative Division (CID) Field Offices and other OCEFT operating units, including NEIC, National Capital Area Office (NCAO) and National Computer Forensics Lab (NCFL) as defined in OCEFT's Office Inspection Manual. Regularly evaluates and revises audit checklists to ensure compliance with current EPA requirements for implementing the EPA Quality Policy and associated Agency procedures. Serves as lead or senior member of a review team and communicates with senior level managers from across OCEFT's Headquarters and field components, including OCEFT and CID SES Office and Division Directors, CID Special

Agents in Charge and regional office management to obtain required information and reviews responses to ensure responses are comprehensive. Completes thorough technical reviews of various work products submitted by the office and/or unit under review, including the office self-inspection, investigation files, forensic support requests, and OCEFT Directives for compliance with a focus on quality assurance. Independently identifies areas that may be candidates for improvement in their administration and management and prepares documentation regarding corrective actions necessary for resolution for OCEFT senior management implementation.

DUTY 3 **20%**

Manages a comprehensive OCEFT Directives system on OCEFT's SharePoint site and maintains a detailed crosswalk to correlate existing processes and directives to Agency requirements. Monitors and evaluates extensive collection of directives which include, e.g., law enforcement directives such as arrest, firearms, evidence handling, as well as document control, hiring, etc. Analyzes and prepares reports and recommendations regarding needed changes or identifies situations where deviations or exceptions to the directive should be authorized and directly advises OCEFT senior management officials of these findings. Changes may be the result of office inspection findings which require a change in directive, Agency processes or requirements, or feedback from OCEFT employees. Advises SAC-PIQA and OCEFT SES Director and Deputy Director in all phases of implementing the policy system. Provides expert assistance to workgroup leads with document development, review, and approval and briefs OCEFT SES Director and Deputy Director monthly on status of directives under review and identifies those issues requirement senior leadership consideration when necessary. Ensures that centralized access (SharePoint) to OCEFT directives is available and updated to assure appropriate user access and that the distribution of OCEFT directives is kept current.

DUTY 4 **15%**

Applies an in-depth and broad knowledge of forensic quality assurance program practices, procedures, and precedents and uses a high level of professional knowledge and judgment in determining practicality, appropriateness, and acceptability of program guidelines. Evaluate program quality and influences and persuades management to accept and implement recommendations on courses of action. Works with the CID Forensics Coordinator on non-EPA laboratory evaluations and analyses in compliance with OCEFT Directives. Provides expert quality management system implementation consultation for NEIC and NCFL to establish efficient management practices, determine programmatic and administrative requirements, and assure the highest degree of proficiency in the development and execution of assigned programs.

DUTY 5 **10%**

Serves as an advisor to OCEFT senior management on quality assurance issues. Works with OCEFT staff and managers to integrate program policies and directives into OCEFT's mission and accomplishes follow-up actions to ensure compliance with, or resolution of, findings and

recommendations. Independently represents OCEFT on QA discussions within OECA and the EPA.

Performs other duties as assigned.

FACTORS:

Factor 1 – Knowledge Required by the Position **Level 1-8 1550 Points**

Mastery of and skill in applying analytical approaches to quality assurance/control concepts, operating principles, and methodology applicable to the organization's mission. This includes expert knowledge of EPA organizational missions, objectives, and procedures; the relationship with other program areas; and the regulatory framework in which the program operates.

Mastery and thorough knowledge of the full range of principles, concepts, and methodology related to one or more quality management programs, and considerable skill in applying this knowledge to the planning and accomplishment of a variety of difficult, complex, and interrelated work assignments.

Knowledge of the Federal regulatory framework pertaining to the management of air and water pollution, hazardous waste, and toxic/hazardous substances. Comprehensive knowledge of the range of environmental laws, policies, regulations, and precedents applicable to the administration of an organizational quality system.

Expert knowledge of administrative and evaluative techniques or methods used in improving program effectiveness and efficiency. Skill in conducting complex studies and investigations, problem analysis, and developing logical and documented recommendations to ensure compliance with Agency requirements and federal standards.

Skill in applying the principles and practices of auditing and management standards, as established by the American Society for Quality Control (ASQC), the American National Standards Institute (ANSI), and the International Organization for Standardization (ISO), and EPA Quality Program Policy-CIO 2106.0.

Skill in written and oral communications to conduct interviews, prepare written reports and directives, provide effective guidance and training, and explain, defend, and justify decisions and recommendations to senior management.

Factor 2 – Supervisory Controls **Level 2-4 450 Points**

The incumbent reports to the SAC, PIQA and routinely interacts directly with SES and senior managers across OCEFT's Headquarters and field components to implement quality assurance improvements. The employee and supervisor develop a mutually acceptable project plan which typically includes identification of the work to be done, the scope of the project, and deadlines

for its completion. The incumbent has the responsibility for planning, developing, coordinating projects and other activities independently. Completed projects, evaluations, reports, or recommendations are reviewed by the supervisor for
compatibility with organizational goals, guidelines, and effectiveness in achieving intended objectives. Completed work is also reviewed critically outside the employee's immediate office by staff and line management officials whose programs and employees would be affected by implementation of the recommendations.

Factor 3 – Guidelines **Level 3-4 450 Points**

Guidelines consist of the EPA Quality Policy; broad Agency policies, directives, orders, and guidance; national and international quality guidelines and standards (e.g., ISO/IEC 17025, ISO/IEC 17020, ILAC-G19, and ANSI/ASQC 1994); the Federal Register; pertinent EPA administrative policy statements; and references, such as legislative history, court decisions, State and local laws, or Agency initiatives. The incumbent refines and develops specific guidelines to be used within OCEFT. The incumbent refers to and complies with all applicable regulatory and procedural guides. These include EPA and OCEFT, rules, regulations, orders, policy memoranda and directives.

Factor 4 – Complexity **Level 4-5 325 Points**

The incumbent is responsible for planning and directing a major program that affects all OCEFT technical operations and work products. Assignments include a broad range of duties, involving substantial depth and breadth, numerous interrelationships, complex variables, and the application of new theories and methodologies. Complex problems include evaluating state-of-the-art field and laboratory forensic tools, evaluating technical and administrative process deficiencies, evaluating root causes, devising strategies to address deficiencies and prevent recurrences, and monitoring work process improvements.

The incumbent develops goals, objectives, and plans for the long- and short-range implementation and administration of the OCEFT quality programs, including criteria for evaluating the effectiveness of the program. The employee must understand the processes the staff uses in producing quality products. Initiative and resourcefulness are required to identify new and more effective ways to assist staff in building into or enhancing quality in work products.

Factor 5 – Scope and Effect **Level 5-4 225 Points**

The incumbent has the overriding administrative responsibility in defining and implementing the OCEFT quality system. Incumbent represents OCEFT on quality matters with OECA and OEI. As such, the incumbent develops long- and short-range program plans, goals, objectives, and milestones; and establishes the criteria to be used and evaluates the effectiveness of the system. The incumbent identifies and develops ways to resolve problems or cope with issues which directly affect the accomplishment of principal program goals and objectives. The incumbent

identifies opportunities for and continually promotes quality improvements.

Factors 6 & 7 – Personal Contacts and Purpose of Contacts **Level 3C 180 Points**

The incumbent works closely with OCEFT senior management; EPA Headquarters; OCEFT field staff, including National Enforcement Investigations Center (NEIC) quality staff and Criminal Investigation Division Special Agents; top EPA scientists, engineers and managers.

The incumbent represents OCEFT on intra-agency communications, which include OECA QA communications and meetings, National Program Office QA Manager meetings, and OEI Quality Community meetings. Contacts are also for the purpose of persuading and influencing others who are uncooperative or unreceptive to recommendations for changes.

Factor 8 – Physical Demands **Level 8-1 5 Points**

The work in the office is sedentary. Performance of duties may require frequent site inspections throughout OCEFT. Travel by automobile or airplane is occasional.

Factor 9 – Work Environment **Level 9-1 5 Points**

Most work is performed in an office setting, although there could be occasional exposure to laboratory environments during an inspection of NEIC or if there is a need to be present in an EPA regional lab.

Total Points: 3190
Grade: GS-13

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	N/A	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature CHRISTINE BELKA Digitally signed by CHRISTINE BELKA Date: 2022.05.12 09:13:43 -04'00'

Supervisor Signature GREGORY HORVATH Digitally signed by GREGORY HORVATH Date: 2022.05.12 09:19:37 -04'00'

EPA Form 3181-8

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Stephanie DeVeaux	**Job Title & Grade:** IT Specialist GS-13
AAship/Region and Division: OECA/OCEFT/NEIC	**Address of Official Agency Worksite:** Denver Federal Center, Bldg 25
Employee's Work Phone: 303-462-9069	**Employee's Work E-mail Address:** deveaux.stephanie@epa.gov
First-line Supervisor: Michael Scales	**First-line Supervisor's Work Phone:** 303-462-9083
Proposed Start Date: 1 May 2022	**If Temporary, Proposed End Date:**

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☑ Yes

☐ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: Ex. 6 Personal Privacy (PP)	**Alternate Phone Number (if available):** Ex. 6 Personal Privacy (PP)

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on 19 Oct 2021 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals: See Attached Page **Approval/Disapproval (attach documentation):** ☐ Approved ☐ Disapproved (cite reason(s) below)	
Employee's Signature: Stephanie DeVeaux Digitally signed by Stephanie DeVeaux Date: 2022.04.19 15:46:23 -06'00'	**Date:** 04/19/2022
Supervisor's Signature:	**Date:**
AA/RA (or designee) Signature:	**Date:**
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

EPA Form 3181 Attachment

Stephanie DeVeaux

Explanation of Effective Performance from RWL

I currently perform 100% of my job duties remotely. I have been able to effectively maximize telework for nearly 10 years. Because my primary duties are web development and professional graphic design; and my secondary duties are in general information management (intranet), all of my work is performed from a networked computer. Also, for the past 10 years, most of my supervisors have been located in other States (Mostly Washington DC), so accountability and effective remote communication has been the norm for me long before most employees transitioned to remote work.

Explanation of Work

WebMaster

Approximately 40% of my work is as Webmmaster for the Office of Criminal Enforcement, Forensics and Training (OCEFT), this work and all associated quality controls are all performed online. I report to the OECA web lead and update, remove and add content on the OECA subsite for OCEFT. I communicate by email, Teams and SharePoint with Subject Matter Experts (SME's) for the various web content areas. As new content is developed or proposed, I work via Teams and use screensharing for real-time review of sites that are under development and unpublished, then instruct users on how to access draft content through epa.gov/user login after draft content is ready for sharing. Ex. 7(C) Ex. 7(C) Ex. 7(C) I also co-manage DEIA web content for OECA, most recently providing web content for the OECA virtual career fair. Content quality is managed using two systems, SiteImprove and Drupal, each of which provides information on the status and quality of our web content. I access SiteImprove to generate reports every week on issues like broken links, and I correct those immediately upon detection; I use the Drupal content management platform for weekly content review reminders to avoid automatic page expirations - Drupal provides webmasters with a review cycle of reminders to review content for accuracy and relevance, then re-publish the content. Any pages which are not reviewed are automatically unpublished. Usually, I receive content change requests outside of this cycle and make changes as needed. In the rare event that I miss a pending expiration notice, inadvertently unpublished pages are caught by the OECA Web Lead

I need to be connected to the VPN to access and edit internet content. While teleworking over the past 5 years, I haven't experienced more than a few occasions where I was unable to connect, and those were resolved relatively quickly by working with the help desk. For troubleshooting content issues, I work directly with the OECA web lead. I participate in all WebMaster committee/group meetings and communicate any issues that may affect SME's and customers as these matters may arise.

The second part of being WebMaster for OCEFT is managing internal online content which is housed on the Agency's intranet server and on SharePoint. I am currently using DreamWeaver (an Adobe program) to manage the intranet content for OCEFT, but we are currently in the beginning planning

stages for migrating this content to the Drupal platform. Organizationally, this content is a subsite under the OneOECA site and I will work with the OECA Web lead and our internal customers throughout the process. I also developed and maintain primary responsibility for managing the OCEFT SharePoint homepage and several connected pages. Currently, this is mostly maintenance, e.g., managing access and providing instruction for use or troubleshooting assistance for existing users.

Professional Graphic Design Services

My other primary duty is to providing professional graphic design services for a variety of internal customers. This work is 30 - 40% of my total workload. These products include promotional materials like brochures and flyers for online distribution, custom templates for presentations, posters, infographics for incorporation into various online and printed media, custom designs for large format graphic products like pop up banners and custom design work for general use. Many of the products I develop are completely unique and designed from scratch from start to finish. I also start some from templates that are available for download and will modify those products to fit a specific need/project. Very large graphics files are delivered to print shops via large file sharing services, like EPA's GoAnywhere web client.

Another service I provide along these lines is video editing, and although it is separate from graphic design, there is a design component to it, and it is all done from a computer. Large raw files for editing are received via GoAnywhere. This work is intermittent, making up less than 5% of my overall work, but when I do have video-related project requests, the work can take up to several weeks from start to finish and I do keep this skillset up to date. Right now I do have several active video editing projects which are for OECA's DEIA program. I use professional video editing software for these products - Adobe Premiere Pro, and Premiere Rush which is a lighter or limited version of Premiere Pro.

Information Management

I also have several general information management kinds of products/roles which are related to information gathering and sharing. This work is also performed online. Ex. 7(C)

Ex. 7(C)

Ex. 7(C) I'm also working on streamlining information for onboarding-related content for NEIC. This involves moving information that exists on an older internal network drive to SharePoint while updating the information provided for accuracy and general content improvement.

Communication/Work Management/Work Environment, Etc.

I communicate with my direct supervisor, team members and customers primarily via MS Teams and email. My work number is forwarded to my mobile phone so that I can always be reached during my scheduled work hours. I maintain a task list through MS Teams with the current status of all active projects and share that with my first- and second-line supervisors. I also provide Teams tracking lists for

individual customers for longer term projects where needed. I participate in bi-weekly status meetings with my supervisor and report any unanticipated changes in project status immediately.

I have a dedicated office which is ergonomically equipped and separate from day to day living space. If needed, I have dedicated lockable file drawers and all the typically used office equipment and supplies. I have the highest speed internet service available and also have backup service in the event of a service interruption.

Affirmation

Approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals because the nature of my work is computer/network reliant, and I already maximize the agencies resources for, and have developed skills for highly effective remote work, including work tracking, accountability during long-term project development, team participation and effective communication with work customers, peers and supervisors.

EPA

Appendix A – EPA Remote Work Agreement

Employee's Name: Lessa N. Givens	**Job Title, Pay Plan, Series & Grade:** GS343-13 Program Analyst
Office/Region and Division: OECA/NEIC/IPS	**Address of Regular Office or Worksite:** Denver Federal Center, Building 25, Denver, CO 80225
Employee's Work Phone: (303) 462-9066	**Employee's Work Email Address:** Givens.Lessa@EPA.Gov
Supervisor's Name: Michael Roach	**Supervisor's Work Phone & Email Address:** 303-462-9080, Roach.Michael@EPA.Gov
Proposed Start Date: 5/16/2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):
Ex. 6 Personal Privacy (PP)

Within same Locality Commuting Area of Regular Office or Worksite:

(●) Yes ( ) No

(Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ( ) Yes ( ) No

Request:

Select one: (●) New Request ( ) Request for Modification to Existing Agreement

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. I have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

(X) Approved

( ) Disapproved (cite reason(s) below)

Employee's Signature: LESSA GIVENS Digitally signed by LESSA GIVENS Date: 2022.05.04 10:04:08 -06'00'

Supervisor's Signature: MICHAEL ROACH Digitally signed by MICHAEL ROACH Date: 2022.05.04 10:39:35 -06'00'

AA/RA (or designee) Signature: Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.05.12 07:59:45 -04'00'

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

EPA Form 3181-7

Application for Remote Work Lessa Givens

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

Duties of a Program Analyst/Funds Control Officer are portable and do not require in-person activities. My duties in support of the Agency's mission, currently achieve operational goals and are being performed as effectively from my remote work location (RWL) as from the NEIC worksite. My proposed RWL is in the Denver/Aurora Locality Pay Area, resulting in no change in pay rate, or increased costs to the Agency. Approval of this request would result in a cost savings to the Agency by reducing facility operational costs, aid in the reduction of energy and water use and eliminate the current transportation subsidy.

My responsibilities as a Funds Control Officer encompasses 100% portable duties and approving my remote work application does not result in the reassignment of any work or duties. The NEIC structure and mission currently requires that I utilize existing electronic systems to collaborate with staff that are geographically seperated from my official work site, in Headquarters and across the 10 Regions. Budget planning and transaction processing can be effectively completed from the RWL utilizing the Agency's current desktop resources, automated financial databases and reporting systems. Financial and budget reviews conducted from the RWL are as effective and efficient as those conducted at the NEIC worksite.

My participation in Agency workgroups currently occurs virtually, through Microsoft Teams, since the Agency's financial and acquisition staff are geographically seperated, in Headquarters and the 10 Regions, and will remain the same with remote work. My current work schedule provides sufficient availability to participate in briefings and discussions with NEIC management and collaborate with staff using online collaboration tools such as email, Teams, and phone. All records that I keep in the process of my duties are generated and stored electronically, consistent with the federal mandate that "to the fullest extent possible, agencies eliminate paper and use electronic recordkeeping." (Mandate M-12-18). EPA is moving forward with this transition to an electronic records environment, which further evidences I will not need regular access to the NEIC office. I have successfully collaborated with and provided support to customers throughout Agency Program Offices, and Regions while working from the RWL. All work can be accomplished efficiently at the RWL as demonstrated during the pandemic. The RWL meets the safety checklist requirements (attached) and I have reliable, high-speed internet. I demonstrated that this work can be accomplished remotely with little to no supervision while working remotely during the pandemic in 2020 and 2021. Ex. 6 Personal Privacy (PP)

Ex. 6 Personal Privacy (PP)

Ex. 6 Personal Privacy (PP)

My virtual collaboration with NEIC staff over the last two years demonstrates that my work can be done remotely, and if any instances arise and management or I prefer that I collaborate with NEIC employees in person, I can easily be recalled to the NEIC office, as it is less than 8.5 miles from my RWL. If travel is required in support of the Agency mission or if I'm required to participate in person for meetings travel initiated from the RWL which remains within the same commuting area of travel that is initiated from the Official Agency worksite. Therefore, travel costs would not increase, because local travel standards will continue to be utilized the RWL is within the local commuting area, in person meetings or trainings at the Official Agency worksite would not incur travel costs and costs would be de minimis per Section 10b of the AFGE remote work article. All duties can be performed from the RWL and AWL as effectively as from Official Agency worksite which has been demonstrated throughout the pandemic. As the Agency agreed in the Remote Work Article, allowing remote work can further the Agency's mission of protecting human health and the environment via "protection of environmental quality by reducing commutes and in turn reducing traffic congestion and vehicle emissions, reduction in the agency's carbon footprint, . . . enhanced health and safety (reduced viral transmission), . . . and improved emergency preparedness." This is particularly true in the Denver metro area, where commuting to the office contributes to Denver's status as Clean Air Act non-attainment zone, Therefore, the approval of this request will not diminish the Agency's ability to support its mission and meet operational goals.

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature Lessa Givens Supervisor Signature MICHAEL ROACH Digitally signed by MICHAEL ROACH Date: 2022.05.04 07:55:05 -06'00'

EPA Form 3181-8

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
HUMAN RESOURCES SHARED SERVICE CENTER

Position Description Coversheet *(Please read instructions on back)*

1. Position No.	SA00020
2. Incumbency Allocation Only?	May be IAed
3. Reason for Submission	New
4. Employing Office Location	Lakewood, CO
5. Duty Station	Lakewood, CO
6. BUS Code	8888
Explanation (Show any positions replaced)	Reassignment
7. Fair Labor Standards Act	Exempt - Administrative
8. Financial Statements Required	No Financial Disclosure Required
9. Cybersecurity Code	a. 000
10. Position Status	Competitive
11. Supervisory Status Code	8 - All Other Positions
12. Competitive Level Code	
13. Competitive Area	
14. Drug Testing	No
15. Extramural %	None
16. Functional Class Code	00
17. Medical Monitoring	No
18. Position Sensitivity	Non-Sensitive
19. Security Clearance	0 - Not Required
20. Position Risk	2 - Moderate
21. Emergency Essential	No
22. Developmental Position	No
23. Full Performance Level	GS-13

24. Position Classification	Official Title of Position	Pay Plan	Occupational Code	Grade
a. Official Allocation	Program Analyst	GS	0343	13

25. Organizational Title of Position (if different from official title)	
26. Name of Employee (if vacant, state such)	Lessa Givens

27. Deparment, Agency, or Establishment Hierarchy

a. 1st Tier Org Code: B0000000	1st Tier Org Description: Assistant Administrator for Enforcement and Compliance Assurancee
b. 2nd Tier Org Code: BD000000	2nd Tier Org Description: Office of Criminal Enforcement, Forensics and Training
c. 3rd Tier Org Code: BDC00000	3rd Tier Org Description: Office of National Enforcement Investigations Center
d. 4th Tier Org Code: BDC0A000	4th Tier Org Description: Infrastructure and Projects Support Branch
e. 5th Tier Org Code	5th Tier Org Description

28. **Supervisory Certification:** *I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships. The position is necessary to carry out Governmental functions for which I am responsible. This certification is made with knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.*

a. Typed Name and Title of Immediate Supervisor		b. Typed Name and Title of Higher-Level Supervisor or Manager	
Michael Roach, Branch Chief, NEIC		Francisco Cruz, Acting Director, NEIC	
Signature	Date	Signature	Date
		FRANCISCO CRUZ Digitally signed by FRANCISCO CRUZ Date: 2020.09.01 15:09:31 -06'00'	09/01/2020

29. **Classification/Job Grading Certification:** *I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformation with standards published by the U. S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standard.*

Information for Employees: The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or U.S. Office of Personnel Management.

a. Typed Name and Title of Official Classifying the Position		30. Position Classification Standards Used in Classifying/Grading Position
Signature	Date	

31. Remarks

This is an Agency Standardized PD - Program Analyst, GS-13 UPDATED: 05/25/17 RTP-SSC.

NOTE: DO NOT print this form. Printing will disable the electronic signature features. This form will not be accepted if it is printed and scanned.

EPA Form 3150-2 (Rev 4/2019) Previous versions are obsolete

Instructions for Completing Environmental Protection Agency
Position Description Coversheet

1. Enter the position number used by the agency for control purposes.

2. Select one.

3. Select one:
   * New - the position has not previously existed.
   * Redescription - the duties and/or responsibilities of an existing position are being changed.
   * Reestablish - the position previously existed, but had been cancelled.
   * Other - covers such things as change in title or occupational series with change in duties or responsibilities.
   The "Explanation" section should be used to show the reason if "Other" is checked, as well as any position(s) replace by position number, title, pay plan, occupational

4. Enter geographic location by city and State (or by city and country if position is in a foreign country).

5. Enter the Duty Station if different than Employing Office Location.

6. Enter the Bargaining Unit Status code.

7. Select one. If the position is a Career Ladder then select "See Remarks" and annotate the Grade and FLSA progression in #31 Remarks.

8. Select one.

9. Enter up to three (3) cybersecurity codes.

10. Select one

11. Select one.

12. Enter the Competitive Level Code determined by the agency.

13. Enter the Competitive Area determined by the agency.

14. Select "Yes" or "No".

15. Enter Extramural Percentage.

16. Functional Class Code.

17. Select "Yes" or "No".

18. Select one.

19. Select one.

20. Select one.

21. Select "Yes" or "No".

22. Select "Yes" or "No".

23. Enter the Full Performance Level of the position.

24a. Enter the Official Position Title, Pay Plan, Occupational Code, and Grade of the position.

25. Enter the Organizational Title of the position if different from the Official Title.

26. Enter the name of the Employee; if vacant, enter "Vacant".

27a. (Enter the 1st Tier Org Code and Org Description. For example, H0000000 Office of Mission Support.

27b. Enter the 2nd Tier Org Code and Org Description, if applicable. For example, HB000000 Office of Management and Administration - Cincinnati.

27c. Enter the 3rd Tier Org Code and Org Description, if applicable. For example, HBA00000 Human Resources Management Division.

27d. Enter the 4th Tier Org Code and Org Description, if applicable. For example, HBAB0000 Headquarters Operations Branch.

27e. Enter the 5th Tier Org Code and Org Description, if applicable.

28a. Enter the Name and Title of the Immediate Supervisor, and apply electronic signature and date in the space provided below.

28b. Enter the Name and Title of the Higher-Level Supervisor or Manager, and apply electronic signature and date in the space provided below.

29a. Enter the Name and Title of Official classifying the position, and apply electronic signature and date in the space provided below.

30. Enter the position classification/job grading standard(s) used and the date of issuance.

31. This section may be used for additional coding requirements or for any additional remarks.

PROGRAM ANALYST
GS-0343-13

POSITION SUMMARY:

As Senior Program Analyst you will:

- Design and conduct comprehensive management studies to identify and propose solutions to complex or controversial management problems with far-reaching scope or impact to a broad range of program operations;
- Develop and apply analytical approaches, methodology, concepts and techniques to plan and carry out studies/projects to lead the organization in program planning, measurement or progress evaluation;
- Revise current or proposed policies, laws, regulations or administrative procedures with far-reaching scope and impact and make decisions and recommendations which significantly change, interpret or develop important Agency programs;
- Gather and evaluate programmatic data to develop complete decision packages, staff studies, recommendations, and special reports and prepare executive briefings and similar materials for use by management in carrying out and reporting on program accomplishments.

MAJOR DUTIES AND RESPONSIBILITIES:

DUTY 1 25%

Design and conduct comprehensive management studies to identify and propose solutions to complex or controversial management problems with far-reaching scope or impact to a broad range of program operations. Projects typically involve development of new approaches to identifying meaningful workload factors and performance quality levels and determining accurate measurement techniques. Conduct projects and studies to evaluate performance, progress, program status and trends in area of specialization against approved missions, schedules, goals, objectives, and measures of performance. Develop detailed plans, goals, and objectives for the long-range implementation and administration of the program and develop criteria for evaluating the effectiveness of the program. Prepare recommendations for policies to change the way programs are carried out and evaluates the content of new or modified legislation for projected impact upon agency programs and resources. Translate basic legislation into program goals, actions, and services.

DUTY 2 25%

Develop and apply analytical approaches, methodologies, concepts and techniques to plan and carry out studies/projects to lead the organization in program planning, measurement, or progress evaluation. Develop long-range program plans, goals, objectives, and milestones, to

evaluate the effectiveness of programs conducted throughout the organization. Identify and develop ways to resolve problems or cope with issues which directly affect the accomplishment of principal program goals and objectives (e.g., the delivery of program benefits or services). Studies and analyses are of such scope that they frequently require a team effort. Plan, evaluate, coordinate, and integrate activities with other applicable staff elements and functions.

DUTY 3 **25%**

Revise current or proposed policies, laws, regulations or administrative procedures with far-reaching scope and impact and make decisions and recommendations which significantly change, interpret or develop important Agency programs. Develop approaches to best implement requirements, resolve issues, define the nature and scope of any problem areas, and communicate potential areas to improve effectiveness and efficiency of program operations. Develop administrative regulations or guidelines for the conduct of program operations and develop new criteria for measuring program accomplishments. Identify and develop data required for use in management and direction of programs. Uses initiative to keep current with all changes to governing regulations, laws, directives, circulars, policies, and procedures that impact, or could impact, assigned areas. Maintain an understanding of program goals and objectives, the sequence and timing of key program events and milestones of the mission of the organization and other related programs.

DUTY 4 **25%**

Gather and evaluate programmatic data to develop complete decision packages, staff studies, recommendations, and special reports and prepare executive briefings and similar materials for use by management in carrying out and reporting on program accomplishments. Collect, evaluate, and develop executive summaries, metric data, performance plan data, and annual report data for assigned areas. Utilize expert application of qualitative and quantitative methods for the assessment and improvement of program effectiveness. Identify meaningful performance indicators, quality levels and determine accurate measurement technique. Prepare presentations and briefings on studies/analyses/evaluation results, in support of the overall program requirements, as assigned. Prepare, present, and defend data developed for this purpose.

Area of expertise or other related information:

FACTOR LEVEL DESCRIPTIONS:

Factor 1 - Knowledge Required by the Position — Level 1-8 (1550 points)

Mastery knowledge of and skill in applying a wide range of analytical and evaluative methods and techniques for assessing program development, execution, and improving organizational effectiveness and efficiency. The senior analyst serves as an expert and authority in extending existing approaches and applying new developments to investigate critical problems or in making decisions and recommendations, which significantly change, interpret, or develop important Agency programs.

Mastery knowledge of and skill in applying a wide range of methods used to gather, analyze, and evaluate information concerning complex management and administrative processes, draw conclusions, and recommend appropriate action.

Comprehensive knowledge of pertinent laws, regulations, policies, directives, and precedents which affect the use of program and related support resources (people, money or equipment in the area studied.)

Comprehensive knowledge of agency programs and functions, policies, objectives, and issues, and their relationship to other federal/state/local government entities sufficient to analyze and evaluate methods and techniques for program development, execution and improvement.

Knowledge of and skill in preparing project papers, staff reports, and oral briefings to encourage understanding and acceptance of findings and recommendations.

Factor 2 - Supervisory Controls — Level 2-4 (450 points)

The supervisor outlines overall objectives and available resources. Within a framework of priorities, funding and overall project objectives, the employee and supervisor develop a mutually acceptable project plan which typically includes identification of the work to do done, the scope of the project, and deadlines for completion. The employee is responsible for planning and carrying out assignments, coordinating the work with others, interpreting policy in terms of feasibility and compatibility with other work, and the initial application of newmethods.

The employee informs the supervisor of potentially controversial findings, issues, or problems with widespread impact. Completed projects, evaluations, reports, or recommendations are reviewed by the supervisor for compatibility with organizational goals, guidelines, and effectiveness in achieving intended objectives.

Factor 3 - Guidelines — Level 3-4 (450 points)

Guidelines consist of general administrative policies and management and organizational theories which require considerable adaptation and/or interpretation for application to issues and problems studied. Administrative policies and precedent studies provide a basic outline of the results desired, but do not go into detail as to the methods used to accomplish the project.

Administrative guidelines usually cover program goals and objectives of the employing organization such as productivity targets. Within the context of broad regulatory guidelines, the employee may use initiative and resourcefulness to refine or develop more specific guidelines such as implementing methods for the measurement and improvement of effectiveness and productivity in the administration of operating programs.

Factors 4 - Complexity **Level 4-5 (325 points)**

The work consists of projects or studies which require analysis of interrelated issues of effectiveness, efficiency and productivity to a broad range of mission-oriented activities. Decisions regarding what needs to be done are complicated by conflicting program goals and objectives which may derive from changes in guidelines and variations in the demand for program services. Work is further complicated by the need to handle subjective concepts such as value judgments. The employee develops new approaches to program evaluation which serve as precedents for others.

Factor 5 - Scope and Effect **Level 5-5 (325 points)**

The purpose of the work is to analyze and evaluate major administrative aspects of mission-oriented programs. Work involves providing expert administrative guidance and the leadership necessary to resolve matters which are very complex or controversial, or which set general precedent. Work involves delicate coordination to resolve problems impacting the accomplishment of principal program goals and objectives. Completed assignments typically have major consequences involving prominent and fundamental matters with the potential for far-reaching impact. The work may require the development of administrative guidelines, detailed strategies, or new criteria for measuring program achievement.

Factors 6/7 - Personal Contacts/Purpose of Contacts **Levels 3c (180 points)**

Personal contacts are generally within the Agency and organizations being studied but may include those outside the agency who are consultants, contractors, or employees of other government organizations in a moderately unstructured setting.

The purpose of the contacts is to gather information, provide or request advice and guidance on plans/proposals, interpret policy/regulations or present controversial observations, findings or recommendations. Contacts often require persuasion and diplomacy in order to reach agreement and resolution.

Factor 8 - Physical Demands **Level 8-1 (5 points)**

The work is primarily sedentary. There may be some walking, standing, bending and carrying light items and may involve travel to other locations. No special physical demands are involved in performing the work.

Factor 9 - Work Environment **Level 9-1 (5 points)**

The work environment involves everyday risks or discomforts requiring normal safety precautions typical of office settings. The work area is adequately lighted, heated and ventilated.

TOTAL POINTS: 3290
GS-13 Grade Range: 3155-3600

FLSA: Exempt

Appendix D – Remote Work Agreement

Employee's Name: Craig Boehr	**Job Title, Pay Plan, Series & Grade:** Attorney-Advisor, GS-15
Office/Region and Division: OECA/OSRE/PPED	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave. NW
Employee's Work Phone: 202-564-5162	**Employee's Work Email Address:** boehr.craig@epa.gov
Supervisor's Name: Kyle Aarons	**Supervisor's Work Phone & Email Address:** 202-564-7351; aarons.kyle@epa.gov
Proposed Start Date: 1/1/23	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: CRAIG BOEHR Digitally signed by CRAIG BOEHR Date: 2022.11.22 13:37:55 -05'00'

Supervisor's Signature: KYLE AARONS Digitally signed by KYLE AARONS Date: 2022.11.22 15:09:22 -05'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature: MARK BADALAMENTE	Digitally signed by MARK BADALAMENTE Date: 2022.12.15 10:24:23 -05'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Arlene R. Anderson	**Job Title & Grade:** EPS- GS-14
AAship/Region and Division: OECA/OC/PMOD/STPB	**Address of Official Agency Worksite:** 1200 Pennsylvania, NW, Washington, DC 20011
Employee's Work Phone: 202-564-0658	**Employee's Work E-mail Address:** anderson.arlene@epa.gov
First-line Supervisor: Daniel Palmer	**First-line Supervisor's Work Phone:** palmer.daniel@epa.gov
Proposed Start Date:	**If Temporary, Proposed End Date:**

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☑ Yes

☐ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: 202-564-0658	**Alternate Phone Number (if available):** Ex. 6 Personal Privacy (PP)

Request:

Check one: ☐ New Request ☑ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on 9/22/2022 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:	
For the past three years, I have been performing my duties remotely and 99% of my work will continue to be remote and electronic. Therefore, I don't see any reason to not continue remote since I am available to come into the office with advance notice and when necessary travel when it is required. My schedule will remain the same (4/10 schedule) Monday through Thursday, 6:30 am to 5:00 pm with Fridays as my Flex-day. 1) Coordinating with regional counterparts through video-conference (State Review Framework Liaison for Regions 3 & 7) 2) Reviewing regional files remotely and/or in person via travel to specific region/state (this would include travel to other regions, but would not require a continued attendance in the HQ office) 3) Coordinating with HQ team through video conference since all team members are working telework/remote schedules 4) Developing and updating documents for a pilot study with regional participants (SDWA Enforcement Review Pilot) 5) Managing the national workgroup for SDWA ER PIlot, which is conducted virtually on a monthly bases 6) Maintaining contact and providing remote training to regional reviewers for pilot activities throughout the year (SDWA	
Approval/Disapproval (attach documentation): ☑ Approved ☐ Disapproved (cite reason(s) below)	
Employee's Signature: ARLENE ANDERSON Digitally signed by ARLENE ANDERSON Date: 2022.10.17 07:47:53 -04'00'	**Date:**
Supervisor's Signature: DANIEL PALMER Digitally signed by DANIEL PALMER Date: 2022.10.20 10:07:06 -04'00'	**Date:**
AA/RA (or designee) Signature: MARK BADALAMENTE Digitally signed by MARK BADALAMENTE Date: 2022.12.15 09:24:45 -05'00'	**Date:**
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: David Bennett	**Job Title & Grade:** Criminal Research Specialist GS-14
AAship/Region and Division: OECA/OCEFT/CID/IB	**Address of Official Agency Worksite:** 1200 Sixth Avenue, Suite 155, Seattle, WA 98101-3140
Employee's Work Phone: 206-553-1983	**Employee's Work E-mail Address:** bennett.david@epa.gov
First-line Supervisor: Justin Oesterreich	**First-line Supervisor's Work Phone:** 913-551-7839
Proposed Start Date: As soon as approved	**If Temporary, Proposed End Date:**

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☑ Yes

☐ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: Ex. 6 Personal Privacy (PP)	**Alternate Phone Number (if available):**

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on 11/12/2009 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

EPA form 3181-13

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals: My position, Criminal Litigation Support Coordinator, is national in scope. I therefore provide support to the entire CID field as well as HQ. My work entails using my phone and my computer extensively. I occasionally travel to HQ, FLETC, and field offices (starting and finishing travel from my residence). The pandemic did not affect my interactions . Working remote will not change the work I am currently doing. In addition the Agency will save money by not having to pay for my public transit. **Approval/Disapproval (attach documentation):** ☒ Approved ☐ Disapproved (cite reason(s) below)	
Employee's Signature: DAVID BENNETT Digitally signed by DAVID BENNETT Date: 2022.02.10 11:10:24 -08'00'	**Date:** 01/10/2022
Supervisor's Signature: JUSTIN OESTERREICH Digitally signed by JUSTIN OESTERREICH Date: 2022.02.24 15:07:12 -06'00'	**Date:** 2/24/22
AA/RA (or designee) Signature: Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.04.07 15:02:15 -04'00'	**Date:**
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	Yes	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature DAVID BENNETT Digitally signed by DAVID BENNETT Date: 2022.02.17 14:32:12 -08'00'

Supervisor Signature JUSTIN OESTERREICH Digitally signed by JUSTIN OESTERREICH Date: 2022.02.24 15:09:12 -06'00'

EPA Form 3181-8

Elsbeth Hearn Remote Work Text

Primary job duties include:

1) Coordinating with regional counterparts through videoconference (State Review Framework Liaison for Regions 2 & 5)

2) Reviewing files from regions remotely and/or in person via travel to specific region/state (this would include travel to other regions, but would not require a continued attendance in the HQ office)

3) Coordinating with HQ team through video conference since all team members are working telework/remote schedules

4) Developing and updating documents for a pilot study with regional participants (SDWA Enforcement Review Pilot)

5) Maintaining contact and providing remote training to regional reviewers for pilot activities throughout the year (SDWA Enforcement Pilot and Stater Review Framework)

6) Maintaining databases through Teams and Sharepoint for all duties

7) Leading a multi-regional/agency workgroup dedicated to updating the State Review Framework RCRA media documents/process for the next round (RCRA Round 5 SRF Workgroup)

EPA

Appendix D – Remote Work Agreement

Employee's Name: Andrew Cherry	**Job Title, Pay Plan, Series & Grade:** Attorney/Advisor, GS-905-15
Office/Region and Division: OECA/OCE/WED (2243-A)	**Address of Regular Office or Worksite:** 1200 Pensylvania Ave., NW, Washington, DC 20460
Employee's Work Phone: 202-564-2589	**Employee's Work Email Address:** cherry.andrew@epa.gov
Supervisor's Name: Banjamin Bahk	**Supervisor's Work Phone & Email Address:** 202-564-4293, bahk.benjamin@epa.gov
Proposed Start Date: 5/22/22	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: ANDREW CHERRY Digitally signed by ANDREW CHERRY Date: 2022.05.12 16:36:28 -04'00'

Supervisor's Signature: BENJAMIN BAHK Digitally signed by BENJAMIN BAHK Date: 2022.07.13 15:57:35 -04'00'

Approval Official or Designee's Signature:	Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.10.07 12:17:26 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA Remote Work Self-Certification Safety Checklist		
	Select a Response	Comments
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

This checklist is designed to assess the overall safety of the Remote Work Location and must be completed and given to your supervisor with your Remote Work Agreement. Signing this form does not guarantee that the RWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their RWL that could impact the health and safety of the employee and others.

Employee Signature ANDREW CHERRY Digitally signed by ANDREW CHERRY Date: 2022.05.12 16.45:43 -04'00'

Supervisor Signature BENJAMIN BAHK Digitally signed by BENJAMIN BAHK Date. 2022.07.13 15:58:42 -04'00'

EPA Form 3181-8

EPA

Appendix A – EPA Remote Work Agreement

Employee's Name: Cordero, Jeanette L	**Job Title, Pay Plan, Series & Grade:** Administrative Specialist GS0301 11 step 10
Office/Region and Division: OECA/OCEFT Criminal Investigation Div, Southeast Area Branch	**Address of Regular Office or Worksite:** 61 Forsyth St., SW Ste 16T90, Atlanta, GA 30303
Employee's Work Phone: Ex. 6 Personal Privacy (PP) Area Office 415-947-4555	**Employee's Work Email Address:** cordero.jeanette@epa.gov
Supervisor's Name: (b) (7)(A)	**Supervisor's Work Phone & Email Address:** (b) (7)(A)
Proposed Start Date: 04/10/2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Commuting Area of Regular Office or Worksite:

( ) Yes (●) No

(Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ( ) Yes (●) No

Request:

Select one: (●) New Request ( ) Request for Modification to Existing Agreement

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. I have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

(X) Approved

( ) Disapproved (cite reason(s) below)

Employee's Signature: JEANETTE CORDERO Digitally signed by JEANETTE CORDERO Date: 2022.03.28 11:19:14 -07'00'

Supervisor's Signature: (b) (7)(A)

AA/RA (or designee) Signature: Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.06.06 15:05:49 -04'00'

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

EPA Form 3181-7

Appendix B – EPA Remote Work Self-Certification Safety Checklist		
	Select a Response	Comments
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	Yes	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	N/A	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

This checklist is designed to assess the overall safety of the Remote Work Location and must be completed and given to your supervisor with your Remote Work Agreement. Signing this form does not guarantee that the RWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their RWL that could impact the health and safety of the employee and others.

Employee Signature JEANETTE CORDERO Digitally signed by JEANETTE CORDERO Date: 2022.04.19 13:26:41 -07'00'

Supervisor Signature Ex. 7(C)

EPA Form 3181-8

Appendix D - EPA-AFGE Remote Work Application/Agreement	
Employee Name: Kimberly Chavez	**Job Title & Grade:** Environmental Protection Specialist/Inspector; GS-13
AAship/Region and Division: OECA/OCE/WCED	**Address of Official Agency Worksite:** 1200 Pennsylvania Ave NW, Washington DC
Employee's Work Phone: 202-564-4298	**Employee's Work E-mail Address:** chavez.kimberly@epa.gov
First-line Supervisor: Lynne Davies	**First-line Supervisor's Work Phone:** 202-564-0278
Proposed Start Date: 07-03-2022	**If Temporary, Proposed End Date:**
Address of Remote Work Location (Including city, state and zip code): Ex. 6 Personal Privacy (PP)	
Within same Locality Pay Area of Official Agency Worksite: ☐ Yes ☑ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
Phone Number: 773-816-0948	**Alternate Phone Number (if available):** 312-886-6753
Request: Check one: ☑ New Request ☐ Request for Modification to Existing Agreement Check if for temporary period: ☐ Temporary	
Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
Section 3. Safety Certification **Safety Certification:** The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
Section 4. Employee Certification and Signature	
Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
☑ Remote Work Training taken on 05-31-2022 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

EPA form 3181-13. Revised 01/22. Previous editions are obsolete.

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

As part of my regular duties as an HQ RCRA inspector, I travel to multiple EPA Regions annually to assist with inspections and trainings as requested by Regions and states. In FY22, I have completed and am tentatively scheduled to complete inspections in Regions 1, 2, 5, and 8. Given my diverse travel needs, it is advantageous to the Agency to have me centrally located in a major metropolitan area with extensive transportation options.
As CCR compliance reviews continue to increase as a share of overall RCRA work it is also advantageous to the Agency to have me centrally located in Region 5 as it is also one of the Regions with the most CCR sites.
My RWL is properly suited with an office space, high-speed internet connection, and all supplies and equipment necessary for me to perform my duties. In addition, Region 5 ECAD has tentatively agreed to make office space available for my use.

Approval/Disapproval (attach documentation):

☑ Approved
☐ Disapproved (cite reason(s) below)

Employee's Signature: KIMBERLY CHAVEZ	Digitally signed by KIMBERLY CHAVEZ Date: 2022.06.17 14:39:21 -04'00'	**Date:**
Supervisor's Signature: Lynne Davies	Digitally signed by Lynne Davies Date: 2022.06.17 14:51:47 -04'00'	**Date:**
AA/RA (or designee) Signature: Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.07.22 14:54:21 -04'00'	**Date:**

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	N/A	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature KIMBERLY CHAVEZ Digitally signed by KIMBERLY CHAVEZ Date: 2022.05.26 15:12:03 -04'00'

Supervisor Signature Lynne Davies Digitally signed by Lynne Davies Date: 2022.06.17 14:53:18 -04'00'

EPA Form 3181-8

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Elsbeth Hearn	**Job Title & Grade:** Environmental Protection Specialist, GS-13
AAship/Region and Division: OECA-OC-PMOD-STPB	**Address of Official Agency Worksite:** 1200 Pennsylvania Avenue
Employee's Work Phone: 781-454-6952	**Employee's Work E-mail Address:** Hearn.Elsbeth@epa.gov
First-line Supervisor: Elizabeth Ragnauth	**First-line Supervisor's Work Phone:** 202-564-3161
Proposed Start Date: 4/01/2022	**If Temporary, Proposed End Date:**

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☑ Yes

☐ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: 781-454-6952	**Alternate Phone Number (if available):**

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on 11/25/2020 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:
Primary job duties include: 1) Coordinating with regional counterparts through videoconference (State Review Framework Liaison for Regions 2 & 5) 2) Reviewing files from regions remotely and/or in person via travel to specific region/state (this would include travel to other regions, but would not require a continued attendance in the HQ office) 3) Coordinating with HQ team through video conference since all team members are working telework/remote schedules 4) Developing and updating documents for a pilot study with regional participants (SDWA Enforcement Review Pilot) 5) Maintaining contact and providing remote training to regional reviewers for pilot activities throughout the year (SDWA Enforcement Pilot and Stater Review Framework) 6) Maintaining databases through Teams and Sharepoint for all duties 7) Leading a multi-regional/agency workgroup dedicated to updating the State Review Framework RCRA media documents/process for the next round (RCRA Round 5 SRF Workgroup)
Approval/Disapproval (attach documentation): ☐ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: ELSBETH HEARN Digitally signed by ELSBETH HEARN Date: 2022.03.08 12:44:17 -05'00'	**Date:** 03/08/2022
Supervisor's Signature: ELIZABETH RAGNAUTH Digitally signed by ELIZABETH RAGNAUTH Date: 2022.03.14 17:31:21 -04'00'	**Date:** 03/14/2022
AA/RA (or designee) Signature:	**Date:**

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Aimee Hessert	**Job Title & Grade:** Environmental Protection Specialist GS-15
AAship/Region and Division: OECA/FFEO	**Address of Official Agency Worksite:** 1200 Pennsylvania Ave, NW MC
Employee's Work Phone: 202-564-0993	**Employee's Work E-mail Address:** hessert.aimee@epa.gov
First-line Supervisor: Marie Muller	**First-line Supervisor's Work Phone:** 202-564-0217
Proposed Start Date: 5-2-2022	**If Temporary, Proposed End Date:**

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☑ Yes

☐ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: Ex. 6 Personal Privacy (PP)	**Alternate Phone Number (if available):**

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on 4-28-2022 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

My work in FFEO involves coordinating with Federal Facility Program Managers and relevant contacts in the Regions, contacts at other Federal Agencies, and relevant EPA program contacts by phone and email. I also work on strategic initiatives, federal facilities enforcement work, and policy development that involves reviewing and writing documents, research, and analytical tasks. I do not have duties or work assignments that require face-to-face meetings.

100% of my work is portable and remote work will not shift any responsibiliteis to other staff. I have a track record of meeting performance plan objectives and working without close supervision.

Approval/Disapproval (attach documentation):

☑ Approved
☐ Disapproved (cite reason(s) below)

Employee's Signature: AIMEE HESSERT Digitally signed by AIMEE HESSERT Date: 2022.04.28 13:19:03 -04'00'	**Date:** 4-28-2022
Supervisor's Signature: MARIE MULLER Digitally signed by MARIE MULLER Date: 2022.05.10 18:10:48 -04'00'	**Date:**
AA/RA (or designee) Signature: Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.06.06 15:40:02 -04'00'	**Date:**

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature AIMEE HESSERT Digitally signed by AIMEE HESSERT Date: 2022.04.28 12:54:14 -04'00'

Supervisor Signature MARIE MULLER Digitally signed by MARIE MULLER Date: 2022.05.10 18:12:03 -04'00'

EPA Form 3181-8

Appendix A – EPA Remote Work Agreement

Employee's Name: Michael Burnett	**Job Title, Pay Plan, Series & Grade:** Victim Witness Coordinator GS-0343 -15
Office/Region and Division: OECA/OCEFT/CID	**Address of Regular Office or Worksite:** 11201 Renner Blvd. Lenexa KS
Employee's Work Phone: 913-551-7990	**Employee's Work Email Address:** burnett.michael@epa.gov
Supervisor's Name: Justin Oestereich	**Supervisor's Work Phone & Email Address:** 913-201-6674 Oesterreich.Justin@epa.gov
Proposed Start Date: 2/28/22	**Proposed End Date (for DETO):** 10/1/25

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Commuting Area of Regular Office or Worksite:

(●) Yes ( ) No

(Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ( ) Yes (●) No

Request:

Select one: (●) New Request ( ) Request for Modification to Existing Agreement

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. I have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

(X) Approved

( ) Disapproved (cite reason(s) below)

Employee's Signature:

Supervisor's Signature: JUSTIN OESTERREICH Digitally signed by JUSTIN OESTERREICH Date: 2022.02.26 12:31:14 -06'00'

AA/RA (or designee) Signature: Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.04.07 14:47:32 -04'00'

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

EPA Form 3181-7

EPA

Appendix B – EPA Remote Work Self-Certification Safety Checklist		
	Select a Response	Comments
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	Yes	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

This checklist is designed to assess the overall safety of the Remote Work Location and must be completed and given to your supervisor with your Remote Work Agreement. Signing this form does not guarantee that the RWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their RWL that could impact the health and safety of the employee and others.

Employee Signature _____ Supervisor Signature JUSTIN OESTERREICH Digitally signed by JUSTIN OESTERREICH Date: 2022.02.26 12:24:37 -06'00'

EPA Form 3181-8

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Lorraine C. Frigerio	**Job Title & Grade:** Environmental Protection Specialist, GS-0028-14
AAship/Region and Division: OECA/PMOD	**Address of Official Agency Worksite:** 1200 Penn Ave NW, DC, 20460
Employee's Work Phone: 202-564-4931	**Employee's Work E-mail Address:** frigerio.lorry@epa.gov
First-line Supervisor: Michele McKeever	**First-line Supervisor's Work Phone:** 202-564-3688
Proposed Start Date: 3/10/22	**If Temporary, Proposed End Date:**

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☑ Yes

☐ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: Ex. 6 Personal Privacy (PP)	**Alternate Phone Number (if available):**

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on 3/1/22 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

- All of my work is portable since it involves email correspondence, Teams meetings, telephone calls, and use of equipment and software currently available to me.

- I don't need to meet with colleagues or outside entities on a regular basis in order to perform my duties.

- I will fully be able to accomplish the Agency's mission and goals by remotely carrying out my work tasks.

- Over the past 2 years, I have demonstrated that my work is portable and that I've successfully performed all of my duties from a remote location.

Approval/Disapproval (attach documentation):

[X] Approved
[ ] Disapproved (cite reason(s) below)

Employee's Signature: Lorraine Frigerio	**Date:** 3/21/22
Supervisor's Signature: M. Mclean	**Date:** 3/22/22
AA/RA (or designee) Signature: Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.05.02 08:50:22 -04'00'	**Date:**

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	Yes	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that **could impact the health and safety** of the employee and others.*

Employee Signature Lorraine Frigerio Supervisor Signature M. McIlver

EPA Form 3181-8

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Lauren D'Angelo	**Job Title & Grade:** Program Analyst GS12
AAship/Region and Division: OECA-OC-EPTDD-DSIMB	**Address of Official Agency Worksite:** 1200 Pennsylvania Ave NW Washington, DC 20004
Employee's Work Phone: 202-564-6781	**Employee's Work E-mail Address:** dangelo.lauren@epa.gov
First-line Supervisor: Rob Cannon	**First-line Supervisor's Work Phone:** 202-440-3194
Proposed Start Date: 3/1/22	**If Temporary, Proposed End Date:**

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☑ Yes

☐ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: Ex. 6 Personal Privacy (PP)	**Alternate Phone Number (if available):**

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on 02/26/20 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:		
My job duties as an ICIS-NPDES Product Owner require communication with stakeholders from several different states as well as regional contacts across all 10 EPA regions. I work closely with contracting teams that are located in Virginia, with the majority of my work focusing on supporting the development of electronic reporting tools. These duties are easily accomplished using remote work technology, as most of this work requires me to be on calls and to use the remote work technology being utilized by the contracting teams. Because the stakeholders I work with are so geographically dispersed, I would have to be in virtual meetings to get work done regardless of official duty station.		
Approval/Disapproval (attach documentation): [X] Approved [ ] Disapproved (cite reason(s) below)		
Employee's Signature: LAUREN D'ANGELO	Digitally signed by LAUREN D'ANGELO Date: 2022.02.08 10:14:36 -05'00'	**Date:**
Supervisor's Signature: BEATRICK CANNON	Digitally signed by BEATRICK CANNON Date: 2022.02.22 17:54:05 -05'00'	**Date:**
AA/RA (or designee) Signature: MARK BADALAMENTE	Digitally signed by MARK BADALAMENTE Date: 2022.03.18 14:32:51 -04'00'	**Date:**
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.		

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

NPDES Product Owner Duties:

Product owner for the following NPDES Electronic Reporting Tool (NeT) Program Services:

- NeTMSGP
  - States/Regions Active in NeT: RI, UT, EPA MSGP, SD
  - Remaining States/Regions to be onboarded to fulfill eRule requirements by 2025: CT, IL, MD, ME, MS, and VI
- NeTCGP
  - States/Regions Active in NeT: EPA CGP, IL, UT
  - Remaining States/Regions to be onboarded to fulfill eRule requirements by 2025: CT, ME, MS, and VI
- NeTPGP
  - States/Regions Active in NeT: EPA PGP
  - States/Regions in development phase: ID, NE
  - Remaining states/permits to be onboarded to fulfill eRule requirements by 2025: CT, IL, MD, UT, and VI
- NeTMS4
  - States/Regions in development phase: EPA Region 2, DE, RI
  - Remaining States/Regions to be onboarded to fulfill eRule requirements by 2025: CT, IL, Region 1 (MA & NH), MS, NE, Region 6 (NM), SD, UT, and VI
- NeTGEG
- NeTGMG

The following Product Owner tasks apply to every participating State and EPA Region listed above during **Onboarding** and **Active Development**:

- schedules a kickoff meeting with issuer (State or EPA Region)
- secures a signed Memorandum of Understanding (MOU) from each state electing to use NeT, or a signed memo from the EPA Region that documents roles and responsibilities.
- secures the 2-page NeT CROMERR Cover Sheet and submits to OMS/CROMERR Team.
- EPA Product Owner and issuer collaborate to identify and document permit and program report requirements. The frequency of these meetings can range from weekly to monthly, depending on the complexity of requirements.
- works with the contracting team at CGI to write user stories in advance of development.
- conducts Sprint Reviews with the states/regions throughout the development lifecycle.
- reviews permit and program report requirements with the OMM Section Chief and OMS Engineering Board (EB) for approval prior to CDX-TEST deployment.

- coordinates with the contracting team responsible for product development to create and prioritize Product Backlog and identify MVP functionality, as well as subsequent release functionality.
- coordinates with the contracting team to ensure the proper XML transactions are sent from NeT to ICIS-NPDES to populate required eRule data elements.
- conducts permit data cleanup in ICIS-NPDES and establishes appropriate Master General Permit records in ICIS-NPDES prior to deploying NeT application to CDX-PROD.
- coordinates with issuer to deploy the NeT application to CDX-PROD. This includes working with the Customer Support team to develop and implement a training plan to ensure smooth adoption.

The following Product Owner **O&M** tasks apply to each State and EPA Region Active in NeT:

- conducts weekly Backlog Grooming for each NeT Program Service with the contracting team to prioritize requests for new functionality, bug fixes, and routine O&M for Active issuers.
- facilitates stakeholder meetings as needed to discuss requirements for desired new functionality, permit reissuance functionality, or bug fixes.
- responds to Help Desk tickets and coordinates with the appropriate contracting teams to troubleshoot and resolve NeT application issues.
- responds to ICIS inquiries from States and EPA Regions and resolves any dataflow issues from NeT to ICIS-NPDES.

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature LAUREN D'ANGELO Digitally signed by LAUREN D'ANGELO Date: 2022.03.01 08:27:47 -05'00'

Supervisor Signature BEATRICK CANNON Digitally signed by BEATRICK CANNON Date: 2022.03.01 08:31:09 -05'00'

EPA Form 3181-8

EPA

Appendix D – Remote Work Agreement

Employee's Name: Carolyn Dick Mayes	**Job Title, Pay Plan, Series & Grade:** Attorney Advisor, GS-15
Office/Region and Division: OECA, OCEFT, LCD	**Address of Regular Office or Worksite:** 5 Post Office Square, Boston, MA 02109
Employee's Work Phone: 202-564-4007	**Employee's Work Email Address:** dickmayes.carolyn@epa.gov
Supervisor's Name: Claude E. Walker	**Supervisor's Work Phone & Email Address:** (202) 207-8603; Walker.Claude@epa.gov
Proposed Start Date: May 11, 2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(**Supervisor:** Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☑ No

Request:

Select one: ☐ New Request ☑ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by **management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy** and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: CAROLYN DICK MAYES — Digitally signed by CAROLYN DICK MAYES Date: 2022.05.11 16:16:16 -04'00'

Supervisor's Signature: CLAUDE WALKER — Digitally signed by CLAUDE WALKER Date: 2022.06.07 09:20:10 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature: Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.07.22 15:00:02 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature CAROLYN DICK MAYES Digitally signed by CAROLYN DICK MAYES Date: 2022.05.11 16:19:17 -04'00'

Supervisor Signature CLAUDE WALKER Digitally signed by CLAUDE WALKER Date: 2022.06.07 09:21:57 -04'00'

EPA Form 3181-8

Appendix D – Remote Work Agreement

Employee's Name: ALEXANDER EDISON CULVER	**Job Title, Pay Plan, Series & Grade:** LIFE SCIENTIST
Office/Region and Division: OECA/OC/MAMPD	**Address of Regular Office or Worksite:** 1200 PENNSYLVANIA AVENUE N.W., WASHINGTON, DC, 20004
Employee's Work Phone: 202-564-1374	**Employee's Work Email Address:** CULVER.EDISON@EPA.GOV
Supervisor's Name: CHAD CARBONE	**Supervisor's Work Phone & Email Address:** 202-564-2523
Proposed Start Date: 05-01-2022	**Proposed End Date (for DETO):** N/A

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☑ No

Request:

Select one: ☐ New Request ☑ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: A Edison Culver Digitally signed by ALEXANDER CULVER Date: 2022.05.10 08:30:25 -04'00'

Supervisor's Signature: CHAD CARBONE Digitally signed by CHAD CARBONE Date: 2022.05.10 08:37:37 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature:	Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.06.06 15:37:21 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA Remote Work Self-Certification Safety Checklist		
	Select a Response	Comments
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

This checklist is designed to assess the overall safety of the Remote Work Location and must be completed and given to your supervisor with your Remote Work Agreement. Signing this form does not guarantee that the RWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their RWL that could impact the health and safety of the employee and others.

Employee Signature A Edson Culver Digitally signed by ALEXANDER CULVER Date: 2022.05.10 08:29:54 -04'00'

Supervisor Signature CHAD CARBONE Digitally signed by CHAD CARBONE Date: 2022.05.10 08:52:47 -04'00'

EPA Form 3181-8

Certificate of Completion

For the

Telework 101 for Employees

Presented to

Alexander E. Culver

Completed May 6, 2016

HR University
Teaching the Business of HR

EPA

Appendix D – Remote Work Agreement

Employee's Name: Kathleen Doster	**Job Title, Pay Plan, Series & Grade:** Attorney-Advisor, GS 15-10
Office/Region and Division: OECA-FFEO	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave.,NW, Washington, DC 20460
Employee's Work Phone: 202-564-2573	**Employee's Work Email Address:** doster.kathleen@epa.gov
Supervisor's Name: Marie Muller	**Supervisor's Work Phone & Email Address:** 202-564-0217; muller.marie@epa.gov
Proposed Start Date: 06/05/22	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [✓] Pending telework agreement

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☒ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: Kathleen Doster

Supervisor's Signature: Marie Muller 5-10-22

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature: Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.06.06 15:14:40 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

EPA

Appendix B – EPA Remote Work Self-Certification Safety Checklist		
	Select a Response	Comments
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	Yes	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

This checklist is designed to assess the overall safety of the Remote Work Location and must be completed and given to your supervisor with your Remote Work Agreement. Signing this form does not guarantee that the RWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their RWL that could impact the health and safety of the employee and others.

Employee Signature Karl Dor Supervisor Signature Marie Muller 5-10-22

EPA Form 3181-8

EPA

Appendix A – EPA Remote Work Agreement

Employee's Name: Mary Goetz	**Job Title, Pay Plan, Series & Grade:** Envl Prot Spec GS-0028-15
Office/Region and Division: OECA/OCEFT/CID	**Address of Regular Office or Worksite:** Region 7, Kansas
Employee's Work Phone: 816 800 2219	**Employee's Work Email Address:** goetz.mary@epa.gov
Supervisor's Name: Justin Oesterreich	**Supervisor's Work Phone & Email Address:** 913 201 6674 Oesterreich.justin@epa.gov
Proposed Start Date: 28 Mar 2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):
Ex. 6 Personal Privacy (PP)

Within same Locality Commuting Area of Regular Office or Worksite:

(●) Yes ( ) No

(Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ( ) Yes (●) No

Request:

Select one: (●) New Request ( ) Request for Modification to Existing Agreement

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. I have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

(X) Approved

( ) Disapproved (cite reason(s) below)

Employee's Signature: Mary Goetz 22 Feb 22

Supervisor's Signature: JUSTIN OESTERREICH Digitally signed by JUSTIN OESTERREICH Date: 2022.03.10 09:12:56 -06'00'

AA/RA (or designee) Signature: Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.04.08 12:06:39 -04'00'

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

EPA Form 3181-7

EPA

Appendix B – EPA Remote Work Self-Certification Safety Checklist		
	Select a Response	Comments
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	Yes	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

This checklist is designed to assess the overall safety of the Remote Work Location and must be completed and given to your supervisor with your Remote Work Agreement. Signing this form does not guarantee that the RWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their RWL that could impact the health and safety of the employee and others.

Employee Signature Mary Goody

Supervisor Signature JUSTIN OESTERREICH Digitally signed by JUSTIN OESTERREICH Date: 2022.03.10 09:11:00 -06'00'

EPA Form 3181-8

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Eliana De Leon	**Job Title & Grade:** Program Analyst, GS-13
AAship/Region and Division: OECA-OSRE-PPED	**Address of Official Agency Worksite:** 1200 Pennsylvania Ave., N.W.,Washington, DC 20460
Employee's Work Phone: 202-564-0184	**Employee's Work E-mail Address:** deleon.eliana@epa.gov
First-line Supervisor: Helena Healy	**First-line Supervisor's Work Phone:** 202-564-5124
Proposed Start Date: April 25, 2022	**If Temporary, Proposed End Date:** N/A

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☐ Yes

☑ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: 202-564-0184 (Work Phone)	**Alternate Phone Number (if available):** Ex. 6 Personal Privacy (PP)

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on 3/14/2022 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

Since the Agency's transition to full-time remote work in March of 2020, I have successfully demonstrated my ability to perform all work duties remotely with no impediment to accomplishing the Agency's mission and operational goals. As our office transitions to a hybrid work setting, I am confident that performing all my duties from my Remote Work Location (RWL) will be beneficial to Agency operations, the workforce, and the environment.

The job requirements for my position as a Program Analyst in OECA's Office of Site Remediation Enforcement (OSRE) are 100% portable (See Section 8.A.1 of the AFGE Remote Work Articles). My day-to-day tasks are computer-oriented tasks conducted using remote work-supported tools and are outlined below.

Serve as Regional Analyst for Region 1 and Region 6
• Review, analyze and evaluate quantitative data from SEMS database.

Approval/Disapproval (attach documentation):

- [x] Approved
- [ ] Disapproved (cite reason(s) below)

Employee's Signature: ELIANA DE LEON Digitally signed by ELIANA DE LEON Date: 2022.04.07 13:45:12 -04'00'	**Date:** 4/7/2022
Supervisor's Signature: HELENA HEALY Digitally signed by HELENA HEALY Date: 2022.04.12 15:19:32 -04'00'	**Date:**
AA/RA (or designee) Signature: Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.05.02 08:41:54 -04'00'	**Date:**

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	N/A	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature ELIANA DE LEON Digitally signed by ELIANA DE LEON Date: 2022.03.14 11:15:43 -04'00'

Supervisor Signature HELENA HEALY Digitally signed by HELENA HEALY Date: 2022.04.12 15:22:33 -04'00'

EPA Form 3181-8

EPA Savings for GS 13 Step 2, at 2022 Pay Rate

Cost type	DC Area	PR Area
Annual Salary	$ 110,384.00	$ 97,519.00

Ex. 6 Personal Privacy (PP)

Office space savings not included

If recalled back into the office:

Cost type	Estimated Cost
Airfare	$343.58
Lodging	$119.00
DC GSA Per Diem - August	$172
M&IE	$79
Total Cost	$713.58

This is an estimated trip calculated for half day meeting recall in August. See attachments for detailed breakdown.

Annual Savings to Government
$ 12,865.00
$ 643.25
$ 2,135.59
$ 186.54
$ 797.63
$ 3,240.00
$ 19,868.01
$ 19,868.01

United States Environmental Protection Agency
POSITION DESCRIPTION COVERSHEET

1. DUTY LOCATION Washington, DC

2. Position Number: 00N0343

3. CLASSIFICATION ACTION: a. Reference of Series and Date of Standards Used to Classify this Position

Management and Program Analysis Series, GS-0343, TS-98, 8/1990; and Administrative Analysis Grade Evaluation Guide, TS-98, 8/1990

	b. Title	c. Pay Plan	d. Series	e. Grade	f. CLC
Official Allocation	Program Analyst	GS	0343	13	
4. Supervisor's Recommendation	Program Analyst	GS	0343	13	

5. ORGANIZATIONAL TITLE OF POSITION (if any)

6. NAME OF EMPLOYEE Eliana De Leon

7. ORGANIZATION (Give complete organizational breakdown)

a. U.S. ENVIRONMENTAL PROTECTION AGENCY

b. Office of Enforcement and Compliance Assurance

c. Office of Site Remediation Enforcement

d. Policy and Program Evaluation Division

e.

f.

g.

h. Employing Office Location Washington, DC

i. Organization Code BG0BA000

8. SUPERVISORY STATUS

☐ [2] **Supervisor or Manager.** Position requires the exercise of supervisory or managerial responsibilities that meet, at least, the minimum requirements for application of the General Schedule Supervisory Guide (GSSG) or similar standards for minimum supervisory responsibility specified in other position classification standards.

☐ [4] **Supervisor.** Position meets the definition of Supervisor in 5.U.S.C. 7103(a)(10), but does not meet the minimum requirements for application of the GSSG.

☐ [5] **Management Official.** Position meets the definition of Management Official in 5.U.S.C. 7103(a)(11), but does not meet the GSSG definition of Supervisor/Manager or the definition of Supervisor in 5.U.S.C. 7103(a)(10).

☐ [6] **Lead** Position leads a team performing one-grade interval work and meets the minimum requirements for application of Part I of the Work Leader Grade Evaluation Guide (WLGEG) or is under a wage system and meets similar minimum requirements as specified by those job standards or other directives of the applicable pay system.

☐ [7] **Team Leader.** Position leads a team performing two-grade interval work and meets the minimum requirements for application of Part II of the WLGEG.

☑ [8] **All Other Positions.** Position does not meet any of the above definitions. This is a non-supervisor/non-managerial position.

9. SUPERVISORY CERTIFICATION I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships and that the position is necessary to carry out governmental functions for which I am responsible. The certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations

a. Typed Name and Title of Immediate Supervisor		d. Typed Name and Title of Second-Level Supervisor	
Helena Healy, Deputy Director, PPED		Monica Gardner, Director, PPED	
b. Signature: Helena Healy	c. Date: 2/25/10	e. Signature: Monica Gardner	f. Date: 2/24/10

10. OFFICIAL CLASSIFICATION CERTIFICATION: I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply, directly, consistently with the most applicable published standards.

a. **Promotion Potential**

☐ This position has no promotion potential

☑ If position develops as planned and employee progresses satisfactorily, this position has known promotion potential to grade: 14

b. PSB Risk Designation	c. Financial Disclosure Form	d. "Identical, Additional" (IA) Allocation	e. FLSA Determination	f. Functional Classification Code
☑ 1 Low ☐ 2 Moderate ☐ 3 High Security Clearance Required: ☐ Yes ☐ No	☐ OGE-450 Required ☐ OGE-278 Required ☑ No financial disclosure forms required	This position ☑ may be IA'ed ☐ may not be IA'ed ☐ is limited to current incumbent	☐ NONEXEMPT ☑ EXEMPT* (*check exemption category) ☑ Administrative ☐ Professional ☐ Executive	00

g. Bargaining Unit Code	h. Check, if applicable:	i. Classifier's Signature	j. Date
1043	☐ Medical Monitoring Required ☑ Extramural Resources Management Duties (less than % of time) ☐ This position is subject to random drug testing (____)		3/14/16

11. REMARKS

EPA Form 3150-1 (Rev 8/2009) Previous Versions are Obsolete

Policy and Program Evaluation Division

Program Analyst, GS-343-13

1. INTRODUCTION:

This position is located in the Office of Enforcement and Compliance Assurance (OECA), Office of Site Remediation Enforcement (OSRE), Policy and Program Evaluation Division (PPED), Program Evaluation and Coordination Branch (PECB). The PPED is responsible for managing legal and technical policy and guidance development and coordination, evaluating and assessing national and regional programs, and providing policy and training expertise to support EPA's site remediation enforcement efforts. Although the Division functions focus on CERCLA and RCRA corrective action enforcement, the PPED also oversees technical and legal site remediation enforcement expertise for certain aspects of the Oil Pollution Act (OPA) and the Underground Storage Tank (UST) program.

The PPED formulates strategies and annual plans for issuance to Regions and States on site remediation enforcement programs. The Division develops annual program work plans and accountability measures as well as supporting justifications for budget submissions. The PPED reviews and recommends to the Director, OSRE, action on proposed regulations, policies and documents impacting the site remediation enforcement program which are developed by other offices in OECA and the Agency.

The Division is responsible for providing policy and guidance, program evaluation and coordination to a national program of site remediation enforcement and compliance. Policy and guidance is provided by the issuance of policy and guidance documents and ensuring effective training and support to Regions, States, and other organizations in the implementation of these actions. Program evaluation and coordination is accomplished by the development of strategic plans, annual program plans, national and regional evaluations and assessment of site remediation offices and programs and external organizations and stakeholders on environmental site remediation enforcement policy and procedures.

The Division represents the concerns and issues relating to policy and guidance, program evaluation and coordination in the site remediation enforcement program to other offices in OECA and OSWER, including the Regions, OGC, OP, OCFO, and OARM. Liaison is maintained with DOJ and other Federal agencies involved in site remediation programs. The Division represents OSRE in meetings, workshops, task forces, and presentations where issues impacting site remediation enforcement are involved.

11. MAJOR DUTIES AND RESPONSIBILITIES:

1. Analyzes and evaluates, on a quantitative and qualitative basis, the effectiveness of programs or operations in meeting established goals and objectives, identifying areas of concern, barriers to success, and possible alternative solutions to achieve desired outcomes.

2. Conducts assessments of program effectiveness and efficiency and maintains liaison with different organizations/managers to ensure satisfaction with the content and approach of programs or initiatives.

3. Evaluates the effectiveness and productivity of the program areas. Assesses and evaluates future program requirements by reviewing relevant source materials, developing surveys to gather information for the preparation of reviews, management studies, and reports.

4. Develops, implements, and maintains systems and procedures to ensure new programs and initiatives are properly integrated and coordinated with existing programs. Monitors program status, productivity and accomplishments. Projects may involve managing a work assignment or initiating other activities to facilitate the project or assignment.

5. Participates in special projects related to assigned subject matters. Conducts reviews of program evaluation practices to determine effectiveness and prepares reports and/or briefs management on findings and recommendations to improve adherence to policies and increase efficiency.

6. Represents PECB on workgroups and development teams to improve the administrative and management processes of the office. This includes participating in needs assessments and requirement analyses for technical and regulatory systems. Prioritizes projects and helps coordinate project schedules.

7. Prepares written reports for projects and activities with recommendations and appropriate follow-up activities outlined. Recommendations are made regarding implementing new or substantially revised program practices. Conducts follow-up evaluations and briefs management on project findings and recommendation.

8. Performs other duties as assigned.

III. FACTORS:

Factor 1 - Knowledge Required by the Position FL 1-8 1550 Points

Mastery of the application of a wide range of qualitative and quantitative methods for the assessment and improvement of complex environmental protection processes and systems. Knowledge of EPA and OSRE program goals and objectives, the sequence and timing of key program events and milestones, and methods of evaluating program accomplishments. The work required knowledge of relationships with other programs and key environmental protection support functions within EPA or in other agencies.

Expert knowledge is applied to the design and conduct of comprehensive studies where the boundaries of the studies are extremely broad and difficult to identify in advance.

Study objectives are to identify and propose solutions to problems which are characterized by their breadth, importance, and severity, and for which previous studies and established techniques are frequently inadequate.

The ability to apply advanced analytical methods and techniques in the examination of data, including expertise in using a variety of data reporting tools. Skill in the use of a variety of computer hardware and software systems sufficient to retrieve information and to prepare charts and reports.

Comprehensive knowledge of the environmental protection requirements, policies, and procedures contained within the agency.

Ability to exercise judgment in dealing with work situations and to maintain confidentiality of highly sensitive information.

Ability to effectively communicate with a wide audience, both orally and in writing.

Factor 2 - Supervisory Controls FL 2-4 450 Points

Within a framework of priorities, funding and overall project objectives (e.g., cost reduction, improved effectiveness and efficiency, better workload distribution, or implementation of new work methods), the employee and supervisor develop a mutually acceptable project plan which typically includes identification of the work to be done, the scope of the project, and deadlines for its completion.

Within the parameters of the approved project plan, the employee is responsible for planning and organizing the study, estimating costs, coordinating with staff and line management personnel, and conducting all phases of the project. This frequently involves the definitive interpretation of regulations and study procedures, and the initial application of new methods. The employee informs the supervisor of potentially controversial findings, issues, or problems with widespread impact.

Completed projects, evaluations, reports, or recommendations are reviewed by the supervisor for compatibility with organizational goals, guidelines, and effectiveness in achieving intended objectives. Completed work is also reviewed critically outside the employee's immediate office by staff and line management officials whose programs and employees would be affected by implementation of the recommendations.

Factor 3 – Guidelines FL 3-4 450 Points

Guidelines consist of general policies and environmental protection theories which required considerable adaptation and/or interpretation for application to issues and problems studies. Policies and precedent studies provide a basic outline of the results desired, but do not go into detail as to the methods used to accomplish the project.

Guidelines usually cover program goals and objectives of the organization. Within the

context of broad regulatory guidelines, the employee may refine or develop more specific guidelines such as implementing regulations or methods for the measurement and improvement of effectiveness and productivity in the administration of operating programs.

Factor 4 – Complexity FL 4-5 325 Points

Assignments require analysis of interrelated issues of effectiveness, efficiency, and productivity affecting major environmental protection programs. Typical assignments require developing detailed plans, goals, and objectives for the long-range implementation and administration of the program, and/or developing criteria for evaluating the effectiveness of the programs. The work involves developing the overall systems concepts for the environmental protection systems, defining new information requirements, and developing procedures and formats for timely and accurate reporting.

Factor 5 - Scope and Effect FL 5-4 225 Points

The purpose of the work is to analyze and evaluate on a continuing basis the efficiency and effectiveness of the environmental protection systems, and especially their effect on the programmatic mission of OSRE. The work involves identifying and developing ways to resolve problems or cope with issues which directly affect the accomplishment of principal program goals and objectives. The products of the examination of environmental protection may uncover inefficient ways of conducting business, duplicate or unnecessary work, etc. Thus, the employee would need to develop new ways or options to resolve major problems or projects to further analyze the situation. Project work products typically contain findings and recommendations of major significance to OSRE management, and often serve as the basis for new procedures or systems.

Factors 6 and 7 - Personal Contacts and Purpose of Contacts FL 3-C 180 Points

Contacts range from the administrative staff within OSRE to the supervisory and management personnel within the organization. On occasion, the incumbent will have contacts with OECA staff.

The purpose of contacts ranges from obtaining or exchanging factual information, providing advice to managers on organizational or program related issues and concerns, identifying decision-making alternatives or recommendations for resolving problems, to influencing top management to accept and implement findings and recommendations on program improvement and/or effectiveness which conflict with other program objectives, or result in varying levels of resistance.

Factor 8 - Physical Demands FL 8-1 5 Points

The work is primarily sedentary, although some walking, bending and lifting may be required.

Factor 9 - Work Environment **FL 9-1** **5 Points**

Work is typically performed in an adequately lighted and climate controlled office and may require occasional travel.

Total Points = 3190 Point conversion - points ranging between 3155 - 3600 on the conversion tables is GS-13; thus this position is appropriately classified as an Program Analyst, GS-343-13.

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Tracy Back	**Job Title & Grade:** EPS / GS-15
AAship/Region and Division: OECA/OC/MAMPD	**Address of Official Agency Worksite:** 1200 Pennsylvania Avenue, N.W.Washington, DC 20460
Employee's Work Phone: 202.564.7076	**Employee's Work E-mail Address:** back.tracy@epa.gov
First-line Supervisor: Chad Carbone	**First-line Supervisor's Work Phone:** 202.564.2523
Proposed Start Date: 04/01/2022	**If Temporary, Proposed End Date:**

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☑ Yes

☐ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: 202.564.7076	**Alternate Phone Number (if available):** Ex. 6 Personal Privacy (PP)

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Back, Tracy Digitally signed by Back, Tracy Date: 2022.02.09 15:56:28 -05'00'

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on 1/31/2022 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

EPA form 3181-13. Revised 01/22. Previous editions are obsolete.

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

As demonstrated over the past 23 months and my prior telework schedule, the entirety of my duties can be performed effectively from an RWL and are 100% portable. All duties are performed from an office environment. Primary responsibilities include managing and developing remote (eLearning) inspector training, managing the Inspector Wiki, developing policy, guidance, and standard operating procedures, and providing technical support to state, contractor, tribal, SEE and federal EPA inspectors. Through performance of duties from my RWL, I can continue to provide direct support to the inspector community and enhance compliance monitoring practices.

Approval/Disapproval (attach documentation):

[X] Approved
[ ] Disapproved (cite reason(s) below)

Employee's Signature:	Back, Tracy Digitally signed by Back, Tracy Date: 2022.02.09 15:56:45 -05'00'	**Date:** 02/09/2022
Supervisor's Signature:	CHAD CARBONE Digitally signed by CHAD CARBONE Date: 2022.02.09 16:10:42 -05'00'	**Date:** 02/09/2022
AA/RA (or designee) Signature:	MARK BADALAMENTE Digitally signed by MARK BADALAMENTE Date: 2022.03.18 14:27:05 -04'00'	**Date:**

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA Telework Self-Certification Safety Checklist		
	Select a Response	Comments
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

This checklist is designed to assess the overall safety of the Alternate Work Location and must be completed and given to your supervisor with your Telework Agreement. Signing this form does not guarantee that the AWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their AWL that could impact the health and safety of the employee and others.

Employee Signature Back, Tracy Digitally signed by Back, Tracy Date: 2022.02.03 15:26:09 -05'00'

Supervisor Signature CHAD CARBONE Digitally signed by CHAD CARBONE Date: 2022.02.07 09:06:05 -05'00'

EPA Form 3181-3

Tracy Back's List of Duties

Advancing the practice of compliance monitoring

- Tracy manages the **Inspector Wiki,** a "first-stop" comprehensive resource where EPA, state, local and tribal inspectors can access information about inspections, mandatory inspector training and credential requirements, health and safety policy and requirements, program specific and cross media inspection policy and guidance. *MediaWiki* programing knowledge is required to manage the Inspector Wiki. Inspector Wiki management activities include:
    - Electronically processing state, tribal, contractor, and Senior Environmental Employment (SEE) enrollee requests to access the Inspector Wiki. Currently (February 2022) the Inspector Wiki community includes 1,459 non-federal users.
    - Updating Inspector Wiki links as needed.
    - Posting new training / inspector resources as they became available.
    - Supporting inspector workshops by creating workshop Inspector Wiki pages and posting workshop presentations.
    - Responding to Inspector Wiki & eLearning questions.
    - Creating resource highlight boxes to draw attention to new initiatives / resources.
    - Maintaining the Inspector Wiki contact page.
    - Creating new Inspector Wiki pages to support new initiatives (e.g., SmartTools)
    - Updating Inspector Wiki web-based content as inspector training and credential processes change (e.g., training-credential pages for EPA, States and contractor/SEEs to FedTalent, e-credentialing.)
    - Supporting Inspector Wiki account management, including the transition to the new (January 1, 2022) EPA-wide login.gov procedures.
    - Providing webinars/training on how to access the Inspector Wiki and Inspector Wiki resources.

- Tracy supports OECA's implementation of the Quality Assurance Field Activities Procedures (QAFAP) by:
    - Serving as the OECA document control officer. In this capacity, Tracy developed and maintains the OECA Document Control SharePoint site. Tracy maintains the electronic OECA controlled document inventory and provides document control numbers for new documents.
    - Managing the development of the OECA QAFAP Standard Operating Procedures (SOPs.) Tracy convened cross-office workgroups to develop the OECA QAFAP SOPs. Tracy continues manage the required 5-year SOP review and SOP updates as necessary.

- Tracy supports the implementation of EPA Order 3500.1 inspector training requirements by:
  - Annually updating the EPA Order 3500.1 program-specific training requirements. Tracy coordinates training updates with EPA points of contact across OC, OCE, OLEM and OAR. Tracy prepares an annual training distribution package and ensures that all material is available on the Inspector Wiki.
  - Supporting the LEAN credential process. Tracy prepares e-credential process presentations for supervisors/credential approvers and inspectors and hosts e-credential process webinars. As needed, Tracy schedules weekly web-based support session to provide technical support for new credential processes.
  - Supporting the coordination and implementation of inspector training and credential audits. The audits rely exclusively on web-based FedTalent and SharePoint inspector training data.
  - Updating and developing new inspector policies / guidance.

FedTalent Inspector Training

Tracy was instrumental in launching inspector training in FedTalent, EPA's Learning Management System. Tracy continues to support the maintenance and new development of FedTalent web-based inspector training. Specifically, Tracy supports FedTalent inspector training by:

  - Annually, updating FedTalent initial media-specific inspector training programs to accommodate updated EPA Order 3500.1 training requirements. In addition, Tracy develops new FedTalent self-study courses to support updated EPA Order 3500.1 training requirements.
  - Annually, developing new FedTalent annual refresher documentation courses / programs and assigning annual refresher training to all federal and non-federal credentialed inspectors.
  - Annually coordinating with the credential coordinators and providing guidance on updating FedTalent credentialed inspector audiences.
  - Developing and updating FedTalent factsheets and training material for our inspector community (supervisors of inspectors, credential coordinators, inspectors)
  - Responding to FedTalent questions / resolving FedTalent issues / reverting FedTalent submissions to draft / assigning non-federal inspectors to relevant credential coordinator FedTalent Teams.
  - Coordinating with Department of Interior (DOI) on Fedtalent augmentations to support our needs.
    - Worked with DOI to create a FedTalent report that shows annual refresher health and safety certification completions over time.
    - Working with DOI to create a process to move FedTalent learners from one FedTalent Team to another. (e.g., when credential coordinator roles change from one person to another.)

- Electronically processing FedTalent account requests (as of February 2022 we have added 1,078 to the Non-EPA Credentialed audience and 814 to the Non-EPA non-inspector audience.)
- Continuing to modify and create FedTalent reports to better support the inspector community.
- Working with CPS interns to create mandatory EPA Order 3500.1 self-study knowledge checks. As part of this effort, Tracy works with the interns to gain a better understanding of the self-study content, reviews and provides comments on intern developed knowledge checks, coordinates review of the knowledge checks with program exerts, finalizes the knowledge checks, and creates the knowledge checks in FedTalent.
- Recreating presenter self-study quizzes in FedTalent (where they stop functioning in presenter.)
- Developing new and updating existing FedTalent eLearning courses.

SUBJECT: Recommendation for Remote Work Location for OC employee Tracy Back under EPA Order 3110.32A that was approved November 17, 2021

FROM: Chad Carbone, Compliance Policy Staff Director
Office of Compliance

THROUGH: Mark F. Badalamente, Director
Office of Administration & Policy

TO: Larry Starfield, Acting Assistant Administrator
Office of Enforcement and Compliance Assurance

We recommend approval of Remote Work Location (RWL) for Tracy Back, a GS-15/10 Environmental Protection Specialist, who works in the Compliance Policy Staff (CPS) of the Monitoring, Assistance, and Media Programs Division (MAMPD) in the Office of Compliance (OC). Tracy is requesting a RWL within her commuting area. There is no cost to EPA associated with Tracy's remote work request. Rather, EPA will realize a cost savings upon approval of this request through office space and commute reimbursement savings ($1,664.40 in annual transit subsidy).

Tracy has been with OC since its inspection in 1994 and with EPA since 1987. Tracy is an exemplary employee, doing mission-critical compliance monitoring work for OC. OC believes that Tracy meets all the requirements under the EPA Order 3110.32A to be eligible for a RWL and approving this request would be beneficial in retaining this productive member of the office.

Tracy's duties include compliance monitoring support through the development of inspector training and e-learning materials, standard operating procedures, policy, and guidance. Tracy launched the Inspector Wiki, a vital inspector resource for federal and non-federal inspectors, in 2013 and continues to manage the Inspector Wiki and its user community. Tracy was instrumental in creating FedTalent inspector training and continues to update FedTalent inspector training as requirements change. Tracy also routinely provides excellent technical assistance to the federal and non-federal inspector community.

Tracy meets all the requirements in the Order for eligibility for an RWL.

1. 100% of the employee's work is portable and there is no expectation for the employee to regularly report to the office worksite each pay period;

The work that Tracy currently conducts for OC is 100% portable, with her projects being completed through email, Teams or phone calls. Much of Tracy's work is focused on eLearning and providing technical support to regional, state, tribal contractor and SEE inspectors. Remote work will have no impact on Tracy's ability to complete her job. There is no expectation for the employee to regularly report to the office worksite each pay period.

2. Authorization for remote work will not unduly shift functions or responsibilities to other employees or require reassignment of current work or tasks to other staff (e.g., field work, inspections, mail, or hard copy scanning, addressing facilities issues);

Tracy has always worked productively with the CPS team. Through a shared email account, CPS staff work together to address inspector- and credential-related questions and issues. Working from a RWL will have no impact on the distribution of job functions or responsibilities within CPS.

3. There is no adverse impact on other offices or programs;

As noted above, working from a RWL will have no impact on Tracy's ability to complete her job, so there would be no adverse impact on other offices or programs either.

4. Tasks or work assignments can be performed at least equally effectively at the RWL;

Tracy has demonstrated that she is fully able to perform all her duties effectively from an RWL, and approval of the request will not diminish the Agency's ability to accomplish its mission and meet its operational goals. The nature of her work makes a RWL a non-factor in her ability to help OC meet its operational goals.

5. Employee's work does not require access to in office resources;

Tracy's work does not require access to in-office resources (e.g., printing, mailing.) In addition, due to the ongoing pandemic, CPS has converted almost all critical files to cloud storage to facilitate all employees' access while working from home. Further, CPS has implemented electronic processes to manage inspector training and credentialing. CPS does not expect to go back to a scenario where anyone in CPS needs physical hard-copy access to key documents on a regular basis.

6. There will be no foreseen disruption to customer service with any agency customers or stakeholders (e.g., public, states, industry);

Tracy has consistently maintained her availability while working remotely through email, phone, and My Workplace features like Microsoft Teams, One Drive, and SharePoint. She also maintains her network of Regional and Headquarters contacts.

7. The employee does not have duties or work assignments requiring face-to-face customer service or coworker interface; and

Tracy does not have any duties or work assignments requiring face-to-face customer service or coworker interface. Tracy effetely uses Microsoft Teams and its share-screen function to provide FedTalent customer support for the inspector community.

8. The employee has a demonstrated track record of meeting performance plan objectives and working without close supervision.

Ex. 6 Personal Privacy (PP)

Ex. 6 Personal Privacy (PP) Coordination with her

supervisor will continue to be maximized using My Workplace collaboration tools including Microsoft Teams, One Drive, and SharePoint.

In addition, per the requirements of the Order, Tracy has not:

- been officially disciplined for being absent without permission for more than five days in any calendar year; or
- been officially disciplined for viewing, downloading, or exchanging pornography, including child pornography, on a federal government computer or while performing official federal government duties.

Appendix A – EPA Remote Work Agreement

Employee's Name: Kathy Crawford	**Job Title, Pay Plan, Series & Grade:** GS 14
Office/Region and Division: OECA/OAP	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave. NW Washington, DC
Employee's Work Phone: 202-564-1592	**Employee's Work Email Address:** crawford.kathy@epa.gov
Supervisor's Name: John Warren	**Supervisor's Work Phone & Email Address:** 202-564-2452 warren.johnm@epa.gov
Proposed Start Date: 2/28/2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Commuting Area of Regular Office or Worksite:

○ Yes ● No

(Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ○ Yes ● No

Request:

Select one: ○ New Request ● Request for Modification to Existing Agreement

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. I have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

(X) Approved

○ Disapproved (cite reason(s) below)

Employee's Signature:	Crawford, Kathy	Digitally signed by Crawford, Kathy Date: 2021.12.13 13:51:18 -05'00'
Supervisor's Signature:	John Michael Warren	Digitally signed by John Michael Warren Date: 2022.01.12 08:25:42 -05'00'
AA/RA (or designee) Signature:	Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.04.06 15:09:53 -04'00'

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

EPA Form 3181-7

EPA

Appendix A – EPA Remote Work Agreement

Employee's Name: Kathy Crawford	**Job Title, Pay Plan, Series & Grade:** GS 14
Office/Region and Division: OECA/OAP	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave. NW Washington, DC
Employee's Work Phone: 202-564-1592	**Employee's Work Email Address:** crawford.kathy@epa.gov
Supervisor's Name: John Warren	**Supervisor's Work Phone & Email Address:** 202-564-2452 warren.johnm@epa.gov
Proposed Start Date: 2/28/2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Commuting Area of Regular Office or Worksite:

○ Yes ● No

(Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ○ Yes ● No

Request:

Select one: ○ New Request ● Request for Modification to Existing Agreement

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. I have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

○ Approved

○ Disapproved (cite reason(s) below)

Employee's Signature: Crawford, Kathy — Digitally signed by Crawford, Kathy Date: 2021.12.13 13:51:18 -05'00'

Supervisor's Signature: John Michael Warren — Digitally signed by John Michael Warren Date: 2022.01.12 08:25:42 -05'00'

AA/RA (or designee) Signature:

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

EPA Form 3181-7

Appendix B – EPA Telework Self-Certification Safety Checklist		
	Select a Response	Comments
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

This checklist is designed to assess the overall safety of the Alternate Work Location and must be completed and given to your supervisor with your Telework ***Agreement****. Signing this form does not guarantee that the AWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their AWL that could impact* ***the*** *health and safety of the employee and others.*

Employee Signature KATHY CRAWFORD Digitally signed by KATHY CRAWFORD Date: 2021.12.15 13:10:34 -05'00'

Supervisor Signature JOHN WARREN Digitally signed by JOHN WARREN Date: 2021.12.15 13:26:23 -05'00'

POSITION DESCRIPTION *(Please Read Instructions on the Back)*

1. Agency Position No.

2. Reason for Submission: [ ] Redescription [X] New [ ] Reestablishment [ ] Other
Explanation (Show any positions replaced)

3. Service: [ ] Helpers [ ] Field

4. Employing Office Location: Washington, DC

5. Duty Station: Washington, DC

6. OPM Certification No.

7. Fair Labor Standards Act: [ ] Exempt [ ] Nonexempt

8. Financial Statements Required: [ ] Executive Personnel Financial Disclosure [ ] Employment and Financial Interest

9. Subject to IA Action: [ ] Yes [ ] No

10. Position Status: [X] Competitive [ ] Excepted (Specify in Remarks) [ ] SES (Gen.) [ ] SES (CR)

11. Position is: [ ] Supervisory [ ] Managerial [X] Neither

12. Sensitivity: [ ] 1-Non-Sensitive [ ] 3-Critical [ ] 2-Noncritical Sensitive [ ] 4-Special Sensitive

13. Competitive Level Code

14. Agency Use

15. Classified/Graded by	Official Title of Position	Pay Plan	Occupational Code	Grade	Initials	Date
a. Office of Personnel Management	PROGRAM ANALYST	GS	0343	14		
b. Department, Agency or Establishment	Program Analyst	GS	343	14	dm	2/27/09
c. Second Level Review						
d. First Level Review						
e. Recommended by Supervisor or Initiating Office						

16. Organizational Title of Position (if different from official title): PROGRAM ANALYST

17. Name of Employee (if vacant, specify)

18. Department, Agency, or Establishment: U.S. ENVIRONMENTAL PROTECTION AGENCY

a. First Subdivision: OFC. OF ENFORCEMENT & COMPLIANCE ASSURAN

b. Second Subdivision: OFFICE OF ADMINISTRATION & POLICY

c. Third Subdivision: BUDGET & FINANCIAL MANAGMENT DIVISION

d. Fourth Subdivision

e. Fifth Subdivision

19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.

Signature of Employee (optional)

20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

a. Typed Name and Title of Immediate Supervisor: JOHN WARREN, ACTING BFMD DIRCTR, OAP

Signature: [signature] Date: 2/27/09

b. Typed Name and Title of Higher-Level Supervisor or Manager (optional): DAVID SNACK, ACTING DEPUTY DIRECTOR, OAP

Signature: [signature] Date: 2-27-09

21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.

Typed Name and Title of Official Taking Action: PAT SHORT, LEAD

Signature: Pat Short Lead Date: 3/5/09

22. Position Classification Standards Used in Classifying/Grading Position: Administrative Analysis Grade Evaluation, TS-98, 8/90

Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.

23. Position Review	Initials	Date	Initials	Date	Initials	Date	Initials	Date	Initials	Date
a. Employee (optional)										
b. Supervisor										
c. Classifier										

24. Remarks

25. Description of Major Duties and Responsibilities (See Attached)

NSN 7540-00-634-4268 Previous Edition Usable 5008-108

OF 8 (Rev. 1-88) U.S. Office of Personnel Management FPM Chapter 213

06-30-'09 09:51 FROM-FPMI 5714832701 T-469 P004/014 F-699
Jun 30 2009 10:16AM HP LASERJET FAX 9372362201 page 4
ED_013902C_00000056-00004

United States Environmental Protection Agency
POSITION DESCRIPTION COVERSHEET

1. DUTY LOCATION: Washington, DC

2. POSITION NUMBER:

3. CLASSIFICATION ACTION: a. Reference of Series and Date of Standards Used to Classify This Position

	b. Title	c. Service	d. Series	e. Grade	f. CLC
Official Allocation					
4. SUPERVISOR'S RECOMMENDATION	Program Analyst	GS	0343	14	

5. ORGANIZATIONAL TITLE OF POSITION (if any): Program Analyst

6. NAME OF EMPLOYEE:

7. ORGANIZATION (give complete organizational breakdown)

a. U.S. ENVIRONMENTAL PROTECTION AGENCY — e.

b. Office of Enforcement and Compliance Assurance — f.

c. Office of Administration and Policy — g.

d. Budget and Financial Management Division — h. Organization Code: 22018100

8. SUPERVISORY/MANAGERIAL DESIGNATION

- [S] First or Second level supervisor. An individual who performs supervisory work and managerial responsibilities that require accomplishment of work through combined technical and administrative direction of others and meets the requirements for coverage as described in the General Schedule Supervisory Guide.
- [A] An individual (as defined in Section 7103(a)(10) of Title V of the U.S. Code) who is authorized to hire, direct, assign, promote, reward, transfer, lay off, suspend, discipline, or remove one or more employees, or effectively recommend such action. The exercise of this responsibility is not routine or clerical in nature, but requires the consistent exercise of independent judgment.
- [M] A manager who directs the work of an organization; is accountable for the success of line or staff programs; monitors, evaluates, and adjusts program activities; and performs the full range of duties outlined in the General Schedule Supervisory Guide. May also include deputies who fully share responsibility for managing the organization or who serve as an alter ego to the manager.
- [M] A management official (as defined in Section 7103(a)(11) of Title V of the U.S. Code) who formulates, determines or influences an organization's policies. This means creating, establishing, or prescribing general principles, plans, or courses of action for an organization; or bringing about a course of action for the organization. Management officials must actively participate in shaping the organization's policies not just interpret laws and regulations give reference information or recommendations or serve as experts or highly trained professionals who implement or interpret the organization's policies and plans.
- [T] "Team Leader" Title position meets the requirements for coverage under Part II of the General Schedule Leader Grade Evaluation Guide.
- [N] None of the above applies. This is a non-supervisory/non-managerial position.

9. SUPERVISORY CERTIFICATION: I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships and that the position is necessary to carry out governmental functions for which I am responsible. The certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

a. Typed Name and Title of Immediate Supervisor: David Swack, Director, BFMD, OAP, OECA

b. Signature: [signature]

c. Date: 1-27-09

d. Typed Name and Title of Second-Level Supervisor: [illegible], Director, OAP, OECA

e. Signature: [signature]

f. Date: 1/28/09

10. OFFICIAL CLASSIFICATION/CERTIFICATION

a. [ ] This position has no promotion potential.

[ ] If position develops as planned and employee progresses satisfactorily, this position has known promotion potential to grade:

b. Fair Labor Standards Act: [ ] Nonexempt [ ] Exempt

c. Functional Code:

d. Bargaining Unit Code:

e. Check, if applicable:
- [ ] Medical Monitoring Required
- [ ] Extramural Resources Management Duties (_____ % of time)
- [ ] This position is subject to random drug testing ( )

f. Signature: [signature]

g. Date: 2/27/09

11. REMARKS: STATEMENT OF DIFFERENCE

EPA Form 3160-1 (Rev 3/2008) (WebForms v2.3)

Program Analyst
GS-0343-14

I. INTRODUCTION

This position is assigned to the Budget and Financial Management Division, Office of Administration and Policy, Office of Enforcement and Compliance Assurance (OECA). BFMD serves as the principal staff for providing authoritative advice and counsel to OECA offices on contracts, grants, interagency-agreements, and budget development and execution, and other financial management matters; and support the Principal Deputy Assistant Administrator's role as Senior Resource Official (SRO).

II. MAJOR DUTIES AND RESPONSIBILITIES

1. Serves as a senior analyst in OECA and advises OECA's Senior Budget Officer and the Director, Office of Administration and Policy (OAP), the Assistant Administrator (AA), Principal Deputy Assistant Administrator (PDAA), Office Directors, Deputy Office Directors, and Budget/Resource contacts on planning, policy development, coordination and direction of budget execution matters, the Working Capital Fund (WCF), and other financial management issues. Monitors utilization, analyzes reports, prepares statistical data and makes recommendations for improvements to save costs and to eliminate vulnerability.

2. Working Capital Fund – Serves as the WCF Responsible Planning & Implementation Office (RPIO) Coordinator for OECA. Manages OAP agreements and oversees others developed by the program offices; provides service agreement managers with training, short cuts, advice and helpful tips for monitoring and managing their agreements; monitors monthly billings to ensure that charges are accurate; prepares and submits billings disputes for identified errors; monitors monthly services to ensure that registrations are accurate; serves on the WCF Customer Advisory and Reporting workgroups and on the eBusiness Configuration Control Board (CCB).

3. Budget Execution - Manages the OAP annual budget and oversees OECA's seven appropriation annual budget; provides budgetary and financial expertise to OECA's budget officers and managers; provides assistance to OAP and OECA employees with the Integrated Financial Management System, prepares and presents briefings to OECA and OAP Division Directors, Office Directors and the PDAA; prepares and provides bi-weekly payroll reports, including analysis of FTE utilization and payroll projections; advises management on concerns in these areas and provides recommendations for alleviating potential problems that may arise; prepares quarterly status reports for management and identifies concerns, such as low utilization of expiring balances; works with the OECA Senior Budget Officer on OECA/OAP's operating plans, specific funding initiatives, congressional requests, reprogramming for AA priorities and projections of out year payroll and Working Capital Fund; coordinates all budget-execution related activities such as un-liquidated obligation reviews; Office of the Chief Financial Officer (OCFO)-data calls and year-end close with other OECA offices; helps ensure all OCFO-issued guidance is distributed to each OECA office and that all pertinent information from the Office of Acquisition Management (OAM) and the Grant Inter-Agency Agreement Management Division (GIAMD) is provided to each OECA office and that budget officers are aware of key deadlines and due dates; monitors obligations and expenditures for OECA and OAP; resolves funding issues with offices within OECA and OAP; reviews and approves all OECA reprogrammings; serves as a financial consultant to the Office of Compliance to ensure that set-aside Workforce Deployment funds

are issued in a timely manner; reviews and evaluates Agency procedures to ensure that OAP and OECA budget officers operate in the most efficient and cost-effective manner; advises management on ways to improve budget execution activities across OECA; and serves as the OECA representative on Agency workgroups responsible for developing new account code structures, revising EPA's current object class structures and for ensuring that the IFMS replacement system will accommodate them.

4. Contracts Management and Assistance Agreements. Serves as the back up to OECA's Contract/Grants Management Liaison. Oversee projects addressing cross-cutting issues and ensures that appropriate responsibilities are assigned and that communication among the assistance agreement workforce is maintained to assure timely completion of the projects. Establish schedules and milestones and oversees completion of final products. As back up, responsibilities may include:

- Serve as back up to OECA's Junior Resource Official (JRO), and has lead responsibility for advising OECA's Senior Resource Official (SRO) on all matters pertaining to extramural resource management, including assistance and interagency agreements. The SRO relies on the JRO for advice and guidance on decisions affecting OECA and Agency assistance policies. Assists the OECA JRO in defining and executing OECA's senior management team's policies and goals and objectives concerning assistance. Conduct short-term analytic studies of OECA assistance policies, procedures, management controls, and systems, and advises the SRO, the AA and PDAA on necessary improvements.

- Coordinate the review of agency and program policies and develop program policy direction. In supporting the role of the OECA JRO, these activities include: reviewing and issuing policies affecting program office assistance, making recommendations on significant OECA assistance, policies and procedures, providing training to OECA assistance officials, and coordination of audits on assistance activities.

- Works with the OECA JRO on issues related to the development and performance of Project Officers (PO); support and guide the POs while the work is being done, and the reviews of final outputs. Work with Grants Officers and may represent the assistance agreement workforce at the Agency Senior Staff level as well as the AAA, AA and PDAA in OECA. Provide input in the OECA's reporting requirement in the Federal Manager's Financial Integrity Act assuring compliance with the regulations and policies.

- Develop and transmit information necessary to improve the efficiency of OECA's assistance agreement workflow processes; monitors the effectiveness of OECA assistance policies; and makes recommendations for improvements. The incumbent serves in a back up capacity as liaison to OECA offices on all assistance agreement policy issues and represent their program needs on Agency councils and workgroups. Serve as an expert on Federal and EPA assistance policies

- Interact with senior-level representatives of other agency offices in the development and review of assistance practices, policies and procedures, and assistance agreement training programs to support

OECA programs.

- Serve as back up to OECA's national expert on assistance policy and provide technical advice and assistance to OECA offices on development of specific assistance and interagency agreement packages; the management of those agreements; close-outs; and other procedures necessary to ensure the integrity of the assistance process. Lead OECA work groups to resolve problems or meet special needs and provide guidance to senior managers on new processes to assist them in achieving program goals. Review and approve assistance agreements in the Agency's Information Grants Management System data base.

- Manage important and sensitive OECA policy issues of a cross-cutting nature that require coordination within and outside of OECA. Serve as liaison with the Office of Grants & Debarment or the Office of Acquisition Management when OECA resource activities are under review or audit. Collaborate with the Senior Resource Official, OGD, OAM and OIG to oversee implementation of corrective actions identified or to ensure redirection of extramural activities.

4. Communication. Articulates and communicates to the Budget Division Director the problems to be solved, actionable events, milestones, and/or program issues under review, and deadlines and time frames for completion.

5. Analysis. Researches, learns, and applies a wide range of qualitative and/or quantitative methods to identify, assess, analyze and improve team effectiveness, efficiency and work products.

6. Perform other related duties that may be assigned.

KNOWLEDGE REQUIRED BY THE POSITION FL 1-8 1550 Points

Expert knowledge of applicable legislation, statutes, regulations, policies and Procedures in order to develop policy documents, technical assistance papers and other materials requiring in-depth expertise in financial theory, techniques and methogologies.

In-depth knowledge of the organization and operations of financial management systems.

Comprehensive knowledge of the theory, principles, concepts and practices of financial management to apply to very broad and difficult assignments.

Skill in developing and applying financial management techniques and Methodologies to plan, execute or review financial programs.

Skill in writing in order to develop performance standards for financial programs and activities.

Skill in dealing tactfully and convincingly with staff members both within and outside of the Office of Enforcement and Compliance Assurance (OECA) and OPA regarding the coordination of policies and procedures.

Excellent communication skills both oral and written

Factor 2- Supervisory Controls **FL 2-5** **650 Points**

The supervisor provides administrative and policy direction in terms of broadly defined missions or functions of the organization. The employee is delegated complete responsibility and authority to plan, schedule, and carry out major financial management programs. The supervisor reviews program policies and implementation strategies only for potential influence on broad agency policy objectives and program goals. The employee's findings and recommendations are normally accepted without significant change.

Factor 3- Guidelines **FL 3-5** **650 Points**

Guidelines consist of broad financial policy statements, basic legislation, laws, and agency goals. They may include references to pertinent legislative history, related court decisions, state and local laws, or policy initiatives of agency management. The employee uses judgment and discretion in determining intent, and in interpreting and revising existing policy and regulatory guidance for use by others within or outside the employing organization. The employee is recognized as an expert in the development and/or interpretation of guidance on financial management.

Factor 4- Complexity **FL 4-5** **325 Points**

The work consists of selecting and using many different and unrelated analytical techniques and methods relative to substantive agency and division programs with widely varying needs, goals, objectives, work processes, and timetables. Such programs relate to many echelons and components within OAP, OECA, and EPA, to other agencies, to private industry, or to the public. The employee recommends changes in funding and budget plans that, if accepted, require management to revise substantive programs. The employee may also be required to brief management officials on information that may be given to fund granting and approving officials; evaluate the reactions of fund granting and approving officials to budget proposals; and/or respond to questions and comments concerning financial management. The employee devises and applies innovative criteria to evaluate the progress and cost effectiveness of program plans, goals, and objectives. The employee may also encounter and resolve issues in work environments characterized by continually changing program objectives, plans, and funding requirements resulting from new legislation, revised policies, and shifting demand for good and services.

Factor 5- Scope and Effect **FL 5-5** **325 Points**

The purpose of the work is to isolate and define unknown conditions, resolve critical problems, and develop new theories for major financial aspects of substantive, mission-oriented programs. The employee develops long-range financial plans, goals, objectives, and milestones or evaluates the effectiveness of financial management efforts within the organizations assigned; coordinates information outputs from financial management systems that support management of programs funded by a number of appropriations; and provides expert advice to program officials and other specialists on interpretation of accounting, budget, and financial regulations pertinent to systems development efforts or program operations. The work affects major aspects of programs or missions, and/or the well-being of substantial numbers of people.

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Jun 30 2009 10:19AM HP LASERJET FAX 9372362201 page 11
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Factor 6- 3 Personal Contacts &
Factor 7-Purpose of Contacts **FL 6-3/7c** **180 Points**

Personal contacts are with officials, managers, professionals, and employees and financial executives of other agencies and outside organizations. The contacts are not established on a routine or recurring basis, the purpose and extent of each contact is different, and the role and authority of each party is identified and developed during the course of the contact.

Factor 8 -Physical Demands **FL 8-1** **5 Points**

The work is sedentary. Some work may require some everyday walking and may also require walking and standing in conjunction with travel to and attendance at meeting and conferences away from the work site. Position may require carrying light items. The work does not require any special physical effort.

Factor 9 –Work Environment **FL 9-1** **5 Points**

The work area is adequately lighted, heated, and ventilated. The work environment involves everyday risks or discomforts that require normal safety precautions.

TOTAL POINTS = 3690

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Extramural Resources Management Duties Checklist

This checklist may be used to identify duties in managing contracts, grants, cooperative agreements, and interagency agreements. It is a tool for identifying duties to be added to position descriptions for positions requiring 25% or more of time on any combination of extramural resources management duties. The checklist may be used as an amendment to position descriptions for positions requiring less than 25% of time on these duties.

Employee Information

Name KATHY CRAWFORD

Position Number _____

Title Program Analyst

Series/Grade GS-0343-14

Organization Office of Administration and Policy – Budget and Financial Management Division

Percentage of Time Spent on Extramural Resources Management

✓ This position has no extramural resources management responsibilities.

_____ Total extramural resources management duties occupy less than 25% of time.

_____ Total extramural resources management duties occupy 25% to 50% of time. These duties are indicated below and described in the position description.

_____ Total extramural resources management duties occupy more than 50% of time. These duties are indicated below and described in the position description.

When this checklist is used as an amendment to a position description, the following signatures are required:

Supervisor's Signature David Swack, BFMD Deputy Director, OAP, OECA Date 1-27-09

Personnel Specialist's Signature Pat Short Date 7/5/09

Part 1. Contracts Management Duties

Pre-award:

_____ Plans procurements
_____ Estimates costs
_____ Obtains funding commitments
_____ Prepares procurement requests
_____ Writes statements of work
_____ Reviews statements of work
_____ Processes unsolicited proposals
_____ Responds to pre-award inquiries
_____ Participates in pre-award conferences
_____ Conducts technical evaluation of proposals
_____ Participates in debriefing/protests
_____ Other (list)

Post-award:

_____ Prepares delivery orders
_____ Reviews contractor work plans
_____ Reviews contractor progress reports
_____ Monitors government-furnished property
_____ Monitors cost, management, and overall technical performance of contract after award
_____ Monitors management and performance of delivery orders/work assignments after award
_____ Defines scope of work for work assignments
_____ Approves payment requests or ACH drawdowns
_____ Manages cost-reimbursement contracts
_____ Reviews invoices
_____ Inspects and accepts deliverables
_____ Other (list)

Close-out:

_____ Writes reports on contractor performance, costs, and tasks performed
_____ Reconciles payments with work performance
_____ Closes out payments
_____ Performs cost accounting
_____ Provides assistance to Contracting Officer in settling claims
_____ Other (list)

Percentage of Time Spent on Contracts Management: 0.0 %

Part 2. Grants/Cooperative Agreements Duties

Pre-application/Application:

_____ Prepares solicitation for proposals
_____ Identifies potential grantees for areas of program emphasis
_____ Makes initial determinations (whether project is procurement or assistance, whether agency has legal authority, whether applicant is eligible, whether funding is available, etc.)
_____ Provides administrative information to applicants
_____ Determines appropriateness of applicant's workplan/activities/budget and compliance with regulations and guidelines and negotiates changes with applicant
_____ Assists applicant in resolving issues in application
_____ For cooperative agreement, determines substantial Federal involvement and develops a condition for agreement
_____ Negotiates level of funding
_____ Conducts site visits to evaluate program capability
_____ Serves as resource to Selection Panel
_____ Informs applicants of funding decisions
_____ Other (list)

Award:

_____ Prepares funding package, including Decision Memorandum
_____ Obtains concurrences/approvals
_____ Reviews/concurs in completed document
_____ Establishes project file
_____ Other (list)

Project Management/Administration:

_____ Monitors recipient's activities and progress
_____ Reviews reports and deliverables and notifies recipient of comments
_____ Provides technical assistance to recipients
_____ Advises Grants Management Office of potential problems/issues
_____ Participates in decision/actions to ensure successful project completion and in decisions to impose sanctions
_____ Approves payments requests or ACH drawdowns
_____ Reviews requests for modifications, additional funding, etc. and makes recommendations to Grants Management Office
_____ Negotiates amendments
_____ Reviews Cost/Price/Analysis for recipient contracts/change orders (Superfund only)
_____ When necessary, recommends termination of the agreement
_____ Resolves with Grants Management Office administrative and financial issues
_____ Conducts periodic reviews to ensure compliance with agreement
_____ Other (list)

Close-out:

_____ Certifies deliverables were satisfactory and timely
_____ Provides assistance to recipients and Grants Management Office to ensure timely closeout
_____ Reconciles payment with work performed
_____ Notifies recipient of close-out requirements
_____ Obtains legal assistance if necessary to resolve incomplete close-out
_____ If project is audited, responds to issues and ensures recipient complies with audit recommendations
_____ Other (list)

Percentage of Time Spent on Grants/Cooperative Agreements Management:

0. 0 %

Part 3. Interagency Agreements Duties

Pre-Agreement:

_____ Plans and negotiates work effort
_____ Estimates costs
_____ Obtains funding commitments
_____ Prepares commitment notice
_____ Writes or reviews scope of work
_____ Responds to pre-agreement inquiries
_____ Participates in pre-agreement conferences
_____ Coordinates with appropriate staff in developing Independent Government Cost Estimates (IGEs)
_____ Negotiates and ensures execution of Superfund State Contracts (Superfund only)
_____ Performs technical evaluation of work plan and budget
_____ Prepares funding package and obtains necessary concurrences
_____ Other (list)

Project Management/Administration:

_____ Reviews progress reports/financial reports
_____ Monitors cost management and overall technical performance
_____ Participates in decisions about project modification/termination
_____ Conducts periodic review of Superfund State contracts payment receipts (Superfund only)
_____ Inspects and accepts deliverables
_____ Other (list)

Close-out:

_____ Reviews final report
_____ Decides on disbursement of equipment
_____ Reconciles payments with work performed
_____ Reviews Superfund State Contracts to ensure full reimbursement (Superfund only)
_____ Certifies deliverables
_____ Resolves close-out issues with Grants Management Office/other agency
_____ Other (list)

Time Spent on Interagency Agreements Management:

0. 0 %

EPA

Appendix D – Remote Work Agreement

Employee's Name: Van Housman	**Job Title, Pay Plan, Series & Grade:** Attorney Advisor GS-15
Office/Region and Division: OECA/OCE/WED	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave, Washington DC 20460
Employee's Work Phone: 202 257-7472	**Employee's Work Email Address:** housman.van@epa.gov
Supervisor's Name: Greg Sullivan, Division Director, WCED	**Supervisor's Work Phone & Email Address:** 202 564-1298 sullivan.greg@epa.gov
Proposed Start Date: June 13, 2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(**Supervisor:** Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by **management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy** and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: Housman, Van Digitally signed by Housman, Van Date: 2022.06.07 14:41:38 -04'00'

Supervisor's Signature: GREGORY SULLIVAN Digitally signed by GREGORY SULLIVAN Date: 2022.06.07 16:25:54 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature: Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.06.29 14:02:33 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA Telework Self-Certification Safety Checklist		
	Select a Response	Comments
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

This checklist is designed to assess the overall safety of the Alternate Work Location and must be completed and given to your supervisor with your Telework ***Agreement****. Signing this form does not guarantee that the AWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their AWL that could impact* ***the*** *health and safety of the employee and others.*

Employee Signature VAN HOUSMAN Digitally signed by VAN HOUSMAN Date: 2022.06.07 14:53:11 -04'00'

Supervisor Signature GREGORY SULLIVAN Digitally signed by GREGORY SULLIVAN Date: 2022.06.07 16:23:40 -04'00'

EPA

Appendix D – Remote Work Agreement

Employee's Name: Robin Jacobs	**Job Title, Pay Plan, Series & Grade:** Attorney-Advisor, 905, GS-13
Office/Region and Division: EPA Headquarters, OECA, OCE, WCED	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave, Washington DC 20460
Employee's Work Phone: (202) 564-2176	**Employee's Work Email Address:** jacobs.robin@epa.gov
Supervisor's Name: James Miles	**Supervisor's Work Phone & Email Address:** 202-564-5161; miles.james@epa.gov
Proposed Start Date: June 6, 2022	**Proposed End Date (for DETO):** N/A

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(**Supervisor:** Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☑ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by **management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy** and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: ROBIN JACOBS Digitally signed by ROBIN JACOBS Date: 2022.05.11 15:47:09 -04'00'

Supervisor's Signature: Miles, James Digitally signed by Miles, James Date: 2022.05.26 09:50:24 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature: Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.06.29 14:07:29 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature ROBIN JACOBS Digitally signed by ROBIN JACOBS Date: 2022.05.11 15:48:22 -04'00'

Supervisor Signature Miles, James Digitally signed by Miles, James Date: 2022.05.26 09:51:00 -04'00'

EPA Form 3181-8

Christina James Remote Work Text

As a Program Analyst within OECA's Office of Administration and Policy (OAP) in the Budget and Financial Management Division (BFMD), all of the responsibilities and duties as defined in my role are portable and can be performed effectively from a remote location just the same as from the EPA worksite. My responsibilities include, but are not limited to, supporting OECA's budget formulation process, consistently following the policies on the use of the agency's purchase card, coordinating with OECA's program offices and OCFO to ensure accuracy of information, providing accurate and timely guidance and instructions to customers and stakeholders in OECA (both management and staff), assisting with the development of the operating plan for each fiscal year, and participating in various work teams. Also, I coordinate with various program offices to synthesize program data/analyses and recommendations into complete, usable briefings and presentations for decision makers.

Within my duties, all policies, correspondence, and associated responses are created and tracked electronically using standard office software, platforms, and agency systems that can be effectively and efficiently accessed from a remote location. Relevant data, files, and documents are securely assessed, saved, and distributed via email, shared drives, and other collaborative tools from the remote location following appropriate agency protocols. It is standard business practice across the agency for both internal and external conferences, briefings, and meetings to include teleconference numbers and/or video conferencing options for remote participation. As such, I can seamlessly manage all stakeholder engagements, cross-agency coordination efforts, and presentations from a remote location. Remote work status will not impact my ability to represent the interests of EPA, OECA, or BFMD on agency or interagency initiatives. I'm able to actively participate, contribute, and facilitate discussions with stakeholders, task forces, working groups, and ad hoc committees as needed to perform my duties at full capacity.

For years prior to the pandemic, I worked a regular telework schedule in which I effectively relied on the agency's software, equipment, and systems to carry out my role in supporting EPA's mission remotely on a consistent basis. During the pandemic, the very same innovations, and processes that I used to successfully telework were stress-tested and enhanced to achieve greater efficiencies. My home office space is equipped with a desk, chair, adequate lighting, laptop and monitor, scanner/printer, video conferencing compatibility, and high-speed internet. My ability to successfully perform my duties has not been impacted by working in a remote environment in the past and there is no indication that it will impose any negative impacts in the future. For these reasons, approval of this remote work request will not diminish EPA's ability to accomplish its mission and goals. To the contrary, it will advance the agency's mission to protect human health and the environment.

EPA strives to minimize the environmental footprint of its offices and laboratories and encourages citizens to integrate responsible environmental practices into their daily lives. Approval of this remote work application aligns with EPA's mission by allowing applicants to take individual steps toward

reducing greenhouse gas emissions and decreasing traffic congestion, while working at full capacity in support of the agency's mission – resulting in money saved for EPA and the applicant as well as increased protection of human health and the environment. Working remotely saves money for the agency by reducing office space, lowering electricity costs, decreasing commuting expenses (i.e., transit subsidies), and significantly increasing productivity. I can attest to the fact that I am more productive while working at home because of less distractions, interruptions and stress related to commuting inconsistencies. Lastly, I rarely have any internet connection issues and/or disruptions during inclement weather. I have a great rapport with my supervisor and have demonstrated my productivity level when working remotely. In essence, working remotely reduces costs to the agency and taxpayers substantially.

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Christina M. James	**Job Title & Grade:** Program Analyst / GS-13
AAship/Region and Division: OECA	**Address of Official Agency Worksite:** 1200 Pennsylvania Ave., NW, Washington, DC 20460
Employee's Work Phone: (202) 564-8442	**Employee's Work E-mail Address:** james.christina@epa.gov
First-line Supervisor: John M. Warren	**First-line Supervisor's Work Phone:** (202) 564-2452
Proposed Start Date: 05-02-2022	**If Temporary, Proposed End Date:**

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☑ Yes

☐ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: Ex. 6 Personal Privacy (PP)	**Alternate Phone Number (if available):**

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on 3/6/2022 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

As a Program Analyst within OECA's Office of Administration and Policy (OAP) in the Budget and Financial Management Division (BFMD), all of the responsibilities and duties as defined in my role are portable and can be performed effectively from a remote location just the same as from the EPA worksite. My responsibilities include, but are not limited to, supporting OECA's budget formulation process, consistently following the policies on the use of the agency's purchase card, coordinating with OECA's program offices and OCFO to ensure accuracy of information, providing accurate and timely guidance and instructions to customers and stakeholders in OECA (both management and staff), assisting with the development of the operating plan for each fiscal year, and participating in various work teams. Also, I coordinate with various program offices to synthesize program data/analyses and recommendations into complete, usable briefings and presentations for decision makers.

Within my duties, all policies, correspondence, and associated responses are created and tracked electronically using

Approval/Disapproval (attach documentation):

☐ Approved
☐ Disapproved (cite reason(s) below)

Employee's Signature: CHRISTINA JAMES Digitally signed by CHRISTINA JAMES Date: 2022.04.27 21:10:05 -04'00'	**Date:** 4/27/2022
Supervisor's Signature: John Michael Warren Digitally signed by John Michael Warren Date: 2022.05.05 14:46:39 -04'00'	**Date:** 5/5/2022
AA/RA (or designee) Signature:	**Date:**

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Lauren Jones	**Job Title & Grade:** IT Specialist GS-14
AAship/Region and Division: OECA /OC/ETDD	**Address of Official Agency Worksite:** 1200 Pennsylvania Ave, NW Wash, DC 20460
Employee's Work Phone: 202-564-0389	**Employee's Work E-mail Address:** jones.laurenw@epa.gov
First-line Supervisor: David Meredith	**First-line Supervisor's Work Phone:** 202-564-4152
Proposed Start Date: 05/08/22	**If Temporary, Proposed End Date:**

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☑ Yes

☐ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: Ex. 6 Personal Privacy (PP)	**Alternate Phone Number (if available):** Ex. 6 Personal Privacy (PP)

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on July 29, 2019 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:	
I attest that I can perform all work duties and assignments in a remote location as effectively as I can from the office. My remote work office meets the guidelines as defined in the "Remote Work Safety Checklist" and affords me a quiet and uninterrupted workspace, with the appropriate hardware and software to complete meetings and assignments. I have effectively worked remotely since March 2020, during which time I've successfully taken on challenging projects and assignments. I can effectively communicate with peers and management by leveraging the remote communication tools provided by the agency. As such, approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals. I attest that the following core job functions can be effectively performed at a remote work location: -Manage the Smart Mobile Tools for Field Inspectors (Smart Tools) program -Attend, coordinate and facilitate weekly and monthly meetings / huddles -Monitor and respond to emails and phone calls **Approval/Disapproval (attach documentation):** ☑ Approved ☐ Disapproved (cite reason(s) below)	
Employee's Signature: Jones, LaurenW Digitally signed by Jones, LaurenW Date: 2022.04.07 10:08:47 -04'00'	**Date:** 04/07/22
Supervisor's Signature: DAVID MEREDITH Digitally signed by DAVID MEREDITH Date: 2022.04.19 11:53:13 -04'00'	**Date:** 04'19/22
AA/RA (or designee) Signature:	**Date:**
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Lauren Jones Remote Work Text

I attest that I can perform all work duties and assignments in a remote location as effectively as I can from the office. My remote work office meets the guidelines as defined in the "Remote Work Safety Checklist" and affords me a quiet and uninterrupted workspace, with the appropriate hardware and software to complete meetings and assignments. I have effectively worked remotely since March 2020, during which time I've successfully taken on challenging projects and assignments. I can effectively communicate with peers and management by leveraging the remote communication tools provided by the agency. As such, approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals.

I attest that the following core job functions can be effectively performed at a remote work location:

-Manage the Smart Mobile Tools for Field Inspectors (Smart Tools) program

-Attend, coordinate and facilitate weekly and monthly meetings / huddles

-Monitor and respond to emails and phone calls

-Attend to divisional needs such as budget request, resource planning, application ownership duties (CPIC, Security, etc.)

-Monitor and provide technical direction as Contracting Office Representative (COR) on multiple agency contracts

EPA

Appendix D – Remote Work Agreement

Employee's Name: Fran Jonesi	**Job Title, Pay Plan, Series & Grade:** Attorney Advisor GS 15
Office/Region and Division: OECA PMOD	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave, Wash. DC 20460
Employee's Work Phone: 202 564 7043	**Employee's Work Email Address:** Jonesi.fran@epa.gov
Supervisor's Name: Elizabeth Ragnauth	**Supervisor's Work Phone & Email Address:** 202-564-3161
Proposed Start Date: 5/11/22	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☐ New Request ☑ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☒ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: FRAN JONESI Digitally signed by FRAN JONESI Date: 2022.05.11 14:31:27 -04'00'

Supervisor's Signature: ELIZABETH RAGNAUTH Digitally signed by ELIZABETH RAGNAUTH Date: 2022.05.11 15:33:01 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature:	Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.06.06 15:47:56 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA Remote Work Self-Certification Safety Checklist		
	Select a Response	Comments
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	Yes	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

This checklist is designed to assess the overall safety of the Remote Work Location and must be completed and given to your supervisor with your Remote Work Agreement. Signing this form does not guarantee that the RWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their RWL that could impact the health and safety of the employee and others.

Employee Signature FRAN JONESI Digitally signed by FRAN JONESI Date: 2022.05.11 15:06:21 -04'00'

Supervisor Signature ELIZABETH RAGNAUTH Digitally signed by ELIZABETH RAGNAUTH Date: 2022.05.11 15:35:37 -04'00'

EPA Form 3181-8

EPA

Appendix D – Remote Work Agreement

Employee's Name: lauren kabler	**Job Title, Pay Plan, Series & Grade:** attorney advisor, gs, 0905, 15
Office/Region and Division: oeca/oce/xps	**Address of Regular Office or Worksite:** 1200 pennsylvania avenue washington dc 20004
Employee's Work Phone: 2025644052	**Employee's Work Email Address:** kabler.lauren@epa.gov
Supervisor's Name: amy porter	**Supervisor's Work Phone & Email Address:** 2025642431
Proposed Start Date: 05/13/22	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):
Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(**Supervisor:** Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☑ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by **management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy** and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: LAUREN KABLER Digitally signed by LAUREN KABLER Date: 2022.05.13 07:52:55 -04'00'

Supervisor's Signature: AMY PORTER Digitally signed by AMY PORTER Date: 2022.05.13 09:42:49 -04'00'

Approval Official or Designee's Signature:	Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.06.06 15:00:54 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

OFFICE OF
ENFORCEMENT AND
COMPLIANCE ASSURANCE

April 19, 2022

MEMORANDUM

SUBJECT: Lauren Kabler's Request for Full-Time Telework Within Commuting Area

FROM: Amy Porter, Director,
Crosscutting Policy Staff (XPS)

Porter, Amy Digitally signed by Porter, Amy Date: 2022.04.19 07:17:23 -04'00'

THROUGH: Rosemarie Kelley, Director
Karin Koslow, Deputy Director
Loren Denton, Associate Director
Office of Civil Enforcement (OCE)

LOREN DENTON Digitally signed by LOREN DENTON Date: 2022.05.04 22:08:08 -04'00'

TO: Larry Starfield, Acting Assistant Administrator, Office of Enforcement and Compliance Assurance (OECA)

ACTION RECOMMENDED: Approve Lauren Kabler for Full-Time Telework

This memorandum recommends that you approve Lauren Kabler's request for full-time telework within the commuting area, as described in Article 54, section 9 of the collective bargaining agreement between EPA and NTEU (CBA).[1] Lauren meets the requirements for full-time telework and agrees to return to the official worksite in Washington, DC, pursuant to recall procedures in Article 54, section 13 of the CBA.

(b) (6)

(b) (6) All of her work assignments are portable. Her work on crosscutting policy development and implementation and oversight require her to work with EPA headquarters and regional colleagues, regardless of her location, and her proficiency with technology tools makes her coordination and collaboration seamless. The agency's telecommunications tools fully enable Lauren to perform all of her duties effectively from her

[1] https://intranet.epa.gov/ohr/emprelations/nteu-contract.pdf

remote work location. Lauren's future duties are likely to remain appropriate for full-time telework.

Cost:

Lauren is requesting approval to work remotely from her home located within 50 miles of the Washington DC OECA Office location. Therefore, if approved, costs covered by the office would include up to five days per year of travel from her home to the EPA office at 1200 Pennsylvania Avenue NW, Washington DC.

Recommendation:

I hereby recommend that you sign below to approve Lauren Kabler for Full-Time Telework Within the Local Commuting Area.

Approved:[2]

_____
Larry Starfield
Acting Assistant Administrator
Office of Enforcement and Compliance Assurance

[2] "If the request is not approved, the DAA/DRA (or his/her designee) will respond in writing with the reasons the request was denied." *U.S. Environmental Protection Agency Telework Policy*, 10 (2016).

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature LAUREN KABLER Digitally signed by LAUREN KABLER Date: 2022.05.13 07:42:51 -04'00'

Supervisor Signature AMY PORTER Digitally signed by AMY PORTER Date: 2022.05.13 09:40:25 -04'00'

EPA Form 3181-8

Appendix D – Remote Work Agreement

Employee's Name: Kristen Keteles	**Job Title, Pay Plan, Series & Grade:** Toxicologist GS 15
Office/Region and Division: OECA OCEFT NEIC	**Address of Regular Office or Worksite:** EPA NEIC, Denver Federal Center, Building 25 E-3, Lakewood CO 80225
Employee's Work Phone: 303-330-2275	**Employee's Work Email Address:** Keteles.Kristen@epa.gov
Supervisor's Name: Michael Roach	**Supervisor's Work Phone & Email Address:** Roach.Michael@epa.gov 303-462-9080
Proposed Start Date: 11/06/2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: KRISTEN KETELES Digitally signed by KRISTEN KETELES Date: 2022.11.10 07:22:44 -07'00'

Supervisor's Signature: REBECCA CONNELL Digitally signed by REBECCA CONNELL Date: 2022.11.10 10:24:38 -07'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature: MARK BADALAMENTE	Digitally signed by MARK BADALAMENTE Date: 2022.11.23 12:41:20 -05'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Kristen Keteles Application for Remote Work Toxicologist GS15

All of my duties to support the Agency's mission and meet operational goals can be performed just as effectively from a remote work location as the NEIC Official Agency worksite. I have been working effectively from a remote location since March of 2020 and have an approved remote work agreement in my prior position as a GS14 Toxicologist. The duties of the GS14 Toxicologist are very similar to the GS15 Toxicologist Science Advisor position with the addition of more interface with Agency senior leadership and program office coordination which must be done virtually regardless of my work location.

Toxicology technical assistance and project support is provided to customers in Washington, DC and throughout the country including customers from programs within OECA, Program Offices, and the Regions whether working from the Official Agency Worksite or remotely. Toxicology technical assistance and litigation support is provided to Criminal Investigation Division Special Agents (CID), Regional Criminal Enforcement Counsel (RCEC), and Department of Justice Attorneys (DOJ) using Teams or phone since these customers are in other cities and states. Consultations are conducted using phone, Microsoft Teams, and when appropriate, email whether at the Official Agency worksite or while working remotely.

All work can be accomplished efficiently remotely as demonstrated during the pandemic and since my approved remote work agreement on March 18, 2022. My residence in Lakewood, CO (Remote Work Location, RWL) and second home in Alma, Colorado (Alternate Work Location, AWL) meet the safety checklist requirements (attached) and have reliable, high-speed internet. Reports (expert opinion reports, memos, toxicological information summaries) have been written from these locations since scientific information is available through the EPA desktop library and the internet. Document reviews were also conducted from these locations as efficiently as at an Official Agency worksite. Should the need arise, any confidential information such as Grand Jury Information that is contained on alternate media such as a thumb drive or paper copies would be stored in a locked safe or locked file cabinet just as it would at an Official Agency worksite. Workgroup participation currently occurs virtually through Microsoft Teams since national workgroup members are located at Headquarters and throughout the Regions. Briefings and discussions with OECA senior leadership, NEIC management, and collaboration with NEIC staff has been conducted using online collaboration tools such as MS Teams or phone. Throughout the pandemic and while under an approved remote work agreement, I demonstrated that this work can be accomplished remotely without the need for close supervision. While working remotely during the pandemic in 2020 and 2021 and in 2022 under an approved remote work agreement, Ex. 6 Personal Privacy (PP)

Ex. 6 Personal Privacy (PP)

Ex. 6 Personal Privacy (PP)

My primary residence (RWL) is in Jefferson County and my second home (AWL) is in Park County. Jefferson County and Park County are both in the Denver/Aurora Locality Pay Area and

therefore, my pay has not changed while working remote and subsequently, would not result in increased costs to the Agency (https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2022/locality-pay-area-definitions/#DE-CO). If travel for litigation support or participation in meetings is required, Denver International Airport is easily accessible from my residence and has not increased travel costs since I have been departing from this location for official Agency travel even before the pandemic. Information Technology support has been done through remote assistance negating the need to be in the office for IT support. Due to the location of my residence within the local commuting area, in person meetings or trainings at the Official Agency Worksite would not result in travel costs. Cost savings to the Agency would likely result due to the reduction of office space at the Denver Federal Center and without the transportation subsidy (RTD EcoPass).

All duties can be performed from a remote location as effectively as from Official Agency worksite which has been demonstrated throughout the pandemic and under a remote work agreement for the GS14 toxicologist position. The duties of the GS15 Toxicologist/Science Advisor position are very similar with the addition of more participation on headquarters work groups and briefings with OECA senior leadership which must be done virtually whether from the Denver Federal Center or from a remote work location. Therefore, the approval of this request will not diminish the Agency's ability to support its mission and meet operational goals and could result in cost savings to the Agency due to the reduction in office space and without the transportation subsidy.

Appendix D – Remote Work Agreement

Employee's Name: Robert Klepp	**Job Title, Pay Plan, Series & Grade:** Attorney-Adviser GS-15
Office/Region and Division: OECA-OCE-AED	**Address of Regular Office or Worksite:** Washington, DC
Employee's Work Phone: (202) 564-5805	**Employee's Work Email Address:** klepp.robert@epa.gov
Supervisor's Name: Mary E. Greene	**Supervisor's Work Phone & Email Address:** (202) 564-0452, greene.mary.e@epa.
Proposed Start Date: October 1, 2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):
Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Please see attached memo

Employee's Signature: ROBERT KLEPP Digitally signed by ROBERT KLEPP Date: 2022.07.15 21:20:15 -04'00'

Supervisor's Signature: Greene, Mary E Digitally signed by Greene, Mary E Date: 2022.07.19 20:26:08 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature:	Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.10.07 12:44:23 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

EPA

Appendix A – EPA Remote Work Agreement

Employee's Name: Eric S. Blank	**Job Title, Pay Plan, Series & Grade:** Technical Information Specialist, GS-1412-14
Office/Region and Division: Washington, DC HQ, CID, FSS	**Address of Regular Office or Worksite:** WJC South Building
Employee's Work Phone: 202-566-0656	**Employee's Work Email Address:** blank.eric@epa.gov
Supervisor's Name: Heath Martin	**Supervisor's Work Phone & Email Address:** (704) 681-4562; martin.heath@epa.gov
Proposed Start Date: 02/28/2022	**Proposed End Date (for DETO):** N/A

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Commuting Area of Regular Office or Worksite:

(●) Yes ( ) No

(Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ( ) Yes (●) No

Request:

Select one: (●) New Request ( ) Request for Modification to Existing Agreement

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. I have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

[xx] Approved

( ) Disapproved (cite reason(s) below)

Employee's Signature: ERIC BLANK Digitally signed by ERIC BLANK Date: 2022.02.15 16:26:44 -05'00'

Supervisor's Signature: Heath W. Martin Digitally signed by Heath W. Martin Date: 2022.02.23 14:28:11 -05'00'

AA/RA (or designee) Signature: MARK BADALAMENTE Digitally signed by MARK BADALAMENTE Date: 2022.03.18 14:12:18 -04'00'

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

EPA Form 3181-7

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature ERIC BLANK Digitally signed by ERIC BLANK Date: 2022.02.15 16:27:58 -05'00'

Supervisor Signature Heath W. Martin Digitally signed by Heath W. Martin Date: 2022.02.16 09:34:34 -05'00'

EPA Form 3181-8

Duties in a Hybrid Environment for Eric Blank

Eric is the Project Manager (FAC-P/PM) for the development of OCEAN. He's also the System Administrator and the Information System Security Officer (ISSO), which includes handling the Continuous Monitoring Assessment (CMA) and Authority to Operate (ATO) renewal, as well as the Contract Officer Representative (COR).

In addition, Eric manages the OCEAN Change Control Board (CCB) and serves as technical expert, providing technical information/management expertise to obtain, analyze, and organize information. He also builds ad hoc and standard reports using Structured Query Language (SQL) and advanced reports using the Jasper reporting program.

Eric also prepares and delivers presentations on the project status to senior EPA officials, such as the Information Technology Portfolio Review (ITPR) and many others. He regularly advises non-technical staff (such as special agents, attorneys, and administrative professionals) on the use and requirements of OCEAN. When needed, he also reviews contractor invoices and authorizes payments.

All these roles are performed via government issued laptop and are performed remotely. Eric has successfully performed these roles since the beginning of the pandemic with great success and have no reservation the level of service would be impacted by a remote work agreement.

OECA-20151216284

United States Environmental Protection Agency **POSITION DESCRIPTION COVERSHEET**	**1. DUTY LOCATION** **Washington, DC**	**2. POSITION NUMBER** N141214

3. CLASSIFICATION ACTION: a. Reference of Series and Date of Standards Used to Classify this Position
Information Sues Series GS1412 DTD 8/94 / Librarian Series GS1410-Aug 84

	b. Title	c. Pay Plan	d. Series	e. Grade	f. CLC
Official Allocation	Technical Information Specialist	GS	1412	14	
4. Supervisor's Recommendation	Technical Information Specialist	GS	1412	14	

6. NAME OF EMPLOYEE Eric Blank

7. ORGANIZATION (Give complete organizational breakdown)	e. Operations Branch
a. U.S. ENVIRONMENTAL PROTECTION AGENCY	f.
b. Office of Enforcement and Compliance Assurance	g.
c. Office of Criminal Enforcement, Forensics and Training	h. Employing Office Location Washington, DC
d. Criminal Investigations Division	i. Organization Code BDBB0000

8. SUPERVISORY STATUS

☐ [2] **Supervisor or Manager**. Position requires the exercise of supervisory or managerial responsibilities that meet, at least, the minimum requirements for application of the General Schedule Supervisory Guide (GSSG) or similar standards for minimum supervisory responsibility specified in other position classification standards.

☐ [4] **Supervisor**. Position meets the definition of Supervisor in 5.U.S.C. 7103(a)(10), but does not meet the minimum requirements for application of the GSSG

☐ [5] **Management Official**. Position meets the definition of Management Official in 5.U.S.C. 7103(a)(11), but does not meet the GSSG definition of Supervisor/Manager or the definition of Supervisor in 5.U.S.C. 7103(a)(10).

☐ [6] **Lead** Position leads a team performing one-grade interval work and meets the minimum requirements for application of Part I of the Work Leader Grade Evaluation Guide (WLGEG) or is under a wage system and meets similar minimum requirements as specified by those job standards or other directives of the applicable pay system.

☐ [7] **Team Leader**. Position leads a team performing two-grade interval work and meets the minimum requirements for application of Part II of the WLGEG.

[X] [8] **All Other Positions**. Position does not meet any of the above definitions. This is a non-supervisor/non-managerial position.

9. SUPERVISORY CERTIFICATION I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships and that the position is necessary to carry out governmental functions for which I am responsible. The certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

a. Typed Name and Title of Immediate Supervisor Vernon Jackson, Asst. Director for Operations, CID		**d. Typed Name and Title of Second-Level Supervisor** Ted Stanich, Deputy Director, CID	
b. Signature	**c. Date**	**e. Signature**	**f. Date**
[signature]	6-23-2015	[signature]	6/23/15

10. OFFICIAL CLASSIFICATION CERTIFICATION: I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.

a. Promotion Potential

[X] This position has no promotion potential If position develops as planned and employee progresses satisfactorily, this position has known promotion potential to grade:

b. PSB Risk Designation	**c. Financial Disclosure Form**	**d. "Identical, Additional" (IA) Allocation** This position	**e. FLSA Determination**	**f. Functional Classification Code**
☐ 1 Low ☐ 2 Moderate ☒ 3 High Security Clearance Required: ☒ Yes ☐ No	☒ OGE-450 Required ☐ OGE-278 Required ☐ No financial disclosure forms required	☐ may be IA'ed ☐ may not be IA'ed ☒ is limited to current incumbent	☐ NONEXEMPT ☒ EXEMPT* (*check exemption category) ☒ Administrative ☐ Professional ☐ Executive	[signature]

g. Bargaining Unit Code	**h. Check, if applicable:**	**i. Classifier's Signature**	**j. Date**
8888	☐ Medical Monitoring Required ☒ Extramural Resources Management Duties (0 % of time) ☐ This position is subject to random drug testing ( )	[signature]	1/20/16

11. REMARKS

EPA Form 3150-1 (Rev 8/2009) Previous Versions are Obsolete

TECHNICAL INFORMATION SPECIALIST
GS-1412-14

I. INTRODUCTION:

This position is located in the Operations Branch, Criminal Investigation Division (CID), Office of Criminal Enforcement, Forensics, and Training (OCEFT), Office of Enforcement and Compliance Assurance (OECA), Environmental Protection Agency (EPA). The primary purpose of this position is to plan and coordinate a full array of investigative, scientific, business, technical, and legal information service to support targeting for the criminal environmental enforcement program.

II. MAJOR DUTIES AND RESPONSIBILITIES:

Incumbent oversees implementation of and serves as Project Manager for the Criminal Case Reporting System (CCRS) and its related data system and projects. Applies sound project management processes such as work breakdown structure, planning, estimating, risk assessment, monitoring of progress and reporting of project status to stakeholders. This system is used by all of CID's Special Agents to document all investigative activity undertaken nationwide. Provides superior quality control in the day-to-day management of CCRS.

Serves as the project leader for developing new or enhanced systems and methods for the delivery and retrieval of technical information. Conducts feasibility studies and works with computer specialists to develop systems providing authorized users enhanced access and retrieval capabilities to CID's secure national criminal case reporting system that meets enhanced security thresholds, due to the nature of criminal investigations and applicable secrecy requirements such as federal grand Jury Rule 6-E, are met.

Conducts pilot studies of new technology application in areas such as tracking of high attribute criminal case data, and secure information data transfer between CID and non-division personnel as appropriate. Evaluates use requirements, provides recommendations on developing innovative information policies, approaches, or analysis methods. Serves as a key advisor to OCEFT/CID, management providing technical advice on solving highly complex problems within area of expertise.

Plans, develops, and maintains computer-based files used for storage and retrieval of pertinent criminal history data involving all of the CID's current and closed cases. Identifies, evaluates, and selects information sources; works with computer specialists to develop programs to manage the data; identifies and implements mechanisms for identifying, acquiring, and disseminating data used p publicly by OECA and the Administrator's Office

Directs implementation of, including providing leadership to other CID employees, and serves as the Project Manager for distinct and critical CID databases (e.g., monthly activity report documenting agent casework that is used for resource allocation). Applies sound project management processes such as work breakdown structure, planning, estimating, risk assessment, monitoring of progress and reporting of project status to senior CID and OCEFT management.

Serves as a technical expert, providing professional technical information management expertise to obtain, analyze, and organize information. Evaluates, selects, and adapts precedents to meet specialized information requests; develops complex search strategies; solves complex information access and dissemination problems; and evaluates information gathered in a way that allows others to make comparative judgments.

Serves as liaison with a variety of personnel both within EPA and in other federal, state, and local governments, and private industry for the purpose of promoting better data availability. Develops, maintains, and expands the network of professional contacts within and outside the Agency to support

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technical information management communications activities. Serves as an agency expert, providing technical direction for the dynamic design, development, implementation, testing, maintenance, and documentation pertaining to criminal enforcement program targeting.

Performs quality assurance checks on data in CCRS, evaluates effectiveness, resolves problems, and makes recommendations to ensure the integrity of the relevant databases. Provides user support.

Serves as OCEFT's senior technical liaison regarding the technical support contract for all criminal investigative databases. This includes responsibility for a variety of contract issues, including tracking invoices, preparing statement of work, and monitoring changes that could impact the access to, and/or efficient operation of, these databases for all CID agents within OCEFT.

Oversees training program for new users in accessing and retrieving information from sensitive criminal investigative databases. Develops methods and procedures and prepares training materials, such as manuals, worksheets, etc. Communicates with users concerning changes/modifications, approaching deadlines, and other issues of interest to the user community.

Serves as an expert advisor for other OCEFT retrieval staff in responding to a variety of information requests from the criminal environmental enforcement community. Reviews and analyzes data requests and develops complex search strategies. Develops new approaches for other specialists to use in solving a variety of problems or in expanding services. Makes recommendations to change existing or develop new information retrieval approaches and analyses.

Participates in program planning and coordination of services.Identifies user needs by conducting surveys, analyzing response, summarizing data, and recommending course of action to CID/OCEFT management. Assists in reviewing law enforcement information systems in other government agencies at the federal, state, and local levels. Maintains awareness of new developments and advances in private industry. Represents the Operations Branch in matters concerning area of expertise.

Maintains Project Management Certification and continues to maintain project management expertise and accreditation through continued membership and participation in the local chapter of the Project Management Institute (PMI). Applies project management skills to EPA projects and attends regular monthly professional development seminars offered by the PMI.

Maintains an awareness of Agency priorities, especially those with enforcement implications, and pursues OCEFT/CID management initiatives to ensure implementation of an effective information management/retrieval program. Analyzes the intent of initiatives, determines sources of information, develops means to gain access, and establishes an ongoing program to acquire and disseminate the information. Previews information sources, including newly available resources, to determine their utility for expanded or modified Operations Branch information services.

Works in a team environment developing critical information for the overall Operations Branch products.

Performs other duties as assigned.

III.FACTORS

Factor 1- Knowledge Required by the Position **Level 1-8=1550 Pts.**

Mastery of the principles, theories, and practices of professional technical information management techniques, sufficient to serve as an authority in extending existing approaches and applying new

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developments to investigate critical problems and in making decisions and recommendations, which significantly change, interpret, or develop important public programs.

Knowledge of organization, programs, missions, and functions of OCEFT.

Knowledge of a wide variety of computer sources of information both within the agency and in other law enforcement organizations.

Knowledge of policy issues and decisions sufficient to assess and advise on the information needs and sources required to meet new, unanticipated initiatives of the agency.

Extensive knowledge of the principles of project management. Ability to successfully plan and manage projects from the creation of a scope statement to the closure process and review of lessons learned. Possesses superior interpersonal communications skills to ensure timely and accurate stakeholder communications. Expert knowledge of work breakdown structure, resource planning, team development and the continuous monitoring and control of project performance.

Knowledge of EPA enforcement databases, such as CCRS, as well as detailed understanding of CID's workload management reporting process utilized in national case oversight and applicable Division resource allocation. Ability to review and analyze complex technical data retrieved from this system.

Knowledge of national criminal information data systems, such as NCIC/NLETS such that detailed information can be extracted for use in complex white-collar criminal investigations. Ability to direct retrieval, documentation, review, and dissemination of information obtained from these systems.

Knowledge of Agency enforcement databases, such as CCRS, Civil Docket, RCRIS, PCS, and others. Ability to review and analyze complex technical data retrieved from these systems.

Comprehensive knowledge of the Agency's criminal environmental enforcement program, including knowledge of subpoenas, search warrants, fines, etc., and how they are used.

Professional working knowledge of legal, regulatory, investigative, law enforcement, and environmental pollution terms, vocabulary, and nomenclature.

Ability to perform as a team member and to accomplish goals in stressful situations.

Factor 2 - Supervisory Controls **Level 2-5=650 Pts.**

Incumbent serves under the broad general supervision of the SAC of Operations Branch, who provides direction in terms of policy statements, making initial assignments in the form of conceptual responsibilities together with broad overall objectives. Incumbent has the broad altitude for planning, designing, and carrying out the work independently. Findings are accepted as technically authoritative and normally accepted without significant change.

Factor 3 – Guidelines **Level 3-5=650 Pts.**

The guidelines are generally broad and nonspecific agency policy statements. Frequently there are no precedents to govern unusual and sensitive situations. Incumbent must exercise considerable judgment in interpreting and adopting existing precedents and developing new or improved approaches and methodologies. Incumbent is recognized as a national technical authority/expert in the program area.

Existing guidelines include consist of manuals, previous search strategies, legal and regulatory reference materials, and Agency policy and program guidance. The employee is expected to be thoroughly familiar with such guidelines and to use judgment and originality to design search strategies, consider alternative action and to complete work requests in a timely, cost-effective manner.

Factor 4 – Complexity **Level 4-5=325 Pts.**

Assignments are diverse and require different and unrelated methods or approaches. The employee must be especially versatile and innovative in adapting, modifying, or making compromises to extend traditional techniques or develop new techniques. Decisions regarding what needs to be done are made in an environment of continual change, where information and information sources are rapidlyy expanding and the technology for gaining access to this information is undergoing major change.-

The work may involve unconventional aspects of information science and retrieval and employee must make decisions on a continuing basis concerning such issues as refining methods, techniques, or approaches being used and in interpreting considerable kinds and types of information.

Factor 5 - Scope and Effect **Level 5-5=325 Pts.**

The purpose of the work is to analyze major issues in information access and dissemination and to resolve or recommend solutions for critical problems that are central to the mission of the organization. The work performed provides decision makers with details, authoritative analysis of a wide variety of issues, options, and alternatives to be considered to get to results, which are essential to the mission of the agency, and affects clientele within and outside the agency.

Factor 6/7 - Personal Contacts & Purpose of Contacts **Level 3c=180 Pts.**

Contacts include other agencies, contractors, private industry, and public groups, who are likely to embrace points of view and positions that differ from those of the Agency in fundamental ways. Their objectives are likely todiffer from program requirements and there may be elements of an adversarial relationship or other obstacles to overcome. This requires great initiative and persistence in maintaining good working relationships.

Purpose is to collect and exchange information, accept and exchange findings and recommendations in program effectiveness, change criteria or methods, accept modifications, or cooperate in meeting objectives. May encounter resistance and be required to defend/persuade proposed approaches.

Factor 8 – Physical Demands **Level 8-1=5 Pts.**

The work is primarily sedentary, although walking, bending, or lifting may be required.

Factor 9 – Work Environment **Level 9-1=5 Pts.**

Work is generally performed in an office setting.

Total Points: 3690=GS-14
Point Range: (3605 – 4050)

A. L. Brinkley
Contract Classification Specialist
FPMI Solutions, Inc.
1/19/2015

Extramural Resources Management Duties Checklist

This checklist may be used to identify duties in managing contracts, grants, cooperative agreements, and interagency agreements. It is a tool for identifying duties to be added to position descriptions for positions requiring 25% or more of time on any combination of extramural resources management duties. The checklist may be used as an amendment to position descriptions for positions requiring less than 25% of time on these duties.

Employee Information

Name ERIC BLANK

Position Number N14214

Title Technical Information Specialist

Series/Grade GS-1412-14

Organization OECA/OCEFT/CID

Percentage of Time Spent on Extramural Resources Management

✓ This position has no extramural resources management responsibilities.

____ Total extramural resources management duties occupy less than 25% of time.

____ Total extramural resources management duties occupy 25% to 50% of time. These duties are indicated below and described in the position description.

____ Total extramural resources management duties occupy more than 50% of time. These duties are indicated below and described in the position description.

When this checklist is used as an amendment to a position description, the following signatures are required:

Supervisor's Signature [signature] Date 6/23/15

Personnel Specialist's Signature [signature] 1/20/16 Date ____

Part 1. Contracts Management Duties

Pre-award:

____ Plans procurements
____ Estimates costs
____ Obtains funding commitments
____ Prepares procurement requests
____ Writes statements of work
____ Reviews statements of work
____ Processes unsolicited proposals
____ Responds to pre-award inquiries
____ Participates in pre-award conferences
____ Conducts technical evaluation of proposals
____ Participates in debriefing/protests
____ Other (list)

Post-award:

____ Prepares delivery orders
____ Reviews contractor work plans
____ Reviews contractor progress reports
____ Monitors government-furnished property
____ Monitors cost, management, and overall technical performance of contract after award
____ Monitors management and performance of delivery orders/work assignments after award
____ Defines scope of work for work assignments
____ Approves payment requests or ACH drawdowns
____ Manages cost-reimbursement contracts
____ Reviews invoices
____ Inspects and accepts deliverables
____ Other (list)

Close-out:

____ Writes reports on contractor performance, costs, and tasks performed
____ Reconciles payments with work performance
____ Closes out payments
____ Performs cost accounting
____ Provides assistance to Contracting Officer in settling claims
____ Other (list)

Percentage of Time Spent on Contracts Management: 0 %

Part 2. Grants/Cooperative Agreements Duties

Pre-application/Application:

_____ Prepares solicitation for proposals
_____ Identifies potential grantees for areas of program emphasis
_____ Makes initial determinations (whether project is procurement or assistance, whether agency has legal authority, whether applicant is eligible, whether funding is available, etc.)
_____ Provides administrative information to applicants
_____ Determines appropriateness of applicant's workplan/activities/budget and compliance with regulations and guidelines and negotiates changes with applicant
_____ Assists applicant in resolving issues in application
_____ For cooperative agreement, determines substantial Federal involvement and develops a condition for agreement
_____ Negotiates level of funding
_____ Conducts site visits to evaluate program capability
_____ Serves as resource to Selection Panel
_____ Informs applicants of funding decisions
_____ Other (list)

Award:

_____ Prepares funding package, including Decision Memorandum
_____ Obtains concurrences/approvals
_____ Reviews/concurs in completed document
_____ Establishes project file
_____ Other (list)

Project Management/Administration:

_____ Monitors recipient's activities and progress
_____ Reviews reports and deliverables and notifies recipient of comments
_____ Provides technical assistance to recipients
_____ Advises Grants Management Office of potential problems/issues
_____ Participates in decision/actions to ensure successful project completion and in decisions to impose sanctions
_____ Approves payments requests or ACH drawdowns
_____ Reviews requests for modifications, additional funding, etc. and makes recommendations to Grants Management Office
_____ Negotiates amendments
_____ Reviews Cost/Price/Analysis for recipient contracts/change orders (Superfund only)
_____ When necessary, recommends termination of the agreement
_____ Resolves with Grants Management Office administrative and financial issues
_____ Conducts periodic reviews to ensure compliance with agreement
_____ Other (list)

Close-out:

_____ Certifies deliverables were satisfactory and timely
_____ Provides assistance to recipients and Grants Management Office to ensure timely closeout
_____ Reconciles payment with work performed
_____ Notifies recipient of close-out requirements
_____ Obtains legal assistance if necessary to resolve incomplete close-out
_____ If project is audited, responds to issues and ensures recipient complies with audit recommendations
_____ Other (list)

Percentage of Time Spent on Grants/Cooperative Agreements Management:

0 %

Part 3. Interagency Agreements Duties

Pre-Agreement:

_____ Plans and negotiates work effort
_____ Estimates costs
_____ Obtains funding commitments
_____ Prepares commitment notice
_____ Writes or reviews scope of work
_____ Responds to pre-agreement inquiries
_____ Participates in pre-agreement conferences
_____ Coordinates with appropriate staff in developing Independent Government Cost Estimates (IGEs)
_____ Negotiates and ensures execution of Superfund State Contracts (Superfund only)
_____ Performs technical evaluation of work plan and budget
_____ Prepares funding package and obtains necessary concurrences
_____ Other (list)

Project Management/Administration:

_____ Reviews progress reports/financial reports
_____ Monitors cost management and overall technical performance
_____ Participates in decisions about project modification/termination
_____ Conducts periodic review of Superfund State contracts payment receipts (Superfund only)
_____ Inspects and accepts deliverables
_____ Other (list)

Close-out:

_____ Reviews final report
_____ Decides on disbursement of equipment
_____ Reconciles payments with work performed
_____ Reviews Superfund State Contracts to ensure full reimbursement (Superfund only)
_____ Certifies deliverables
_____ Resolves close-out issues with Grants Management Office/other agency
_____ Other (list)

Time Spent on Interagency Agreements Management:

0 %

Investigate

Position Designation Record

Agency	Environmental Protection Agency
Position Title	Technical Information Specialist
Series and Grade/Pay Band	GS-1412-14
Position Description Number	N141214
Designator's Name & Title	Christina Denmark, Human Resources Specialist

National Duties	Degree of Potential for Compromise or Damage
Requires eligibility for access to classified information	• Position requires eligibility for access to Top Secret or "Q" level information
Protecting or controlling access to facilities or information systems	One or more of the following when there is the potential to cause exceptionally grave damage to national security: • Independent responsibility for identity vetting and/or unrestricted access to materials for producing credentials and badges, the compromise of which could result in grave damage to the national security • Access to and/or controlling access to designated restricted areas, property, or information systems that house materials or information (including but not limited to Top Secret or "Q" information)

Investigation	Form Required

Investigation	**Form Required**
T5	SF 86

Sensitivity	**Risk Level**
Critical Sensitive	High Risk

Signature: _____ Date: 1/21/16

Name: Christine Hammond

EPA

Appendix D – Remote Work Agreement

Employee's Name: Ivy Koberlein	**Job Title, Pay Plan, Series & Grade:** Envr Engr, GS-12.1
Office/Region and Division: OECA OCE WED	**Address of Regular Office or Worksite:** 1200 Pennsylvania Avenue, Washington DC
Employee's Work Phone: 202-564-2549	**Employee's Work Email Address:** koberlein.ivy@epa.gov
Supervisor's Name: Benjamin Bahk	**Supervisor's Work Phone & Email Address:** 202-564-4293; bahk.benjamin@epa.gov
Proposed Start Date: 05/22/2022	**Proposed End Date (for DETO):** N/A

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☐ Yes ☑ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☑ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: Koberlein, Ivy Digitally signed by Koberlein, Ivy Date: 2022.05.06 17:08:59 -04'00'

Supervisor's Signature: BENJAMIN BAHK Digitally signed by BENJAMIN BAHK Date: 2022.07.13 16:03:50 -04'00'

Approval Official or Designee's Signature:	Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.10.07 12:11:06 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA Remote Work Self-Certification Safety Checklist		
	Select a Response	Comments
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

This checklist is designed to assess the overall safety of the Remote Work Location and must be completed and given to your supervisor with your Remote Work Agreement. Signing this form does not guarantee that the RWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their RWL that could impact the health and safety of the employee and others.

Employee Signature Koberlein, Ivy Digitally signed by Koberlein, Ivy Date: 2022.05.06 17:04:31 -04'00'

Supervisor Signature BENJAMIN BAHK Digitally signed by BENJAMIN BAHK Date: 2022.07.13 16:05:09 -04'00'

EPA Form 3181-8

Appendix D – Remote Work Agreement

Employee's Name: Edward Kulschinsky	**Job Title, Pay Plan, Series & Grade:** Attorney-Adviser , GS, 0905, 14
Office/Region and Division: OECA-OCE-AED	**Address of Regular Office or Worksite:** 1400 Pennsylvania Ave, NW, Washington DC, 20460
Employee's Work Phone: 202-564-4133	**Employee's Work Email Address:** kulschinsky.edward@gmail.com
Supervisor's Name: Meetu Kaul	**Supervisor's Work Phone & Email Address:** 202-564-5472, kaul.meetu@epa.gov
Proposed Start Date: 05/22/2022	**Proposed End Date (for DETO):** n/a

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☐ Yes ☑ No

(**Supervisor:** Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☑ No

Request:

Select one: ☑ New Request ☑ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by **management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy** and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☒ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: Edward Kulschinsky Digitally signed by Kulschinsky, Edward Date: 2022.05.17 12:02:29 -04'00'

Supervisor's Signature: Greene, Mary E Digitally signed by Greene, Mary E Date: 2022.05.24 14:49:52 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature: Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.06.15 13:03:17 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature Digitally signed by Kulschinsky, Edward Date: 2022.05.17 12:19:14 -04'00'

Supervisor Signature Greene, Mary E Digitally signed by Greene, Mary E Date: 2022.05.24 14:50:20 -04'00'

EPA Form 3181-8

Appendix D - EPA-AFGE Remote Work Application/Agreement	
Employee Name: Dianne Clark	**Job Title & Grade:** Technical Writer-Editor GS-13
AAship/Region and Division: OECA/OCEFT/NEIC	**Address of Official Agency Worksite:** Building 25, Denver Federal Center, Lakewood, CO 80225
Employee's Work Phone: 303-462-9074	**Employee's Work E-mail Address:** clark.dianne@epa.gov
First-line Supervisor: Jeff Cahill	**First-line Supervisor's Work Phone:** 303-462-9152
Proposed Start Date: 03/06/2022	**If Temporary, Proposed End Date:**
Address of Remote Work Location (Including city, state and zip code): Ex. 6 Personal Privacy (PP)	
Within same Locality Pay Area of Official Agency Worksite: ☑ Yes ☐ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
Phone Number: Phone number on file	**Alternate Phone Number (if available):**
Request: Check one: ☑ New Request ☐ Request for Modification to Existing Agreement Check if for temporary period: ☐ Temporary	
Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
Section 3. Safety Certification **Safety Certification:** The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
Section 4. Employee Certification and Signature	
Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
☑ Remote Work Training taken on _____ date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals: See attached. **Approval/Disapproval (attach documentation):** ☒ Approved ☐ Disapproved (cite reason(s) below)		
Employee's Signature:	DIANNE CLARK Digitally signed by DIANNE CLARK Date: 2022.03.18 12:37:20 -06'00'	**Date:**
Supervisor's Signature:	JEFFERY CAHILL Digitally signed by JEFFERY CAHILL Date: 2022.03.18 14:30:50 -06'00'	**Date:**
AA/RA (or designee) Signature:	Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.05.02 11:01:32 -04'00'	**Date:**
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.		

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA Telework Self-Certification Safety Checklist		
	Select a Response	Comments
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

This checklist is designed to assess the overall safety of the Alternate Work Location and must be completed and given to your supervisor with your Telework Agreement. Signing this form does not guarantee that the AWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their AWL that could impact the health and safety of the employee and others.

Employee Signature DIANNE CLARK Digitally signed by DIANNE CLARK Date: 2022.03.24 07.14:23 -06'00'

Supervisor Signature JEFFERY CAHILL Digitally signed by JEFFERY CAHILL Date. 2022.03.24 11:03:37 -06'00'

Dianne Clark - Remote Work Application: Attachment

Explain how you can perform all of your duties as effectively from the Remote Work Location (RWL) as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

1. ***Explanation of Effective RWL Performance:***
    a. *Duties of a technical writer/editor are portable and do not require in-person activities at the NEIC office.*

I serve as NEIC's technical writer-editor. My work involves editing NEIC reports, project plans, quality system documents, and other documents as assigned. I also perform field activities administrative reviews of reports and compile regular highlights of completed reports. Every part of every work product that I edit or review is provided to me electronically, either by email or on a SharePoint site. I consult with NEIC staff via phone and Teams calls whether I or other staff are or are not in the office. Electronic consultation is the best format for reviewing documents whether I or the owner of the document is or is not in the office.

Lastly, my work does not include tasks that are designated as inappropriate for remote work and/or telework, like physical protection of facilities or site-dependent activities.

b. *My work history over the last 2 years demonstrates that I can perform this work at least equally effectively from a RWL as the NEIC office.*

I have a demonstrated track record of effectively performing my work as a technical writer/editor working from my RWL without close, in-person supervision since March 2020. Thus far in fiscal year 2022, I have edited and/or reviewed 177 work products, entirely from my RWL. This work is representative of my current and future duties. As evidenced by the work I have performed remotely, my position is performed effectively via virtual interfacing with and does not require in-person meetings on a routine basis.

c. *My work can be performed independently with minimal in-person review.*

I perform my work almost entirely independently, which evidences its appropriateness for remote work.

d. *My work requires minimal in-person collaboration.*

My work involves collaboration that can be performed remotely, and it does not regularly require in-person collaboration. Over the last 2 years, I have effectively collaborated virtually with NEIC staff, including authors, project managers, and managers.

My virtual collaboration with NEIC employees demonstrates that my work can be done remotely, and if any instances arise (likely irregularly and infrequently) where my management or I prefer that I collaborate with NEIC employees in person, I can easily be recalled to the NEIC office, as *it is less than 15 miles* from my RWL.

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e. Approving my remote work application will not require reassignment of work.

Approving my remote work application will not require reassignment of work, as the work can be performed equally as effectively from an RWL. I have not relied on administrative staff any differently during my remote work than while I was working in the NEIC office.

f. There will be no foreseen disruptions to communication with internal or external clients or stakeholders.

There have not been disruptions to communication over the last 2 years while I have worked from my RWL, and there will be no foreseen disruptions. I have utilized existing EPA technologies to be very available while working remotely. For example, I forward my work phone to my personal cell, and I keep my Microsoft Outlook calendar up to date with my daily availability.

The technology I need to perform my duties is available and fully functional. I have reliable high-speed internet, a functioning phone, a large monitor, and an ergonomic desk. I have not had any technological disruptions over the past 2 years that prevented me from performing my duties or required me to return to the NEIC office. Even if such a technical issue arose in the future that required me to return to the NEIC office for equipment servicing or repair, I could easily resolve it because my RWL is less than 15 miles from the NEIC office.

I have complied with my Telework Agreement for the duration of my time at the Agency, including the 2 years during the pandemic. I will continue to comply with the terms of any approved Remote Work Agreement.

g. My work rarely requires access to in-office resources.

My work rarely requires access to in-office resources. My work has also transitioned away from using hard copy documents. Instead, 100 percent of the documents that I edit or review either are available on SharePoint or are emailed to me. Accordingly, I have not needed, and I will not need, regular access to the NEIC office for in-office resources.

My position rarely requires me to keep records, but when I do, I keep them electronically. Further, the keeping of electronic records is consistent with the federal mandate that "to the fullest extent possible, agencies eliminate paper and use electronic recordkeeping." (Mandate M-12-18). EPA is moving forward with this transition to an electronic records environment, which further evidences I will not need regular access to the NEIC office. If any infrequent, irregular situations arise when I need to return to the office, any costs to the Agency will be *de minimis*, as my RWL is less than 15 miles away.

2. Explanation Why Remote Work Will Benefit, Not Diminish, The Agency's Mission:

a. Remote work will not increase, and will likely decrease, costs to the Agency.

As the Agency agreed in the Remote Work Article, "certain costs to the Agency may be *de minimis* for those Remote Workers Within the Local Commuting Area." This is true in my situation. I have not in the past, and will not in the future, need to travel on Agency business. The Agency will not incur more than *de minimis* travel costs if I need to return to the NEIC office for technology or work reasons, as I live less than 15 miles from the NEIC office. For the same reason, the Agency will not need to pay for hotel costs if I need to return to the NEIC office.

The Agency will likely save money by approving my remote work application. For example, the Agency will have the option to save the cost of my office space in the NEIC office when the Agency negotiates the next lease agreement for the NEIC office. The Agency's operations and maintenance costs will also decrease, as they do not need to maintain or clean an office space for me at the NEIC office.

b. Remote work furthers the Agency's mission of protecting human health and the environment.

As the Agency agreed in the Remote Work Article, allowing remote work can further the Agency's mission of protecting human health and the environment via "protection of environmental quality by reducing commutes and in turn reducing traffic congestion and vehicle emissions, reduction in the agency's carbon footprint, . . . enhanced health and safety (reduced viral transmission), . . . and improved emergency preparedness." This is particularly true in the Denver metro area, where commuting to the office contributes to Denver's status as Clean Air Act non-attainment zone.

As explained by the Agency, approving my remote work application also can result in many workplace benefits, including: "increased productivity and performance, enhanced recruitment and retention of a diverse workforce from areas of the country for which Federal employment has traditionally required relocation, retain talent and institutional knowledge, heightened employee morale, increased work/life balance, . . . [and] appropriate workspace for focused work[.]" These benefits apply in my situation, as I find working at my RWL to be more productive, allow for focused work without interruptions, and results in higher performance ratings It also increases my morale and my desire to remain at the Agency.

ED_013902C_00000072-00006

United States Environmental Protection Agency
POSITION DESCRIPTION COVERSHEET

1. DUTY LOCATION: Lakewood, Colorado

2. POSITION NUMBER: 00060812

3. CLASSIFICATION ACTION: a. Reference of Series and Date of Standards Used to Classify This Position: Explicit Technical Writing Competence, GS 105 3/59 w/ Supplemental Standards 6/102 5/92

	b. Title	c. Service	d. Series	e. Grade	f. CLC
Official Allocation	Technical Writer-Editor	6	1083	13	101
4. SUPERVISOR'S RECOMMENDATION	Technical Writer-Editor	GS	1083	13	

5. ORGANIZATIONAL TITLE OF POSITION (if any): Technical Writer-Editor

6. NAME OF EMPLOYEE: Dianne Clarke

7. ORGANIZATION (give complete organizational breakdown)

a. U.S. ENVIRONMENTAL PROTECTION AGENCY
b. Office of Enforcement Compliance Assurance
c. Office of Criminal Enforcement, Forensics and Training
d. National Enforcement Investigations Center
e. Information Technology Branch
f.
g.
h. Organization Code 223420000

8. SUPERVISORY/MANAGERIAL DESIGNATION

- [ ] [S] First or Second level supervisor. An individual who performs supervisory work and managerial responsibilities that require accomplishment of work through combined technical and administrative direction of others and meets the requirements for coverage as described in the General Schedule Supervisory Guide.
- [ ] [A] An individual (as defined in Section 7103(a)(10) of Title V of the U.S. Code) who is authorized to hire, direct, assign, promote, reward, transfer, lay off, suspend, discipline, or remove one or more employees, or effectively recommend such action. The exercise of this responsibility is not routine or clerical in nature, but requires the consistent exercise of independent judgment.
- [ ] [M] A manager who directs the work of an organization; is accountable for the success of line or staff programs; monitors, evaluates, and adjusts program activities; and performs the full range of duties outlined in the General Schedule Supervisory Guide. May also include deputies who fully share responsibility for managing the organization or who serve as an alter ego to the manager.
- [ ] [B] A management official (as defined in Section 7103(a)(11) of Title V of the U.S. Code) who formulates, determines or influences an organization's policies. This means creating, establishing, or prescribing general principles, plans, or courses of action for an organization, or bringing about a course of action for the organization. Management officials must actively participate in shaping the organization's policies not just interpret laws and regulations give resource information or recommendations or serve as experts or highly trained professionals who implement or interpret the organization's policies and plans.
- [ ] [T] "Team Leader" This position meets the requirements for coverage under Part II of the General Schedule Leader Grade Evaluation Guide.
- [x] [N] None of the above applies. This is a non-supervisory/non-managerial position.

9. SUPERVISORY CERTIFICATION I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships and that the position is necessary to carry out governmental functions for which I am responsible. The certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

a. Typed Name and Title of Immediate Supervisor: Valerie James, Chief, ITB
b. Signature: Valerie James
c. Date: 3 Jun 08

d. Typed Name and Title of Second-Level Supervisor: Tom Norris, Acting Director, NEIC
e. Signature:
f. Date: 7-3-08

10. OFFICIAL CLASSIFICATION CERTIFICATION

a. [x] This position has no promotion potential.
[ ] If position develops as planned and employee progresses satisfactorily, this position has known promotion potential to grade:
b. Fair Labor Standards Act: [ ] Nonexempt [x] Exempt
c. Functional Code: —
d. Bargaining-Unit Code: 0012
e. Check, if applicable:
[ ] Medical Monitoring Required
[x] Extremural Resources Management Duties (200 % of time)
[ ] This position is subject to random drug testing ( )
f. Signature:
g. Date: Nov 19/08

11. REMARKS STATEMENT OF DIFFERENCE

EPA Form 3150-1 (Rev 3/2006) (WebForms v2.3)

Theirore by Ken

Position Description
Office of Criminal Enforcement, Forensics, and Training

Technical Writer-Editor
GS-1083-13

Introductory Statement: This position is located in the Information Technology Branch (ITB), National Enforcement Investigations Center, (NEIC), Office of Criminal Enforcement, Forensics, and Training (OCEFT), Office of Enforcement and Compliance Assurance (OECA), Environmental Protection Agency (EPA) in Lakewood, CO. Incumbent serves as an expert technical writer-editor for the production of NEIC's reports, publications and other written products developed by NEIC's engineers, scientists, national experts, managers and other staff; provides guidance, advice and coordination on all aspects of written product lifecycle, from initial development through completion, according to NEIC's standards; maintains technical and intellectual capabilities to ensure efficient production of high-quality information products. Scope of incumbent's work includes complex, multi-faceted, and multidisciplinary information products.

Major Duties:

Works with authors to develop written technical materials including technical and scientific reports, procedures or findings, regarding investigations, studies, or environmental programs to meet client requirements. Written products articulate, interpret, and explain highly complex, potentially controversial, and important technical issues. Such materials include environmental enforcement and scientific reports related to complex program issues for major enforcement efforts.

Utilizes knowledge of basic scientific principles and theories when interviewing scientists, engineers, or other technical subjects to ascertain the significance of their findings and discern what is newsworthy and scientifically important. Recommends new approaches in explaining new policies and programs or interpreting and explaining the applications of the latest research findings.

Plans and prepares reports or other working documents related to complex program issues for major enforcement efforts. Utilizing an in-depth knowledge of the technical aspects and management structure of the organization, collects, synthesizes, reviews for technical content and accuracy, and prepares in final form written materials, graphic arts, and oral briefings. Coordinates contributions from other writers to the documents. Writes correspondence, memoranda, press releases, or other documents relevant to program activities. Manages publishing projects from conception to distribution, and integrates and troubleshoots the work of other NEIC staff in the publishing process.

Conducts substantial reviews of correspondence prepared for signature of organization's managers. Assures that responses to clients are consistent with agency policy and position on difficult or complex matters. Provides assistance to staff to assure that tailored responses to complex inquiries from high level or significant sources are timely, complete, appropriate and in compliance with managers' preferences and organizational policies. Assures that analytical, background and supporting information is provided in correspondence packages.

Presents findings and recommendations on complex issues or problems impacting large programs as it relates to environmental enforcement and science. Recommendations may pertain to complex, interrelated issues or conflicting goals and objectives. Recommendations impact long-range implementation and administration of the program.

Writes and Edits Technical Materials: 50%

Works with authors or independently develops written technical materials including technical and scientific reports, procedures or findings, regarding investigation, studies, or environmental programs to meet client requirements. Written products articulate, interpret, and explain highly complex, potentially controversial, and important technical issues. Such materials include environmental enforcement and scientific reports related to complex program issues for major enforcement efforts.

Utilizes knowledge of basic scientific principles and theories when interviewing scientists, engineers, or other technical subjects to ascertain the significances of their findings and discern what is newsworthy and scientifically important.

Prepares Written Materials: 20%

Plans and prepares reports or other working documents related to complex program issues for major enforcement efforts. Utilizing an in-depth knowledge of the technical aspects and management structures of the organization, collects, synthesizes, reviews for technical content and accuracy, and prepares in final form written materials, graphic arts, and oral briefings. Coordinates contributions from other writers to the documents. Writes correspondence, memoranda, press releases, or other documents relevant to program activities.

Correspondence Review: 20%

Conducts a substantial review of correspondence prepared for signature of organization managers. Assures that response to client is consistent with agency policy and position on difficult or complex matters. Provides assistance to staff to assure that tailored response to complex inquiries from high level or significant sources are timely, complete, appropriate and in compliance with managers' preferences and organizational policies.

Assures that analytical, background and supporting information is provided in correspondence package.

Presents Findings and Recommendations Orally: 10%

Presents findings and recommendations on complex issues or problems impacting large programs as it relates to environmental enforcement and science. Recommendations may pertain to complex, interrelated issues or conflicting goals and objectives. Recommendations impact long-range implementation and administration of the program.

Performs other duties as assigned.

Knowledge required by the Position Level 1-8 1550 points

The work requires a high level of expertise in writing and editing. It requires complete command of a broad range of sources and research methods, related to the development of authoritative information on the programs, policies, functions, and research of the agency; the relationships among agency programs; and related issues and practices in the private sector. It also requires knowledge of basic environmental, scientific and engineering concepts, regulations, and policies affecting Government publications; of publishing concepts, practices, and standards, and of recent advances in publishing technology sufficient to enable the incumbent to serve as a technical authority in these areas.

Incumbent must possess sufficient knowledge to develop written products that articulate, interpret, and explain highly complex, potentially controversial, and important agency policies, programs, and research findings. The incumbent of the position develops finished products, which are verified by coordination with program officials. They ensure that written products contain no conflict with the policies and objectives of related programs. These products are sometimes very high level and include such things as reports supporting environmental enforcement cases and reports on major research efforts to inform the public, the academic community, and environmental experts. Incumbent works with other NEIC staff to recommend changes in NEIC editorial and publishing policies and practices, and serves as a resource on these policies and practices to program experts who write for publication.

Incumbent must possess knowledge of publishing sufficient to analyze, interpret, and integrate information in a variety of formats, such as graphs and tables, data bases, and spreadsheets, and to plan and implement new formats and products suitable for new media and accessible to specialized audiences. May also manage publishing projects from conception to printing and distribution, and integrate and troubleshoot the work of other specialists in the publishing process.

Supervisory Controls Level 2-4 450 points

The supervisor establishes the general objectives of the writing or editing projects. The writer or editor and supervisor together develop the boundaries of the subjects involved, set deadlines, and discuss how to approach anticipated problems and controversies, such as how to find scarce information or how to treat subjects on which experts have conflicting interpretations.

The writer or editor plans and completes written assignments subject to established agency objectives, interprets policy, analyzes and interprets the information gathered, and solves all but the most complex or controversial problems in presenting the information. This may involve developing new approaches or sources of information. The writer or editor keeps the supervisor informed of unforeseen implications of approaches taken in projects, unanticipated controversies, and progress in meeting deadlines. The writer or editor stays abreast of developments in the appropriate areas to keep the publications current.

The supervisor reviews completed written products for overall effectiveness in meeting the objectives of the assignment, consistency with the agency's policies, and compatibility with the organization's other publications.

Guidelines Level 3-4 450 points

Policies and previous publications provide some general guidance, but do not include specific guidance on how to develop and present new or potentially controversial information. The form, content, and methods of presentation of the written products are determined by incumbent based on existing NEIC or EPA policies, but because of the unusual or unique nature of the assignments, many times these guidelines are scarce or of limited use. Incumbent sometimes departs from traditional methods and practices as required by unique characteristics of subject matter, and in such instances, resourcefulness, ingenuity and judgment are necessary to develop or adapt alternative approaches.

Complexity Level 4-5 325 points

Writing and editing assignments typically require extensive research and analysis to define and explain the agency's policies, programs, research findings, or requirements in detail or in overall form. Technical writing and editing assignments often involve departures from commonly accepted theories or methods in the subject-matter field. They require substantial analysis to present convincing evidence of new findings or to present accurate and critical information.

The incumbent faces major uncertainties in seeking to explain and interpret for the first time new or substantially revised programs, or the latest research results and their applications when few related research documents are available. The incumbent presents the various sides of issues or the latest research results in terms of their relationships to agency policies, objectives, and functions. The incumbent accepts or rejects manuscripts based on organizational policy considerations or on the quality and logical progression of the presentations.

The incumbent recommends new approaches in explaining new policies and programs or interpreting and explaining the applications of the latest research findings. Since the audiences often do not accept or fully understand the agency's objectives, or are being presented with new departures in theories or applications, written products must be clear and convincing. The incumbent adapts publishing procedures to make effective use of changing information technology, evaluates the potential of new technology for publishing and disseminating specific products, and may develop or modify systems to plan and manage projects.

Scope and Effect Level 5-4 225 points

The purpose of the work is to prepare and publish materials such as reports and manuals that explain and interpret the work of the organization, disseminate technical or scientific information, or describe technical procedures. These include materials related to environmental enforcement cases, and products that may be distributed outside of NEIC including pamphlets, reports, brochures, users guides, publications, and other related work products. Incumbent exercises judgment in making recommendations that affect the quality, quantity, and the timeliness of information delivered to the customer. Ultimately the published material also affects the environmental enforcement community.

Personal Contacts/Purpose of Contacts Level 3c 180 points

Contacts are with high-level managers and administrators within the agency, and with scientists, engineers and other environmental technical personnel as authors/contributors. Contacts outside the agency may include representatives of other government agencies, contractors, public interest groups, the academic community, and the business community.

Contacts are made to consult with or persuade authors to make or accept major revisions in the approach and content of manuscripts, to gain cooperation from program officials in publishing the materials as written and designed, or to discuss with groups with differing points of view the impact of the materials under preparation on their areas of responsibility and interest. Contacts may be controversial or politically sensitive. Tact, diplomacy, and persuasion are required in convincing individuals to accept presentations that are not fully in accordance with their perceptions or that represent opposing view points as well as their own. Tact is required also in overcoming pride of authorship when negotiating major changes in manuscripts, or to arrive at a consensus that expresses an organization's position.

Physical Demands Level 8-1 5 points

The work is sedentary, but frequent trips to other offices for consultation require mobility. Much time may be spent at the computer. Stress levels can be high due to pressure from deadlines, volume of work, and deliberations with others.

Work Environment Level 9-1 5 points

The work is normally performed in an office environment where lighting, heating/cooling and ventilation are usually adequate. Interruptions by staff members, visitors and telephone calls are frequent. Occasional travel to attend conferences, training or meetings is required.

TOTAL POINTS 3190 = GS 13

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Nasrin Lescure	**Job Title & Grade:** IT Specialist, 14
AAship/Region and Division: OECA/OC/ITDD/DSIMB	**Address of Official Agency Worksite:** 1200 Pennsylvania, Washington, DC 20004
Employee's Work Phone: 202-564-5013	**Employee's Work E-mail Address:** lescure.nasrin@epa.gov
First-line Supervisor: Rob Cannon	**First-line Supervisor's Work Phone:** 202-564-0389
Proposed Start Date: 04/01/2022	**If Temporary, Proposed End Date:**

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☑ Yes

☐ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: Ex. 6 Personal Privacy (PP)	**Alternate Phone Number (if available):** Ex. 6 Personal Privacy (PP)

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on 11/14/2017 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

I have worked remotely for the past two years and it was a better work experience for me. With the lack of a commute, and remote work, I have more time and fewer distractions, which leads to increased productivity and focus on what really matters—performance and good quality work. With remote work, I have the opportunity to complete my daily tasks without as many interruptions. Because I don't have everyone physically around me all the time, I become much more aware of the importance of keeping in touch.

I have more life balance, more freedom and my chronic back pain improved a lot.

I love my job and I will continue to performance at my highest.

Approval/Disapproval (attach documentation):

[X] Approved
[ ] Disapproved (cite reason(s) below)

Employee's Signature: NASRIN LESCURE Digitally signed by NASRIN LESCURE Date: 2022.02.28 08:43:36 -05'00'	**Date:** 2/28/2022
Supervisor's Signature: BEATRICK CANNON Digitally signed by BEATRICK CANNON Date: 2022.03.02 18:05:56 -05'00'	**Date:**
AA/RA (or designee) Signature: Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.03.25 09:09:00 -04'00'	**Date:**

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature NASRIN LESCURE Digitally signed by NASRIN LESCURE Date: 2022.02.23 11:28:15 -05'00'

Supervisor Signature BEATRICK CANNON Digitally signed by BEATRICK CANNON Date: 2022.03.02 18:10:46 -05'00'

EPA Form 3181-8

Nasrin Lescure List of Job Duties

- Perform responsibilities of NeTDMR product owner
- Support NeTDMR application completing assignments and projects on time
- Document NeTDMR issues in CONFLUENCE
- Troubleshoot NeTDMR user issues
- Perform NeTDMR system administrator tasks
- Prepare and hold NeTDMR training sessions and demos for existing and new features and functions
- Coordinate/Sync ICIS reference tables updates with NeTDMR reference tables
- Attend NeTDMR project meetings and participate in workgroup meetings
- Coordinate NeTDMR needs with the appropriate COR and technical contractor staff
- Lead NeTDMR testing activities and act as primary tester on CDX upgrades and new versions of NeTDMR
- Chair NeTDMR user group conference calls
- Train customer support staff in NeTDMR functionality to help them to test independently
- Assist and involve with the university of Stanford study
- Provide feedback to the ICIS modernization team on NeTDMR functional aspects and ICIS integration Effectively support creating standard operating procedures for the Agile organizational structure

Appendix D – Remote Work Agreement

Employee's Name: Elizabeth Leturgey	**Job Title, Pay Plan, Series & Grade:** Life Scientist, GS, 0401, 09
Office/Region and Division: OECA/OC/MAMPD	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave. NW Washington, DC 20460
Employee's Work Phone: (202) 564 - 1154	**Employee's Work Email Address:** leturgey.elizabeth@epa.gov
Supervisor's Name: Robert Scinta	**Supervisor's Work Phone & Email Address:** (202) 564 - 7171 scinta.robert@epa.gov
Proposed Start Date: 12/1/2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☑ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: ELIZABETH LETURGEY — Digitally signed by ELIZABETH LETURGEY Date: 2022.10.18 13:30:46 -04'00'

Supervisor's Signature: ROBERT SCINTA — Digitally signed by ROBERT SCINTA Date: 2022.10.27 13:43:40 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature: MARK BADALAMENTE	Digitally signed by MARK BADALAMENTE Date: 2022.12.15 10:19:45 -05'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

EPA

Appendix D – Remote Work Agreement

Employee's Name: Robert Lischinsky	**Job Title, Pay Plan, Series & Grade:** Attorney Advisor GS 15
Office/Region and Division: OECA/OC/MAMPD	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave. NW, Wash DC
Employee's Work Phone: 202-564-2628	**Employee's Work Email Address:** lischinsky.robert@epa.gov
Supervisor's Name: Robert Scinta	**Supervisor's Work Phone & Email Address:** 202-564-7171 scinta.robert@epa.gov
Proposed Start Date: May 2, 2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):
Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(**Supervisor:** Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☑ No

Request:

Select one: ☐ New Request ☑ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by **management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy** and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☒ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: ROBERT LISCHINSKY Digitally signed by ROBERT LISCHINSKY Date: 2022.04.30 15:37:17 -04'00'

Supervisor's Signature: ROBERT SCINTA Digitally signed by ROBERT SCINTA Date: 2022.05.27 17:22:57 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature: Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.06.29 14:11:29 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

EPA

Appendix A – EPA Remote Work Agreement

Employee's Name: Eileen Mayer	**Job Title, Pay Plan, Series & Grade:** EPS, GS-0028-14
Office/Region and Division: OECA/OAP/PLCD	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave, NW
Employee's Work Phone: 202-564-9628	**Employee's Work Email Address:** mayer.eileen@epa.gov
Supervisor's Name: Caroline Emmerson	**Supervisor's Work Phone & Email Address:** 202-564-1716 emmerson.caroline@epa.gov
Proposed Start Date: 5-22-22	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Commuting Area of Regular Office or Worksite:

(●) Yes ( ) No

(Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ( ) Yes ( ) No

Request:

Select one: (●) New Request ( ) Request for Modification to Existing Agreement

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. I have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

(X) Approved

( ) Disapproved (cite reason(s) below)

Employee's Signature:	EILEEN MAYER	Digitally signed by EILEEN MAYER Date: 2022.04.21 15:44:47 -04'00'
Supervisor's Signature:	CAROLINE EMMERSON	Digitally signed by CAROLINE EMMERSON Date: 2022.04.29 10:34:14 -04'00'
AA/RA (or designee) Signature:	Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.06.06 15:11:19 -04'00'

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

EPA Form 3181-7

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature EILEEN MAYER Digitally signed by EILEEN MAYER Date: 2022.04.21 15:47:20 -04'00'

Supervisor Signature CAROLINE EMMERSON Digitally signed by CAROLINE EMMERSON Date: 2022.04.29 10:37:15 -04'00'

EPA Form 3181-8

EPA

Appendix D – Remote Work Agreement

Employee's Name: Caitlin Meisenbach	**Job Title, Pay Plan, Series & Grade:** Attorney-Advisor, GS-14
Office/Region and Division: OECA-OCE-AED-VEEB	**Address of Regular Office or Worksite:** 1200 Penn Ave NW, Washington, DC
Employee's Work Phone: (202) 565-0062	**Employee's Work Email Address:** meisenbach.caitlin@epa.gov
Supervisor's Name: Meetu Kaul	**Supervisor's Work Phone & Email Address:** (202) 564-5472; kaul.meetu@epa.gov
Proposed Start Date: 5/17/2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☐ Yes ☑ No

(**Supervisor:** Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☐ New Request ☑ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by **management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy** and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: CAITLIN MEISENBACH Digitally signed by CAITLIN MEISENBACH Date: 2022.05.17 08:40:46 -04'00'

Supervisor's Signature: MARY GREENE Digitally signed by MARY GREENE Date: 2022.05.20 08:42:40 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature:	Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.06.14 11:46:40 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature CAITLIN MEISENBACH Digitally signed by CAITLIN MEISENBACH Date: 2022.05.26 11:10:12 -04'00'

Supervisor Signature Greene, Mary E Digitally signed by Greene, Mary E Date: 2022.05.26 12:00:03 -04'00'

EPA Form 3181-8

Appendix D – Remote Work Agreement

Employee's Name: Negin Mostaghim	**Job Title, Pay Plan, Series & Grade:** GS-14 Grade 4
Office/Region and Division: OECAHQ/WCED	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave Washington, D.C. 20004 Rm 6039
Employee's Work Phone: 202-564-4694	**Employee's Work Email Address:** Mostaghim.negin@epa.gov
Supervisor's Name: Lynne Davies	**Supervisor's Work Phone & Email Address:** 202-564-6027
Proposed Start Date: 4/4/2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(**Supervisor:** Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☐ New Request ☑ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by **management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy** and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: NEGIN MOSTAGHIM Digitally signed by NEGIN MOSTAGHIM Date: 2022.05.24 15:23:20 -04'00'

Supervisor's Signature: Lynne Davies Digitally signed by Lynne Davies Date: 2022.06.06 09:36:18 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature:	Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.06.29 14:45:29 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature NEGIN MOSTAGHIM Digitally signed by NEGIN MOSTAGHIM Date: 2022.05.24 07:48:24 -04'00'

Supervisor Signature Lynne Davies Digitally signed by Lynne Davies Date: 2022.06.06 09:29:28 -04'00'

EPA Form 3181-8

EPA

Appendix A – EPA Remote Work Agreement

Employee's Name: Justine B. Middleton	**Job Title, Pay Plan, Series & Grade:** Lead Program Analyst, GS-0343-14
Office/Region and Division: OECA/OC/RMS	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave, NW; Washington, DC 20460
Employee's Work Phone: (202) 564-4429	**Employee's Work Email Address:** middleton.justine@epa.gov
Supervisor's Name: Melinda DeLoatch-Speight	**Supervisor's Work Phone & Email Address:** (202) 564-8001 deloatch.melinda@epa.gov
Proposed Start Date: 04/01/2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Commuting Area of Regular Office or Worksite:

(●) Yes ( ) No

(Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ( ) Yes ( ) No

Request:

Select one: (●) New Request ( ) Request for Modification to Existing Agreement

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. I have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

(XX) Approved

( ) Disapproved (cite reason(s) below)

Employee's Signature:	JUSTINE MIDDLETON	Digitally signed by JUSTINE MIDDLETON Date: 2022.03.10 15:38:56 -05'00'
Supervisor's Signature:	MELINDA DELOATCH-SPEIGHT	Digitally signed by MELINDA DELOATCH-SPEIGHT Date: 2022.03.11 08:24:47 -05'00'
AA/RA (or designee) Signature:	Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.03.25 09:02:14 -04'00'

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

EPA Form 3181-7

Justine B. Middleton – List of Duties

Human Resources:

- Serves as Lead OC and Lead OCE HR Liaison on HR activities (e.g., recruitment flexibilities, personnel performance, performance management(USAP), WIGIs, awards, etc.)
- Provides guidance on HR directives to OC and OCE management and staff
- Utilize the FPPS system to obtain status of personnel action
- Assist managers with the approval/signature process
- Provide managers 30-day notice of promotion eligibility date; provide justification memo for approval/signature to confirm moving forward with the processing of action
- Utilize WTTS and/or FPPS in the processing of personnel actions, ensuring each package is complete prior to submission
- Provide necessary follow-up to complete the process; notifying managers of the status of actions (sending reminder notices, if action hasn't been moved in two days)
- Update personnel actions status report bi-weekly for the OC and OCE DOD/PMS Staff Director
- Request follow-up of actions w/HR and/or OAP as needed
- The FPPS access roster for OC and OCE in maintained for accuracy
    - Request deletion of unnecessary access
    - Request access for new managers
- Serve on the ELMS on-boarding and time-to-hire teams, attending bi-weekly meetings and updating the flow boards as needed
- Agency FAIR Act database is reviewed and updated yearly, ensuring completion by the identified deadline

People Plus Coordination:

- Provide staff notifications of early PPL close-out and notifications of updated reporting TRCs for special days and (inauguration), and admin leave (COVID vaccine); frequent status reports for PPL provided to management as a tool to monitor the input of time; provide troubleshooting assistance to employees with PPL issues regarding time input and/schedule change requests, work with employees and managers to correct issues with submitted time (i.e., leave conversion for inadequate leave balance), returning the corrected/signed timecards within the identified timeframe for processing, to avoid delay in employee's pay
- Provide managers access to leave reports for their respective employees, providing follow-up to management's questions/inquiries as necessary; provided employees with their leave balances, upon request
- Leave reconciliation discrepancy report run and provided to employees (w/cc to management); converted to sending the report to the managers for their respective staff:
    - ✓ Outstanding leave reconciliation issues are monitored and addressed
    - ✓ Provided staff with their individuals occurrences (w/cc to management); providing assistance with corrections as needed
    - ✓ Provided follow-up messages for those still having outstanding occurrences
    - ✓ Obtained assistance from HRPayHelp on issues I was unable to solve

- ✓ Unapproved absence requests reviewed to determine their status (i.e., cancelled/withdrawn); requesting OCFO to delete the request, if employees were unable to perform the deletion
- ✓ Provided staff with time-off award and restored leave balances (to include expiration date)
- ✓ Notated comments on the report with the date messages sent to managers
- ✓ The number of reconciliation occurrences are less than 90

- Upon request by employee or their manager, entered time on their behalf; sending an email notification and screenshot with instructions to review for accuracy, attestation, and submission upon their return to the office
- Notify employees of exceptions on timecard; if necessary, provide assistance in correcting
- Present at PPL and Leave Bank Coordinators calls, provide important information to employees as I feel is needed

Purchase Card (OCE):

- Purchase card services provided to RMS, WED and WCED (and AED, when necessary); when needed, shipping supplies are ordered
- Third party verification received on supply invoices (limited number due to COVID pandemic)
- Purchases are allocated within the 10-day time limit
- Purchase card logs are entered and reconciled in CitiManager
- Continued support to OC as HR Liaison and PPL coordinator
- Assist Robin Robinson with OCE's intern placement
  - ✓ Revamped the OECA Intern Program SOP
  - ✓ Mentors and workspace identification requested from the managers
  - ✓ Created consolidated chart, identifying the intern, start/end date, mentor, and room number (chart is updated as telephone numbers are identified)
  - ✓ Provide copy of completed chart to Danesha for information and tracking

Provides quality services that anticipate and address customer needs:

- Promotes teamwork and effectively and actively participates in branch/team activities
- Works effectively and cooperatively with all parties and promotes individual, team and organizational development
- Provides customers with policies, programs, technical assistance, advice, interpretations, analysis and options in assigned areas
- Provided assistance to OECA with shipping updated mobile devices to employees
  - ✓ Providing shipping labels
  - ✓ Providing notification of delivery acknowledgements
  - ✓ Conduct follow-up, as necessary, on deliveries
  - ✓ Replenished shipping supplies as needed

EPA

Appendix A – EPA Remote Work Agreement

Employee's Name: Justine B. Middleton	**Job Title, Pay Plan, Series & Grade:** Lead Program Analyst, GS-0343-14
Office/Region and Division: OECA/OC/RMS	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave, NW; Washington, DC 20460
Employee's Work Phone: (202) 564-4429	**Employee's Work Email Address:** middleton.justine@epa.gov
Supervisor's Name: Melinda DeLoatch-Speight	**Supervisor's Work Phone & Email Address:** (202) 564-8001 deloatch.melinda@epa.gov
Proposed Start Date: 04/01/2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Commuting Area of Regular Office or Worksite:

(●) Yes ( ) No

(Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ( ) Yes ( ) No

Request:

Select one: (●) New Request ( ) Request for Modification to Existing Agreement

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. I have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

( ) Approved

( ) Disapproved (cite reason(s) below)

Employee's Signature:	JUSTINE MIDDLETON	Digitally signed by JUSTINE MIDDLETON Date: 2022.03.10 15:38:56 -05'00'
Supervisor's Signature:	MELINDA DELOATCH-SPEIGHT	Digitally signed by MELINDA DELOATCH-SPEIGHT Date: 2022.03.11 08:24:47 -05'00'

AA/RA (or designee) Signature:

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

EPA Form 3181-7

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
HUMAN RESOURCES SHARED SERVICE CENTER

Position Description Coversheet (*Please read instructions on back*)

1. Position No.	N034314
2. Incumbency Allocation Only?	May Not be IAed
3. Reason for Submission	Other
4. Employing Office Location	Washington, DC
5. Duty Station	Washington, DC
6. BUS Code	8888
Explanation (Show any positions replaced)	Classified PD
7. Fair Labor Standards Act	Exempt - Administrative
8. Financial Statements Required	OGE-450 Required
9. Cybersecurity Code	a. 000 b. c.
10. Position Status	Competitive
11. Supervisory Status Code	7 - Team Leader
12. Competitive Level Code	001
13. Competitive Area	
14. Drug Testing	No
15. Extramural %	<25%
16. Functional Class Code	N/A
17. Medical Monitoring	No
18. Position Sensitivity	Non-Sensitive
19. Security Clearance	0 - Not Required
20. Position Risk	2 - Moderate
21. Emergency Essential	No
22. Developmental Position	No
23. Full Performance Level	GS-14

24. Position Classification	Official Title of Position	Pay Plan	Occupational Code	Grade
a. Official Allocation	Lead Program Analyst	GS	0343	14

25. Organizational Title of Position (if different from official title)	
26. Name of Employee (if vacant, state such)	Justine Middleton

27. Deparment, Agency, or Establishment Hierarchy

a. 1st Tier Org Code	1st Tier Org Description: United States Environmental Protection Agency
b. 2nd Tier Org Code: B0000000	2nd Tier Org Description: Office of Enforcement and Compliance Assurance
c. 3rd Tier Org Code: BC000000	3rd Tier Org Description: Office of Compliance
d. 4th Tier Org Code: BC0A0000	4th Tier Org Description: Resource Management Staff
e. 5th Tier Org Code	5th Tier Org Description

28. **Supervisory Certification:** *I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships. The position is necessary to carry out Governmental functions for which I am responsible. This certification is made with knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.*

a. Typed Name and Title of Immediate Supervisor			b. Typed Name and Title of Higher-Level Supervisor or Manager		
Melinda DeLoatch-Speight, Director, OECA/OC/RMS			John Dombrowski, Director, OECA/OC		
Signature		Date	Signature		Date
MELINDA DELOATCH-SPEIGHT	Digitally signed by MELINDA DELOATCH-SPEIGHT Date: 2021.01.19 14:08:13 -05'00'	01/19/2021	JOHN DOMBROWSKI	Digitally signed by JOHN DOMBROWSKI Date: 2021.01.25 13:06:00 -05'00'	

29. **Classification/Job Grading Certification:** *I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformation with standards published by the U. S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standard.*

Information for Employees: The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or U.S. Office of Personnel Management.

a. Typed Name and Title of Official Classifying the Position		30. Position Classification Standards Used in Classifying/Grading Position
Illegible Signature		Management and Program Analysis Series, GS-0343 TS-98 August 1990; General Schedule Leader Grade Evaluation Guide HRCD-5 June 1998
Signature	Date	
/S/Illegible	07/26/16	

31. Remarks

21 0431819

NOTE: DO NOT print this form. Printing will disable the electronic signature features. This form will not be accepted if it is printed and scanned.

EPA Form 3150-2 (Rev 4/2019) Previous versions are obsolete

OECA 16 1173130

United States Environmental Protection Agency **POSITION DESCRIPTION COVERSHEET**	1. DUTY LOCATION In Washington DC	2. POSITION NUMBER N034314

3. CLASSIFICATION ACTION a. Reference of Series and Date of Standards Used to Classify this Position
OPMC Flysheet for MPA Series 0343; TS-98, 8/1990 AAGEG TS-98, 8/90

	b. Title	c. Pay Plan	d. Series	e. Grade	f. CLC
Official Allocation	Lead Program Analyst	GS	0343	14	
4. Supervisor's Recommendation	Program Analyst	GS	0343	14	

5. ORGANIZATIONAL TITLE OF POSITION (if any) Human Resources Team Leader	6. NAME OF EMPLOYEE
7. ORGANIZATION (Give complete organizational breakdown)	e.
a. U.S. ENVIRONMENTAL PROTECTION AGENCY	f.
b. Office of Enforcement and Compliance Assurance	g.
c. Office of Compliance	h. Employing Office Location Washington, DC
d. Resource Management Staff	i. Organization Code BC0A0000

8. SUPERVISORY STATUS

☐ [2] **Supervisor or Manager** Position requires the exercise of supervisory or managerial responsibilities that meet, at least, the minimum requirements for application of the General Schedule Supervisory Guide (GSSG) or similar standards for minimum supervisory responsibility specified in other position classification standards.

☐ [4] **Supervisor** Position meets the definition of Supervisor in 5 U.S.C. 7103(a)(10), but does not meet the minimum requirements for application of the GSSG.

☐ [5] **Management Official** Position meets the definition of Management Official in 5 U.S.C. 7103(a)(11), but does not meet the GSSG definition of Supervisor Manager or the definition of Supervisor in 5 U.S.C. 7103(a)(10).

☐ [6] **Lead** Position leads a team performing one-grade interval work and meets the minimum requirements for application of Part I of the Work Leader Grade Evaluation Guide (WLGEG) or is under a wage system and meets similar minimum requirements as specified by those job standards or other directives of the applicable pay system.

☑ [7] **Team Leader** Position leads a team performing two-grade interval work and meets the minimum requirements for application of Part II of the WLGEG.

☐ [8] **All Other Positions.** Position does not meet any of the above definitions. This is a non-supervisor non-managerial position.

9. SUPERVISORY CERTIFICATION I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships and that the position is necessary to carry out governmental functions for which I am responsible. The certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

a. Typed Name and Title of Immediate Supervisor		d. Typed Name and Title of Second-Level Supervisor	
Karin Koslow, Acting Deputy Director, Office of Compliance		Betsy Smidinger, Acting Director, Office of Compliance	
b. Signature	c. Date	e. Signature	f. Date
	6/14/16		6/14/16

10. OFFICIAL CLASSIFICATION CERTIFICATION: I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.

a. **Promotion Potential**
☑ This position has no promotion potential ☐ If position develops as planned and employee progresses satisfactorily, this position has known promotion potential to grade.

b. PSB Risk Designation	c. Financial Disclosure Form	d. "Identical, Additional" (IA) Allocation	e. FLSA Determination	f. Functional Classification Code
☐ 1 Low ☒ 2 Moderate ☐ 3 High Security Clearance Required ☒ Yes ☐ No	☒ OGE-450 Required ☐ OGE-278 Required ☐ No financial disclosure forms required	This position ☐ may be IA'ed ☒ may not be IA'ed ☐ is limited to current incumbent	☐ NONEXEMPT ☑ EXEMPT* (*check exemption category) ☑ Administrative ☐ Professional ☐ Executive	00

g. Bargaining Unit Code	h. Check, if applicable:	i. Classifier's Signature	j. Date
8888	☐ Medical Monitoring Required ☒ Extramural Resources Management Duties (5 % of time) ☐ This position is subject to random drug testing (____)		7/28/16

11. REMARKS

EPA Form 3150-1 (Rev. 8/2009) Previous Versions are Obsolete

Office of Enforcement and Compliance Assurance
Office of Compliance
Resource Management Staff

Lead Program Analyst, GS-343-14

Introduction:

This position is located in the Resource Management Staff (RMS), Immediate Office (IO) Office of Compliance (OC), Office of Enforcement and Compliance Assurance (OECA). Environmental Protection Agency (EPA).

This position serves as a Team Leader for the Human Resources Team, RMS. All team members are under the supervision of the Director. RMS.

Major Duties and Responsibilities:

The incumbent serves as a team leader, coordinating all program management activities and systems related to personnel. Provides guidance to employees, reports progress against program goals, and identifies and implements changes to enhance program performance. Assists the RMS Director in developing work plans, monitoring progress, identifying problems with deadlines and project progress, and develops recommendations for problem resolution. Maintains liaison with other OC divisions to ensure consistency and input regarding personnel matters. Team leader duties are enumerated in the attached team leader checklist.

Incumbent assists the RMS Director in the planning and development of goals and prioritization of objectives, establishing internal operating policies and procedures, making assignments and determining responsibilities and priorities for team members, and preparing briefings and reports.

Incumbent oversees the planning and development of special reports and analyses for use by OC managers for program planning and decision making.

Incumbent establishes liaison with key officials in OC, as well as other offices (OECA, OHR, etc.) to ascertain problems and to coordinate the administration of all personnel issues within OC. Integrates or assures the integration of assigned programs with those of other organizations, both within and outside QC. Establishes working relationships with various internal and external organizations and represents OC with such organizations in meetings and conferences.

Knowledge Required by the Position **Level 1-8, 1550**

Mastery of the application of a wide range of qualitative and quantitative methods for the assessment and improvement of complex management processes and systems. Knowledge of EPA program goals and objectives, the sequence and timing of key program events and milestones, and methods of evaluating programs accomplishments. The work requires knowledge of relationships with other programs and key administrative support functions within

EPA or in other agencies.

Mastery of the concepts, principles, practices, laws and regulations which apply to personnel issues including staffing, classification, and position management.

Ability to perform as a team leader and to provide technical guidance, establish goals and priorities, and manage technical projects.

Ability to identify and respond to management on policy issues pertaining to area of expertise.

Ability to summarize data, prepare reports, and defend recommendations.

Knowledge of the concepts, principles, practices, laws and regulations which apply to permanent change of station (PCS) moves.

Supervisory Controls **Level 2-5 650 points**

As a recognized authority in the analysis and evaluation of programs and issues, the incumbent's assignments are made in terms of broadly defined missions or functions. The employee has responsibility for independently planning, developing, coordinating, and evaluating programs, projects, activities, or other work. Employee may be assigned a national program to manage, which includes integrating the program with other related activities, coordinating the program with regions and other organizations, and performing other related program management duties. Completed work is normally accepted without change, and when it is reviewed, the review concerns such matters as fulfillment of objectives, effect on overall operations, and contributions to program efforts. Recommendations are typically adopted and evaluated only for such things as compatibility with organizational goals, availability of funds and other resources, broad program goals, and national priorities.

Guidelines **Level 3-5 650 points**

Guidelines consist of basic administrative policy statements concerning the issues or problems being studied, and may include reference to pertinent legislative history, related court decisions, state and local laws, or policy initiatives of agency management. Guidelines are broad and nonspecific. The employee uses judgment and discretion in determining intent, and in interpreting and revising existing policy and regulatory guidance for use by others within or without OC. Employee is recognized as an expert in the development/or interpretation of guidance on all personnel processes, policies, and initiatives.

Complexity **Level 4-5 325 points**

The work consists of projects and studies which require analysis of interrelated issues for effectiveness, efficiency, and productivity of substantive mission-oriented programs. Typical assignments require developing detailed plans, goals, and objectives for the long-range implementation and administration of the program. Assignments have complex, controversial, and unconventional features and require originating new techniques, establishing criteria, or

developing new information.

Scope and Effect **Level 5-5 450 points**

The purpose of the work is to analyze, and evaluate major administrative aspects of substantive, mission-oriented programs and to provide technical and administrative guidance and leadership necessary to resolve matters which are very complex, controversial, or which set general precedent. Work involves delicate coordination or negotiation on fundamental matters with potential for for-reaching scope or impact. Recommendations may significantly change major administrative aspects of missions and programs, or substantially affect the quality and quantity of benefits and services provided to the agency's clients.

Personal Contacts & Purpose of Contacts **Levels 6-3 +7-C= 180 points**

Personal contacts are with senior management at the policy making level, other EPA policy experts, including persons outside the Agency such as contractors, vendors and other business executives in a moderately unstructured setting. The employee represents EPA on inter- and intra-agency task forces and at national conferences.

The purpose of the contacts is to collect and exchange information, provide consultation on problems, defend proposed approaches, negotiate settlement of differences, and resolve problem areas or controversies. Incumbent influences managers or other officials and may encounter resistance due to such issues as organizational conflict, competing objectives, or resource problems.

Physical Demands **Level 8-1 5 points**

The work is primarily sedentary, although some standing, walking, bending, or lifting may be required.

Work Environment **Level 9-1 5 points**

Work is typically performed in an adequately lighted and climate controlled office.

Total: 3815
GS-14 Point Rage: 3605-4050

TEAM LEADER CHECK LIST

Positions covered by this checklist are those that lead a permanent standing team within the same organization. There are other kinds of teams which are not covered by the team leader evaluation guide. They are cross-functional, matrix-managed, or project teams. These kinds of teams have been used in EPA for years and are the same as "workgroups" or "taskforces". This checklist covers two-grade interval positions (5,7,9,11,12,13,14,15).

List all the team members' position titles, series and grades: Program Analyst GS-0343-07, Program Analyst GS-0343-12 (2), Human Capital Analyst GS-0301-12

Do these duties occupy at least 25% of the Team Leader's time? Yes

Does the team include members who operate with an extraordinary degree of independence from supervision, or are titled supervisory? No

If so, which positions are they? _____

Is the Team Leader the same grade level as the remaining team members? No

---

Does the Team Leader perform all of the first seven duties listed below and a total of 14 of the 20 duties? Circle the duties performed below. Wherever both A or B descriptions are listed for a duty you **must** select one.

☑ 1. Ensure that the organization's strategic plan, mission, vision and values are communicated to the team and integrated into the team's strategies, goals, objectives, work plans and work products and services.

☑ 2. Articulate and communicate to the team the assignment, project, problem to be solved, actionable events, milestones, and/or program issues under review, and deadlines and time frames for completion.

☑ 3. Coach the team in the selection and application of appropriate problem solving methods and techniques, provide advice on work methods, practices and procedures, and assist the team and/or individual members in identifying the parameters of a viable solution.

4. Lead the team in: identifying, distributing and balancing workload and tasks among employees in accordance with established work flow, skill level and/or occupational specialization; making adjustments to accomplish the workload in accordance with established priorities to ensure timely accomplishment of assigned team tasks; and ensuring that each employee has an integral role in developing the final team product

☐ A. Workload distribution and adjustments require **little independent judgment** on the part of the team leader. Shifts in workload are discussed and based largely on **team consensus**, with team members actively participating in the redistribution of work. Where the team is deadlocked or disagrees on workload shifts, the **supervisor makes decisions**.

OR

☑ B. Workload distribution and adjustments require regular exercise of **independent judgement** on the part of the team leader and consideration of relative skill and workload of team members. While workload issues may be discussed in team meetings, the team leader is **responsible for making work assignment decisions, rather than the supervisor**.

☑ 5. Train or arrange for the training of team members in methods and techniques of team building and working in teams to accomplish tasks or projects, and provide or arrange for specific administrative or technical training necessary for accomplishment of individual and team tasks.

☑ 6. Monitor and report on the status and progress of work, checking on work in progress and reviewing completed work to see that the supervisor's instructions on work priorities, methods, deadlines and quality have been met.

☑ 7. Serve as coach, facilitator and/or negotiator in coordinating team initiatives and in consensus building activities among team members.

☑ 8. Maintain program and administrative reference materials, project files and relevant background documents and make available policies, procedures and written instructions from the supervisor; maintain current knowledge to answer questions from team members on procedures, policies, directives, etc

☑ 9. Prepare reports and maintain records of work accomplishments and administrative information, as required, and coordinate the preparation, presentation and communication of work related information to the supervisor.

☑ 10. Represent the team in dealings with the supervisor or manager for the purpose of obtaining resources (e.g., computer hardware and software, use of overtime or compensatory time), and securing needed information or decisions from the supervisor on major work problems and issues that arise.

11. Report to the supervisor periodically on team and individual work accomplishments, problems, progress in mastering tasks and work processes, and individual and team training needs.

☐ A. Reports reflect accomplishments as **compared to established work plans**. Training needs are based on **IDPs developed with the supervisor**.

OR

☑ B. Reports on work accomplishments, problems and training needs reflect the team leader's **independent judgment** based on personal observations as well as work plan data and **IDPs developed by employees**.

☐ 12. Represent the team consensus and convey the team's findings and recommendations in meetings and dealings with other team leaders, program officials, the public and other customers on issues related to or that have an impact on the team's objectives, work products and/or tasks.

☑ 13. Estimate and report to the team on progress in meeting established milestones and deadlines for completion of assignments, projects and tasks, and ensure that all team members are aware of and participate in planning for achievement of team goals and objectives.

☑ 14. Research, learn and apply a wide range of qualitative and/or quantitative methods to identify, assess, analyze and improve team effectiveness, efficiency and work products.

☑ 15. Lead the team in assessing its strengths and weaknesses and provide leadership to the team in exploring alternatives and determining what improvements can be made (e.g., in work methods, processes and procedures).

16. Approve emergency leave for up to three days; eight hours or less for medical appointments; and/or other types of leave as delegated by management.

☐ A. Also approves short-term annual leave requests **(1 or 2 days)** when the impact of the request on the team's ability to meet its deadlines is negligible, **referring other requests to the supervisor**

OR

☐ B. Also approves **long-term** annual leave requests, which require the team leader to exercise **independent judgment** in assessing their impacts of the request on the team's ability to meet its deadlines.

☐ 17. Resolve simple, informal complaints of employees and refer others, such as formal grievances and appeals, to the supervisor or an appropriate management official.

☑ 18. Communicate team consensus and recommendations to the supervisor on actions affecting team and individual awards and recognition.

☑ 19. Inform employees of available employee benefits, services and work related activities.

20. Intercede with the supervisor on behalf of the team to inform the supervisor of performance and management issues/ problems and to recommend/request related actions, such as: assignments, reassignments, promotions, tour of duty changes, peer reviews and performance appraisals.

☐ A. Information on performance management issues/problems presented by the team leader is based on **objective data** such as tracking reports or timely completion of milestones and objectives. Recommendations for reassignments or changes in tour of duty are **initiated by team members**. Performance appraisal recommendations are based on **team members' self-assessments**. Requests for promotions are **based on completion of time-in-grade** requirements for positions with known potential.

OR

☐ B. Information on performance management issues/problems includes **personal observations** of the team leader as well as objective data and is presented personally to the supervisor. Recommendations and requests are based on the team leader's **independent judgment**, rather than reflecting the team's consensus. Team leader is authorized to "initial off" on performance appraisals and hold performance discussions with team members to **share feedback from supervisor.**

POSITION RISK & SENSITIVITY DESIGNATION CHECKLIST

Position's Organization: OECA/OC/RMS	
Position Title: Program Analyst	
Pay Plan/Series/Grade (Full Performance Level): GS-0343-14	
Service Agreement Number (SAN): 21BV77C0004	
Supervisor Name: Melinda DeLoatch-Speight	Supervisor Phone Number: 202-564-8001
Supervisor Signature: MELINDA DELOATCH-SPEIGHT Digitally signed by MELINDA DELOATCH-SPEIGHT Date: 2021.01.19 14:24:10 -05'00'	

STANDARDIZED POSITIONS

Position Title
Program Analyst - Non-sensitive - Moderate (May be T3, T4, or T5 if located in SMD, OCEFT

NON-STANDARDIZED POSITIONS

For All Non-Standardized positions, provide the following information:

1. Does the position require access or eligibility for access to classified information?	○ Yes	◉ No
--If Yes, Select--		
2. Does the position involve National Security duties?	○ Yes	◉ No
--If Yes, Select--		
3. Does the position involve fiduciary responsibilities/obligation or approval of funds?	○ Yes	◉ No
--If Yes, Select--		
4. Does the position involve public contact/interaction/liaison duties?	◉ Yes	○ No
☐ Federal Agency ☐ Interest Groups ☒ Agency ☐ Local Agency ☐ Tribal Government ☐ Academia ☐ Private Industry ☐ State ☐ Media ☒ General Public		
5. Does the position involve access to or control over personal, private, sensitive but unclassified, controlled classified, or proprietary information?	○ Yes	◉ No
If Yes, Explain:		
6. Does the position require access to or control over hazardous or dangerous material (toxic, nuclear, biological, chemical, radiological)?	○ Yes	◉ No
If Yes, Explain:		
7. Does the incumbent make independent decisions or authoritative recommendations not subject to substantive verification or supervisory approval/sign off?	○ Yes	◉ No
If Yes, Explain:		

**Supervisors, GS-14 and above positions, and scientific/engineering positions are at least non-sensitive, moderate risk. Division Directors and Deputy Directors are at least non-sensitive, high risk. Criminal Investigator positions are always critical-sensitive, high risk.*

Revised 10-04-2018

Position Designation Record

Department	Large Independent agency (1000 or more employees)
Agency	ENVIRONMENTAL PROTECTION AGENCY
Supplemental Duty	
Position Title	Lead Program Analyst
Position Description	
Series and Grade/Pay Band	GS-0343-14
Position Description Number	N034314
Designator's Name & Title	Christine Zgorski, HR Specialist

Final Position Designation and Investigation

Sensitivity Level	Risk Level	Investigation	Form
Non-Sensitive	Moderate Risk	Tier 2	SF 85P

Label	Points
Total Initial Position Designation Points from Step 2	16
Adjusted Position Designation Points from Step 3	21

Summary

National Security

No national Security Duties

Suitability

Duties	Degree of Potential for Compromise or Damage
Government operations – rulemaking, policy, and major program responsibility (includes regulation or policy making, directing, implementing, advising and audits)	Limited impact One or more of the following: • Management duties with less than moderate impact on programs • Regulation or policy input is limited to contributing to working groups or providing technical input
Government service delivery, including customer service or public liaison duties	Moderate impact Duties involve customer service responsibilities and/or public liaison that could negatively impact the public's trust through moderate damage/harm to: • The integrity or efficiency of the service • Individuals or business entities • Government programs or operations impacting the public's trust

Adjustment for Scope of Program and Correlation to Extent of Impact

Program Scope and Impact	Impact
Adjustment for Scope of Program and Correlation to Extent of Impact	Agency Impact • Program operations affect only one agency. Misconduct or damage would have potential for a local impact on the agency, and/or the individuals or private entities affected by the agency.
Level of Supervision	**Ability to act independently**
Adjustment for level of supervision or other controls	Limited or no supervision - ability to act independently in almost all areas almost all of the time • Occasional review from a perspective of major policy issues by a superior who likely has no relevant expertise in the technical aspects of the duties performed.

Designator's Name: Christine Zgorski, HR Specialist

Designator's Signature: Christine Zgorski Date: 08/24/2021

Appendix D - EPA-AFGE Remote Work Application/Agreement	
Employee Name: Anh "Jake" Nguyen	**Job Title & Grade:** Program Analyst GS-13
AAship/Region and Division: OECA ETDD	**Address of Official Agency Worksite:** 1200 Pennsylvania Ave NW Washington, DC 20460
Employee's Work Phone: 202-564-8298	**Employee's Work E-mail Address:** nguyen.jake@epa.gov
First-line Supervisor: Jason Swift	**First-line Supervisor's Work Phone:** 202-564-6692
Proposed Start Date: 4/25/2022	**If Temporary, Proposed End Date:**
Address of Remote Work Location (Including city, state and zip code): Ex. 6 Personal Privacy (PP)	
Within same Locality Pay Area of Official Agency Worksite: ☑ Yes ☐ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
Phone Number: 202-564-6692	**Alternate Phone Number (if available):**
Request: Check one: ☑ New Request ☐ Request for Modification to Existing Agreement Check if for temporary period: ☐ Temporary	
Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
Section 3. Safety Certification **Safety Certification:** The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
Section 4. Employee Certification and Signature	
Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
☑ Remote Work Training taken on 3/30/2022 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

EPA form 3181-13. Revised 01/22. Previous editions are obsolete.

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:	
I will effectively perform all my duties at the RWL as I would at the Official Agency worksite because all my work is portable. I have invested in a quality Internet provider, have a dedicated office space and multiple options for audio and video meetings and trainings. In addition, the Agency has provided multiple software applications that facilitate virtual meetings (e.g., MS Teams, Zoom Gov) with the option of using video for virtual "face to face" meetings with colleagues, managers and customers. I will continue to meet with my managers, colleagues and members of my training team regularly to collaborate and plan, and will continue to use MS products to share information with them. I will also continue to use email to communicate in writing when necessary. Approval of this request will not diminish the Agency's ability to accomplish its mission and goals. Specifically, I will continue to: - Create and provide online webinar trainings using MS Teams and Zoom Gov for ICIS, NetDMR and NeT program services; **Approval/Disapproval (attach documentation):** ☐ Approved ☐ Disapproved (cite reason(s) below)	
Employee's Signature: ANH NGUYEN Digitally signed by ANH NGUYEN Date: 2022.04.01 09:54:15 -04'00'	**Date:** 4/1/22
Supervisor's Signature: JASON SWIFT Digitally signed by JASON SWIFT Date: 2022.04.07 10:53:48 -04'00'	**Date:** 4/7/22
AA/RA (or designee) Signature:	**Date:**
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Anh “Jake” Nguyen Remote Work Text

I will effectively perform all my duties at the RWL as I would at the Official Agency worksite because all my work is portable. I have invested in a quality Internet provider, have a dedicated office space and multiple options for audio and video meetings and trainings. In addition, the Agency has provided multiple software applications that facilitate virtual meetings (e.g., MS Teams, Zoom Gov) with the option of using video for virtual "face to face" meetings with colleagues, managers and customers. I will continue to meet with my managers, colleagues and members of my training team regularly to collaborate and plan, and will continue to use MS products to share information with them. I will also continue to use email to communicate in writing when necessary. Approval of this request will not diminish the Agency's ability to accomplish its mission and goals. Specifically, I will continue to:

- Create and provide online webinar trainings using MS Teams and Zoom Gov for ICIS, NetDMR and NeT program services;

- Create and resolve ICIS related tickets as an ICIS Help Desk Agent using ServiceNow;

- Collaborate with Region and States representatives to maintain and update training materials and schedule training as needed;

- Coordinate with the appropriate ICIS, NetDMR, and NeT Product Owner to assist customers;

- Create and deliver training content for the ICIS, NeT and NetDMR online knowledgebase using ServiceNow; and

- Facilitate various monthly and bimonthly national conference calls.

EPA

Appendix D – Remote Work Agreement

Employee's Name: Nguyen, Loan Kim Phan	**Job Title, Pay Plan, Series & Grade:** Attorney Advisor, GS-0905-15
Office/Region and Division: OECA/OAP/PLCD	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave., NW, Washington, DC
Employee's Work Phone: (202) 564-4041	**Employee's Work Email Address:** nguyen.loan@epa.gov
Supervisor's Name: Emmerson, Caroline	**Supervisor's Work Phone & Email Address:** (202) 564-1716, emmerson.caroline@epa.gov
Proposed Start Date: 04/24/2022	**Proposed End Date (for DETO):** N/A

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(**Supervisor:** Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☑ No

Request:

Select one: ☐ New Request ☑ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by **management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy** and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☒ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: Nguyen, Loan Digitally signed by Nguyen, Loan Date: 2022.05.04 22:08:29 -04'00'

Supervisor's Signature: CAROLINE EMMERSON Digitally signed by CAROLINE EMMERSON Date: 2022.05.05 09:13:58 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature: Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.05.12 07:53:48 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	Yes	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature LOAN NGUYEN Digitally signed by LOAN NGUYEN Date: 2022.05.04 22:02:14 -04'00'

Supervisor Signature CAROLINE EMMERSON Digitally signed by CAROLINE EMMERSON Date: 2022.05.05 09:16:17 -04'00'

EPA Form 3181-8

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Trish Thanh Nguyen	**Job Title & Grade:** IT Specialist GS12
AAship/Region and Division: OCEA/OC/ETDD/DSIMB/OMM	**Address of Official Agency Worksite:** 1200 Pennsylvania Ave NW Washington DC 20460
Employee's Work Phone: 202 564-2914	**Employee's Work E-mail Address:** nguyen.trish@epa.gov
First-line Supervisor: Rob Cannon	**First-line Supervisor's Work Phone:** 202-566-2925
Proposed Start Date: 5/2/2022	**If Temporary, Proposed End Date:**

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☐ Yes

☑ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: 3014126733	**Alternate Phone Number (if available):**

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on 9/2/2021 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:	
Before joining EPA in July 2021, I was already a productive effective teleworker at my previous work at the Department of Commerce for more than 2 years. After joining EPA, I have effectively continued working remotely and been producing great results daily. I can perform all of my duties effectively because I have the right workspace and equipment. In my home, I have an designated home office that has stand-up work table, an ergonomic office chair, 2 monitors, a safe, pens, notes, lockable drawers, good lighting, lockable doors and windows. I can fully function and stay focus during my work schedules, and mentally connect to my workspace which I am proud to call my home office. Another reason why I can perform all of my duties effectively is because I am well equipped. Not only that i have a	
Approval/Disapproval (attach documentation): ☐ Approved ☐ Disapproved (cite reason(s) below)	
Employee's Signature: TRISH NGUYEN Digitally signed by TRISH NGUYEN Date: 2022.03.14 07:38:59 -04'00'	**Date:**
Supervisor's Signature: BEATRICK CANNON Digitally signed by BEATRICK CANNON Date: 2022.03.18 09:21:54 -04'00'	**Date:**
AA/RA (or designee) Signature:	**Date:**
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Trish Thanh Nguyen Remote Work Text

Before joining EPA in July 2021, I was already a productive effective teleworker at my previous work at the Department of Commerce for more than 2 years. After joining EPA, I have effectively continued working remotely and been producing great results daily.

I can perform all of my duties effectively because I have the right workspace and equipment. In my home, I have an designated home office that has stand-up work table, an ergonomic office chair, 2 monitors, a safe, pens, notes, lockable drawers, good lighting, lockable doors and windows. I can fully function and stay focus during my work schedules, and mentally connect to my workspace which I am proud to call my home office.

Another reason why I can perform all of my duties effectively is because I am well equipped. Not only that i have a spacious workspace, my office has everything I need to meet the Agency's work from home and equipment policy. Currently, I do have a laptop, a monitor, mouse, keyboards, display cables and adapters, headphones, chargers, and fast speed Internet.

In the past two years, I have been working from home and the results are exceptional. I have received many compliments from customers & management for my diligent work, courtesy and out standing customer service. To me, whether working from home or in office, meeting the Agency's operational goals and accomplishing its mission are highly important. I can testify that working from home will not diminish the Agency's ability to accomplish its mission and meet its operational goals.

EPA

Appendix D – Remote Work Agreement

Employee's Name: Gracie Pendleton	**Job Title, Pay Plan, Series & Grade:** Attorney Advisor, GS-14
Office/Region and Division: HQ/OECA/WED	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave., NW Washington DC 20460
Employee's Work Phone: 202-564-2588	**Employee's Work Email Address:** pendleton.gracie@epa.gov
Supervisor's Name: Benjamin Bahk	**Supervisor's Work Phone & Email Address:** 202-564-2593; bahk.benjamin@epa.gov
Proposed Start Date: 05/22/2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: GRACIELA PENDLETON — Digitally signed by GRACIELA PENDLETON Date: 2022.05.10 10:42:58 -04'00'

Supervisor's Signature: BENJAMIN BAHK — Digitally signed by BENJAMIN BAHK Date: 2022.07.13 16:12:12 -04'00'

Approval Official or Designee's Signature:	Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.10.07 12:13:41 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA Remote Work Self-Certification Safety Checklist		
	Select a Response	Comments
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	Yes	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

This checklist is designed to assess the overall safety of the Remote Work Location and must be completed and given to your supervisor with your Remote Work Agreement. Signing this form does not guarantee that the RWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their RWL that could impact the health and safety of the employee and others.

Employee Signature GRACIELA PENDLETON Digitally signed by GRACIELA PENDLETON Date: 2022.05.10 10:46:08 -04'00'

Supervisor Signature BENJAMIN BAHK Digitally signed by BENJAMIN BAHK Date: 2022.07.13 16:13:40 -04'00'

EPA Form 3181-8

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Lisa Raymer	**Job Title & Grade:** GS-15 Program Analyst
AAship/Region and Division: OECA/OC/MAMPD/CPS	**Address of Official Agency Worksite:** 1200 Pennsylvania Avenue N.W. Washington, DC 20004
Employee's Work Phone: 202-564-7059	**Employee's Work E-mail Address:** Raymer.Lisa@epa.gov
First-line Supervisor: Chad Carbone	**First-line Supervisor's Work Phone:** 202-564-2523
Proposed Start Date: 5/9/22	**If Temporary, Proposed End Date:**

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☑ Yes

☐ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: Ex. 6 Personal Privacy (PP)	**Alternate Phone Number (if available):** Ex. 6 Personal Privacy (PP)

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on 3/3/22 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

My current functions can be performed 100% from my remote work location. The last two years of working at home has not diminished or hindered my ability to perform my job fully and satisfactorily. I have maintained the same level of work productivity and professionalism as demonstrated throughout my EPA career previous to the Covid-19 pandemic.
A primary function of my job is to support EPA's inspector community. As the community is located throughout the United States, I have been by default providing support remotely through phone calls, email messages, and webinars for a number of years. Additionally, I develop e-Learning training courses in a software that is located locally on my computer. Again, this is a function that I was performing previous to the pandemic and does not require that I work in groups or other EPA staff in one physical location. All e-Learning work is performed on my local computer and I collaborate with other course developers via emails, phone calls or webinars. My transition from working in the office pre-Covid 19 to working at home during the pandemic has been seamless and has not hindered my ability to perform my job. As a result, my contribution to meeting the Agency's mission and operational goals has been consistent and and will continue to be so.

Approval/Disapproval (attach documentation):

- [x] Approved
- [ ] Disapproved (cite reason(s) below)

Employee's Signature: LISA RAYMER Digitally signed by LISA RAYMER Date: 2022.04.26 15:33:31 -04'00'	**Date:** 4/26/22
Supervisor's Signature: CHAD CARBONE Digitally signed by CHAD CARBONE Date: 2022.04.28 17:20:41 -04'00'	**Date:** 4/28/22
AA/RA (or designee) Signature: Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.06.06 15:52:40 -04'00'	**Date:**

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA Remote Work Self-Certification Safety Checklist		
	Select a Response	Comments
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	N/A	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

This checklist is designed to assess the overall safety of the Remote Work Location and must be completed and given to your supervisor with your Remote Work Agreement. Signing this form does not guarantee that the RWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their RWL that could impact the health and safety of the employee and others.

Employee Signature Lisa Raymer Supervisor Signature Chad Carbone

EPA Form 3181-8

Appendix D – Remote Work Agreement

Employee's Name: Tierra Hilda Robinson	**Job Title, Pay Plan, Series & Grade:** Physical Scientist, GS 1301, 13
Office/Region and Division: OECA/FFEO	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave NW Wash.,DC 20460
Employee's Work Phone: 202-564-2067	**Employee's Work Email Address:** robinson.tierra@epa.gov
Supervisor's Name: Marie Muller	**Supervisor's Work Phone & Email Address:** 202-564-0217 muller.marie@epa.gov
Proposed Start Date: 6/27/2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☑ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: TIERRA ROBINSON Digitally signed by TIERRA ROBINSON Date: 2022.06.13 16:15:13 -04'00'

Supervisor's Signature: MARIE MULLER Digitally signed by MARIE MULLER Date: 2022.06.14 15:35:40 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature: Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.07.22 15:50:11 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA Remote Work Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	N/A	vinyl flooring
22. Are there any other known safety issues that should be addressed for this workspace?	No	

This checklist is designed to assess the overall safety of the Remote Work Location and must be completed and given to your supervisor with your Remote Work Agreement. Signing this form does not guarantee that the RWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their RWL that could impact the health and safety of the employee and others.

Employee Signature TIERRA ROBINSON Digitally signed by TIERRA ROBINSON Date: 2022.06.13 16:17:24 -04'00'

Supervisor Signature MARIE MULLER Digitally signed by MARIE MULLER Date: 2022.06.30 15:29:09 -04'00'

EPA Form 3181-8

Appendix D – Remote Work Agreement

Employee's Name: Catherine Hatt	**Job Title, Pay Plan, Series & Grade:** Attorney Advisor 0905 GS 14
Office/Region and Division: HQ/OECA/OSRE/PPED/PGB	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave. Washington DC
Employee's Work Phone: 202-564-6331	**Employee's Work Email Address:** hatt.catherine@epa.gov
Supervisor's Name: Kyle Aarons	**Supervisor's Work Phone & Email Address:** 202-564-7351, aarons.kyle@epa.gov
Proposed Start Date: 05/13/2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☐ Yes ☑ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☑ No

Request:

Select one: ☐ New Request ☑ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

See attached routing sheet and memo for a description of Katie's work and justification for approval. I believe Katie can continue to successfully perform all of her duties remotely in a hybrid work environment.

Employee's Signature: CATHERINE HATT Digitally signed by CATHERINE HATT Date: 2022.05.13 10:31:41 -06'00'

Supervisor's Signature: KYLE AARONS Digitally signed by KYLE AARONS Date: 2022.05.19 17:08:02 -04'00'

Approval Official or Designee's Signature: Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.06.14 11:40:06 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

United States Environmental Protection Agency

POSITION DESCRIPTION COVERSHEET

1. DUTY LOCATION Washington, DC

2. POSITION NUMBER

3. CLASSIFICATION ACTION: a. Reference of Series and Date of Standards Used to Classify this Position

	b. Title	c. Pay Plan	d. Series	e. Grade	f. CLC
Official Allocation	Attorney Adviser	GS	0905	14	
4. Supervisor's Recommendation	ATTORNEY ADVISER	GS	0905	14	

5. ORGANIZATIONAL TITLE OF POSITION (if any)

6. NAME OF EMPLOYEE: Catherine Hatt

7. ORGANIZATION (Give complete organizational breakdown)

a. U.S. ENVIRONMENTAL PROTECTION AGENCY

b. OFFICE OF ENFORCEMENT AND COMPLIANCE ASSURANCE

c. OFFICE OF SITE REMEDIATION ENFORCEMENT

d. POLICY AND PROGRAM EVALUATION DIVISION

e. POLICY & GUIDANCE BRANCH

f.

g.

h. Employing Office Location: Washington, DC

i. Organization Code: BG0BB000

8. SUPERVISORY STATUS

☐ [2] **Supervisor or Manager.** Position requires the exercise of supervisory or managerial responsibilities that meet, at least, the minimum requirements for application of the General Schedule Supervisory Guide (GSSG) or similar standards for minimum supervisory responsibility specified in other position classification standards.

☐ [4] **Supervisor.** Position meets the definition of Supervisor in 5.U.S.C. 7103(a)(10), but does not meet the minimum requirements for application of the GSSG.

☐ [5] **Management Official.** Position meets the definition of Management Official in 5.U.S.C. 7103(a)(11), but does not meet the GSSG definition of Supervisor/Manager or the definition of Supervisor in 5.U.S.C. 7103(a)(10).

☐ [6] **Lead.** Position leads a team performing one-grade interval work and meets the minimum requirements for application of Part I of the Work Leader Grade Evaluation Guide (WLGEG) or is under a wage system and meets similar minimum requirements as specified by those job standards or other directives of the applicable pay system.

☐ [7] **Team Leader.** Position leads a team performing two-grade interval work and meets the minimum requirements for application of Part II of the WLGEG.

☐ [8] **All Other Positions.** Position does not meet any of the above definitions. This is a non-supervisor/non-managerial position.

9. SUPERVISORY CERTIFICATION: I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships and that the position is necessary to carry out governmental functions for which I am responsible. The certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

a. Typed Name and Title of Immediate Supervisor: Monica Gardner, Director, PPED

b. Signature: Monica Gardner

c. Date: 3/25/15

d. Typed Name and Title of Second-Level Supervisor: Rafael Deleon, Esq., Deputy Director, OSRE

e. Signature: Rafael Deleon

f. Date: 3/30/15

10. OFFICIAL CLASSIFICATION CERTIFICATION: I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.

a. **Promotion Potential**

☒ This position has no promotion potential

If position develops as planned and employee progresses satisfactorily, this position has known promotion potential to grade:

b. **PSB Risk Designation**
☐ 1 Low
☒ 2 Moderate
☐ 3 High
Security Clearance Required: ☐ Yes ☐ No

c. **Financial Disclosure Form**
☒ OGE-450 Required
☐ OGE-278 Required
☐ No financial disclosure forms required

d. **"Identical, Additional" (IA) Allocation** This position
☒ may be IA'ed
☐ may not be IA'ed
☐ is limited to current incumbent

e. **FLSA Determination**
☐ NONEXEMPT ☒ EXEMPT*
(*check exemption category)
☐ Administrative
☒ Professional ☐ Executive

f. **Functional Classification Code** NR

g. **Bargaining Unit Code** 1053

h. **Check, if applicable:**
☐ Medical Monitoring Required
☒ Extramural Resources Management Duties (0 % of time)
☐ This position is subject to random drug testing ( )

i. **Classifier's Signature** Lawrence E. Starfield, PDAA/OECA

j. **Date** 4/4/15

11. REMARKS

ATTORNEY-ADVISER
GS-0905-14

I. INTRODUCTION

This position is located in the Policy and Guidance Branch (PGB) in the Policy and Program Evaluation Division (PPED) in the Office of Site Remediation Enforcement (OSRE), Office of Enforcement and Compliance Assurance (OECA). PPED is responsible for managing legal and technical policy and guidance development and coordination, evaluating and assessing national and Regional programs, and providing policy and training expertise to support EPA's site remediation enforcement efforts. Although the Division functions focus on Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) and Resource Conservation and Recovery Act (RCRA) corrective action enforcement, PPED is also the locus of technical and legal site remediation enforcement expertise for certain aspects of the Oil Pollution Act (OPA) and the Underground Storage Tank (UST) programs.

The Division represents the concerns and issues relating to policy and guidance development and evaluation and coordination in the site remediation enforcement programs to other offices within OECA and other Headquarters and Regional offices across the Agency. Liaison is maintained with the Department of Justice and other federal agencies and state associations involved in site remediation programs. The Division represents OSRE in meetings, workshops, task forces, and presentations where issues impacting site remediation enforcement are involved.

The Division's Policy and Guidance Branch (PGB) is responsible for managing policy and guidance development and providing training and counseling as national experts regarding EPA's site remediation enforcement programs. The PGB issues enforcement policy and guidance documents and ensures effective training and support to Regions and states and other organizations in the implementation of these actions.

II. MAJOR DUTIES AND RESPONSIBILITIES

1. Prepares guidance documents and policies regarding the national enforcement program under CERCLA and RCRA. These policies and guidance documents involve complex, controversial, and highly difficult legal issues.

2. Develops procedures and regulations for implementing existing and new or amended legislation involving CERCLA and RCRA. Recommends policies and legal guidance documents regarding the national enforcement program for matters involving site remediation. These policies, procedures and regulations may address highly controversial, complex, and enforcement sensitive site remediation issues. Develops a range of alternatives for the solution of enforcement policy and strategy problems.

3. Serves as a national expert on enforcement matters related to site remediation enforcement under CERCLA and RCRA. Provides expert legal and policy advice and consultation to the Assistant Administrator, the Principal Deputy Assistant Administrator, the Office Directors and Regional Counsel on statutory and regulatory enforcement and compliance policy issues. Drafts enforcement policy and guidance documents involving areas of national expertise for signature of the Policy and Guidance Branch Chief, Policy and Program Evaluation Division Director, Office of Site Remediation Enforcement Office Director, and the Assistant Administrator of the Office of Enforcement and Compliance Assurance. Drafting projects involve complex legal and/or political issues. Chairs and participates in national workgroups consisting of Headquarters and Regional personnel and DOJ attorneys established to develop enforcement policy.

4. Renders expert legal advice and services to OECA colleagues and managers, OSWER, Regions, States, and non-governmental organizations. Provides verbal and written guidance on specific enforcement litigation cases to the Office of Regional Counsel regarding enforcement sensitive site remediation issues. Provides guidance on litigation strategies, which produce favorable precedents for expedited cleanups and enhanced cost recovery.

5. As national expert on site remediation enforcement issues, reviews and provides recommendations on case-specific litigation-related activities including the development of testimony and other evidence and preparation of pleadings, motions, trial briefs, and memoranda.

6. Performs other duties as assigned, including a variety of special and ad hoc projects having national significance or precedential value to ensure EPA policies are developed and implemented appropriately. Works on various projects that involve complex legal and/or political issues where there is a need to draft various types of written documents to support the final outcome of a specific project.

III. SUPERVISION

Works under the general supervision of the Policy and Guidance Branch Chief. Carries out assignments without preliminary instruction. Has wide latitude in exercising judgment, initiative, and action in completing policy work or casework. Recommendations are accepted as expert. Completed work is reviewed for conformity with Agency policy and overall effectiveness.

IV. SUPERVISORY CONTROLS

Works under the general supervision of the supervisor who gives instructions regarding methods of approach and application of legal principles. Completed work is assumed to be accurate with respect to legal citations and treatment of facts.

V. PERSONAL WORK CONTACTS

The incumbent has very responsible personal contacts, conferring or negotiating with top administrative personnel in the agency, private business, or state, local, or foreign governments on important legal and policy questions. May negotiate and discuss matters with representatives of other governmental bodies, such as that Governments of Canada and Mexico, relating to enforcement matters.

VI. NATURE AND SCOPE OF RECOMMENDATIONS AND DECISIONS

Advice on the interpretation of law or on proposed changes in legislation, policy and regulations is often directly given to heads of programs, bureau chiefs, cabinet officers, congressmen or representatives of state and local governments. In some instances, recommendations are made through a supervisor, but these recommendations are usually tantamount to final decision. The incumbent is responsible for recognizing when the matter under discussion is of such precedent-setting nature of importance or delicacy in that the advice must be cleared with superiors before it is provided.

VII. QUALIFICATIONS

The incumbent must have an L.L.B or J.D. degree from an accredited law school; must be admitted to practice before the highest court of a State; U.S. territory; the District of Columbia, or the Commonwealth of Puerto Rico; and must maintain active status as a member of the bar of one of these jurisdiction. Incumbent must have substantial experience in providing legal advice and counsel at EPA, other federal, state, or local agencies, or in private practice. The incumbent must have knowledge of environmental law and trial preparation.

TYPE II

1. The incumbent addresses extremely complex and difficult legal questions or factual issues that involve drafting, interpretation, or application of legislation, regulations, contracts, orders, decisions, opinions, or other legal instruments. Prepares recommendations of a high order of original and creative legal endeavor in order to obtain reasonable balance of conflicting interests or complex factual or policy issues. The incumbent conducts extensive research, analysis, and obtains and evaluates expert testimony or information in controversial areas related to complex CERCLA and RCRA related issues. Cases or problem handled by the incumbent at this level frequently involve, directly or indirectly, very large sums of money. Interest in these cases is generally nationwide.

LEVEL OF RESPONSIBILITY (LEVEL E)

a. Nature of Functions

The incumbent serves as a legal advisor to OECA's senior management at headquarters and at the regional level. The incumbent analyzes records and other legal information and

recommends decisions to the OECA AA. This includes matters that have been delegated to the OSRE, PPED and PGB management. The incumbent independently analyzes legal problems, determines and carries out the necessary research, develops the matter, and offers legal recommendations on extremely complex issues to OECA senior management. The incumbent is an active part of or leads project teams in handling various legal inquiries on behalf of OECA, OSRE, PPED and PGB senior management.

b. Supervision and Guidance Received

The incumbent works under the general supervision of the Policy and Guidance Branch Chief. The incumbent carries out assignments without preliminary instruction. The incumbent serves a national expert and works independently with program experts, other attorneys at EPA headquarters, the EPA regions, and DOJ. The incumbent has wide latitude in exercising judgment, initiative and action in completing policy work or casework. The incumbent's legal interpretations are usually accepted as expert, but are reviewed for soundness of approach and consistency with governing policies, procedures, and regulations. Completed work is reviewed for conformity with Agency policy and overall effectiveness and is assumed to be accurate with respect to legal citations and treatment of facts.

c. Personal Work Contacts

The incumbent has direct contact with high level internal and external private industry, Federal Government Agencies including DOJ and State and local officials throughout the U.S. Also personal contacts include conferring or negotiating with top administrative personnel in the agency, private business, or state, local, or foreign governments on important legal and policy questions. The incumbent may negotiate and discuss with representatives of other governmental bodies, such as the Governments of Canada and Mexico, matters relating to cleanup enforcement programs.

d. Nature and Scope of Recommendations and Decisions

The incumbent makes important and authoritative legal recommendations and decisions in support of the office's mission. Advice on the interpretation of law or on proposed changes in legislation, policy and regulations is often given directly to heads of programs, bureau chiefs, or representatives of state and local governments. In some instances recommendations are made through a supervisor but these recommendations are usually tantamount to final agency decisions, regardless of whether or not such recommendations are made by the attorney or through a supervisor. These recommendations may include decisions concerning whether or not to prosecute a case and/or involve proper interpretation or application of a policy or regulation. The incumbent handles complex cases and legal problems that require the direction of several attorneys and/or program specialists. The incumbent also provides legal advice on the interpretation of law and regulations of a precedent setting nature directly to the personal contacts listed above. The incumbent is responsible for recognizing when the matter under discussion is of such precedent-setting nature of importance, or delicacy in that the advice must be cleared with superiors before it is provided.

Extramural Resources Management Duties Checklist

This checklist may be used to identify duties in managing contracts, grants, cooperative agreements, and interagency agreements. It is a tool for identifying duties to be added to position descriptions for positions requiring 25% or more of time on any combination of extramural resources management duties. The checklist may be used as an amendment to position descriptions for positions requiring less than 25% of time on these duties.

Employee Information

Name: Catherine Hatt

Position Number: _____

Title: Attorney-Adviser

Series/Grade: GS-0905/11-14

Organization: OECA/OSRE/PPED/PGB

Percentage of Time Spent on Extramural Resources Management

- ____ This position has no extramural resources management responsibilities.
- ✓ Total extramural resources management duties occupy less than 25% of time.
- ____ Total extramural resources management duties occupy 25% to 50% of time. These duties are indicated below and described in the position description.
- ____ Total extramural resources management duties occupy more than 50% of time. These duties are indicated below and described in the position description.

When this checklist is used as an amendment to a position description, the following signatures are required:

Supervisor's Signature Monica Gardner, Director, PPED Date 3/25/15

Personnel Specialist's Signature [illegible] Date 4/12/15

Part 1. Contracts Management Duties

Pre-award:

- ✓ Plans procurements
- ✓ Estimates costs
- ✓ Obtains funding commitments
- ✓ Prepares procurement requests
- ✓ Writes statements of work
- ✓ Reviews statements of work
- ____ Processes unsolicited proposals
- ____ Responds to pre-award inquiries
- ____ Participates in pre-award conferences
- ____ Conducts technical evaluation of proposals
- ____ Participates in debriefing/protests
- ____ Other (list)

Post-award:

- ____ Prepares delivery orders
- ____ Reviews contractor work plans
- ____ Reviews contractor progress reports
- ____ Monitors government-furnished property
- ____ Monitors cost, management, and overall technical performance of contract after award
- ✓ Monitors management and performance of delivery orders/work assignments after award
- ✓ Defines scope of work for work assignments
- ____ Approves payment requests or ACH drawdowns
- ____ Manages cost-reimbursement contracts
- ____ Reviews invoices
- ____ Inspects and accepts deliverables
- ____ Other (list)

Close-out:

- ____ Writes reports on contractor performance, costs, and tasks performed
- ____ Reconciles payments with work performance
- ____ Closes out payments
- ____ Performs cost accounting
- ____ Provides assistance to Contracting Officer in settling claims
- ____ Other (list)

Percentage of Time Spent on Contracts Management: 5 %

Part 2. Grants/Cooperative Agreements Duties

Pre-application/Application:

_____ Prepares solicitation for proposals
_____ Identifies potential grantees for areas of program emphasis
_____ Makes initial determinations (whether project is procurement or assistance, whether agency has legal authority, whether applicant is eligible, whether funding is available, etc.)
_____ Provides administrative information to applicants
_____ Determines appropriateness of applicant's workplan/activities/budget and compliance with regulations and guidelines and negotiates changes with applicant
_____ Assists applicant in resolving issues in application
_____ For cooperative agreement, determines substantial Federal involvement and develops a condition for agreement
_____ Negotiates level of funding
_____ Conducts site visits to evaluate program capability
_____ Serves as resource to Selection Panel
_____ Informs applicants of funding decisions
_____ Other (list)

Award:

_____ Prepares funding package, including Decision Memorandum
_____ Obtains concurrences/approvals
_____ Reviews/concurs in completed document
_____ Establishes project file
_____ Other (list)

Project Management/Administration:

_____ Monitors recipient's activities and progress
_____ Reviews reports and deliverables and notifies recipient of comments
_____ Provides technical assistance to recipients
_____ Advises Grants Management Office of potential problems/issues
_____ Participates in decision/actions to ensure successful project completion and in decisions to impose sanctions
_____ Approves payments requests or ACH drawdowns
_____ Reviews requests for modifications, additional funding, etc. and makes recommendations to Grants Management Office
_____ Negotiates amendments
_____ Reviews Cost/Price/Analysis for recipient contracts/change orders (Superfund only)
_____ When necessary, recommends termination of the agreement
_____ Resolves with Grants Management Office administrative and financial issues
_____ Conducts periodic reviews to ensure compliance with agreement
_____ Other (list)

Close-out:

_____ Certifies deliverables were satisfactory and timely
_____ Provides assistance to recipients and Grants Management Office to ensure timely closeout
_____ Reconciles payment with work performed
_____ Notifies recipient of close-out requirements
_____ Obtains legal assistance if necessary to resolve incomplete close-out
_____ If project is audited, responds to issues and ensures recipient complies with audit recommendations
_____ Other (list)

Percentage of Time Spent on Grants/Cooperative Agreements Management:

0 %

Part 3. Interagency Agreements Duties

Pre-Agreement:

_____ Plans and negotiates work effort
_____ Estimates costs
_____ Obtains funding commitments
_____ Prepares commitment notice
_____ Writes or reviews scope of work
_____ Responds to pre-agreement inquiries
_____ Participates in pre-agreement conferences
_____ Coordinates with appropriate staff in developing Independent Government Cost Estimates (IGEs)
_____ Negotiates and ensures execution of Superfund State Contracts (Superfund only)
_____ Performs technical evaluation of work plan and budget
_____ Prepares funding package and obtains necessary concurrences
_____ Other (list)

Project Management/Administration:

_____ Reviews progress reports/financial reports
_____ Monitors cost management and overall technical performance
_____ Participates in decisions about project modification/termination
_____ Conducts periodic review of Superfund State contracts payment receipts (Superfund only)
_____ Inspects and accepts deliverables
_____ Other (list)

Close-out:

_____ Reviews final report
_____ Decides on disbursement of equipment
_____ Reconciles payments with work performed
_____ Reviews Superfund State Contracts to ensure full reimbursement (Superfund only)
_____ Certifies deliverables
_____ Resolves close-out issues with Grants Management Office/other agency
_____ Other (list)

Time Spent on Interagency Agreements Management:

0 %

Appendix B – EPA Remote Work Self-Certification Safety Checklist		
	Select a Response	Comments
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

This checklist is designed to assess the overall safety of the Remote Work Location and must be completed and given to your supervisor with your Remote Work Agreement. Signing this form does not guarantee that the RWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their RWL that could impact the health and safety of the employee and others.

Employee Signature CATHERINE HATT Digitally signed by CATHERINE HATT Date: 2022.05.13 10:30:00 -06'00'

Supervisor Signature KYLE AARONS Digitally signed by KYLE AARONS Date: 2022.05.20 10:10:23 -04'00'

EPA Form 3181-8

Appendix D – Remote Work Agreement

Employee's Name: Bethany Russell	**Job Title, Pay Plan, Series & Grade:** Physical Scientist, GS-14, 1301
Office/Region and Division: HQ/OECA/WCED	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave
Employee's Work Phone: 4045628542	**Employee's Work Email Address:** russell.bethany@epa.gov
Supervisor's Name: Lynne Davies	**Supervisor's Work Phone & Email Address:** 202-564-0278; davies.lynne@epa.gov
Proposed Start Date: 4/1/2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☐ Yes ☑ No

(**Supervisor:** Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☑ No

Request:

Select one: ☐ New Request ☑ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by **management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy** and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☒ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: Digitally signed by bethany russell Date: 2022.06.09 10:29:14 -04'00'

Supervisor's Signature: Lynne Davies Digitally signed by Lynne Davies Date: 2022.06.09 12:04:34 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature: Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.06.29 14:51:53 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA Telework Self-Certification Safety Checklist		
	Select a Response	Comments
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

This checklist is designed to assess the overall safety of the Alternate Work Location and must be completed and given to your supervisor with your Telework ***Agreement****. Signing this form does not guarantee that the AWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their AWL that could impact* ***the*** *health and safety of the employee and others.*

Employee Signature _____ Digitally signed by bethany russell Date: 2022.04.13 14:13:09 -04'00'

Supervisor Signature _____ Lynne Davies Digitally signed by Lynne Davies Date: 2022.06.09 12:01:16 -04'00'

Appendix D – Remote Work Agreement

Employee's Name: Matthew Sander	**Job Title, Pay Plan, Series & Grade:** Attorney-Adviser, GS-905/15
Office/Region and Division: HQ/OECA/OSRE/PPED	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave., NW, Wash., DC
Employee's Work Phone: 202-564-7233	**Employee's Work Email Address:** sander.matthew@epa.gov
Supervisor's Name: Kyle Aarons	**Supervisor's Work Phone & Email Address:** 202-564-7351; aarons.kyle@epa.gov
Proposed Start Date: 9/5/22	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: MATTHEW SANDER Digitally signed by MATTHEW SANDER Date: 2022.08.11 08:56:39 -04'00'

Supervisor's Signature: KYLE AARONS Digitally signed by KYLE AARONS Date: 2022.08.12 09:14:32 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature:	Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.08.28 19:52:57 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

EPA

Appendix D – Remote Work Agreement

Employee's Name: Rafael Sanchez	**Job Title, Pay Plan, Series & Grade:** Environmental Eng. GS-819-13
Office/Region and Division: OECA/OC/MAMPD	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave., NW, Wash. DC
Employee's Work Phone: 2025647028	**Employee's Work Email Address:** sanchez.rafael@epa.gov
Supervisor's Name: Robert Scinta	**Supervisor's Work Phone & Email Address:** 2025647171 scinta.robert@epa.gov
Proposed Start Date: 5/23/22	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(**Supervisor:** Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by **management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy** and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: Sanchez, Rafael Digitally signed by Sanchez, Rafael Date: 2022.05.17 15:31:58 -04'00'

Supervisor's Signature: ROBERT SCINTA Digitally signed by ROBERT SCINTA Date: 2022.05.31 19:13:59 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature: Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.06.14 11:57:50 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

EPA

Appendix B – EPA Remote Work Self-Certification Safety Checklist		
	Select a Response	Comments
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

This checklist is designed to assess the overall safety of the Remote Work Location and must be completed and given to your supervisor with your Remote Work Agreement. Signing this form does not guarantee that the RWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their RWL that could impact the health and safety of the employee and others.

Employee Signature _____ Supervisor Signature ROBERT SCINTA Digitally signed by ROBERT SCINTA Date: 2022.05.31 19:12:46 -04'00'

EPA Form 3181-8

Appendix D – Remote Work Agreement

Employee's Name: Christine Sansevero	**Job Title, Pay Plan, Series & Grade:** Associate Director, GS-15
Office/Region and Division: Air Enforcement Division	**Address of Regular Office or Worksite:**
Employee's Work Phone: (617) 9181-1699	**Employee's Work Email Address:** sansevero.christine@epa.gov
Supervisor's Name: Mary E. Greene	**Supervisor's Work Phone & Email Address:** (202) 564-0254
Proposed Start Date: July 18, 2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☐ Yes ☑ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☑ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.07.22 16:22:01 -04'00'

Employee's Signature: CHRISTINE SANSEVERO Digitally signed by CHRISTINE SANSEVERO Date: 2022.07.11 19:19:53 -04'00'

Supervisor's Signature: Greene, Mary E Digitally signed by Greene, Mary E Date: 2022.07.12 15:49:00 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature:
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix D – Remote Work Agreement

Employee's Name: Nicholas Sciretta	**Job Title, Pay Plan, Series & Grade:** Attorney-Advisor 0905 GS14-4
Office/Region and Division: HQ OECA OSRE RSD	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave. Washington, DC
Employee's Work Phone: 202 564 7416	**Employee's Work Email Address:** sciretta.nicholas@epa.gov
Supervisor's Name: Bruce Kulpan	**Supervisor's Work Phone & Email Address:** 202 564 4252 kulpan.bruce@epa.gov
Proposed Start Date: 12/1/22	**Proposed End Date (for DETO):** n/a

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☐ Yes ☑ No

(**Supervisor:** Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☑ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by **management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy** and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: NICHOLAS SCIRETTA Digitally signed by NICHOLAS SCIRETTA Date: 2022.05.19 16:58:57 -04'00'

Supervisor's Signature: Kulpan, Bruce Digitally signed by Kulpan, Bruce Date: 2022.06.28 13:57:32 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature: Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.06.29 15:29:15 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature NICHOLAS SCIRETTA Digitally signed by NICHOLAS SCIRETTA Date: 2022.05.19 16:46:46 -04'00'

Supervisor Signature Kulpan, Bruce Digitally signed by Kulpan, Bruce Date: 2022.05.24 09:15:58 -04'00'

EPA Form 3181-8

EPA

Appendix D – Remote Work Agreement

Employee's Name: Logan Senack	**Job Title, Pay Plan, Series & Grade:** Attorney-Advisor, 905, GS-14
Office/Region and Division: OECA-FFEO	**Address of Regular Office or Worksite:** EPA-HQ WJCS
Employee's Work Phone: 2025643312	**Employee's Work Email Address:** senack.logan@epa.gov
Supervisor's Name: Marie Muller	**Supervisor's Work Phone & Email Address:** 202-564-0217; muller.marie@epa.gov
Proposed Start Date: currently remote	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☐ New Request ☐ Request for Modification to Existing Agreement ☑ Previously approved under old NTEU agreement, updating with new form. No other changes other than form

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☒ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: Logan Senack Digitally signed by Logan Senack Date: 2022.05.13 17:10:09 -04'00'

Supervisor's Signature: MARIE MULLER Digitally signed by MARIE MULLER Date: 2022.07.06 16:43:18 -04'00'

Approval Official or Designee's Signature: Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.08.28 19:10:31 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA Telework Self-Certification Safety Checklist		
	Select a Response	Comments
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	No	the chairs do not have wheels
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	No	There are papers in the space and the desk is made of wood
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	N/A	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

This checklist is designed to assess the overall safety of the Alternate Work Location and must be completed and given to your supervisor with your Telework ***Agreement****. Signing this form does not guarantee that the AWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their AWL that could impact* ***the*** *health and safety of the employee and others.*

Employee Signature Logan Senack Digitally signed by Logan Senack Date: 2022.07.06 16:56:32 -04'00'

Supervisor Signature MARIE MULLER Digitally signed by MARIE MULLER Date: 2022.07.06 17:22:05 -04'00'

EPA Form 3181-3

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Nicholas Spalt	**Job Title & Grade:** Program Analyst - GS-12
AAship/Region and Division: OECA - HQ - Enforcement Targeting & Data Division	**Address of Official Agency Worksite:** 1200 Pennsylvania Ave N.W., Washington D.C.
Employee's Work Phone: (202) 564-4696	**Employee's Work E-mail Address:** Spalt.Nicholas@epa.gov
First-line Supervisor: Michael Barrette	**First-line Supervisor's Work Phone:** (202) 564-7019
Proposed Start Date: 4/25/2022	**If Temporary, Proposed End Date:**

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☑ Yes

☐ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: Ex. 6 Personal Privacy (PP)	**Alternate Phone Number (if available):**

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on 4/10/22 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals: I have demonstrated that I could perform all duties as effectively from the RWL when compared due to the Official Agency worksite during the COVID-19 Pandemic. My duties are data and facility inspection related. Access to Agency resources through the Virtual Private Network (VPN) and meeting software (e.g. Microsoft Teams) from home allow me to fulfill all of these said duties.	
Approval/Disapproval (attach documentation): ☑ Approved ☐ Disapproved (cite reason(s) below)	
Employee's Signature: NICHOLAS SPALT Digitally signed by NICHOLAS SPALT Date: 2022.04.10 14:09:17 -04'00'	**Date:** 4/10/2022
Supervisor's Signature: MICHAEL BARRETTE Digitally signed by MICHAEL BARRETTE Date: 2022.04.12 18:32:28 -04'00'	**Date:**
AA/RA (or designee) Signature: Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.05.06 14:37:51 -04'00'	**Date:**
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	Yes	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature NICHOLAS SPALT Digitally signed by NICHOLAS SPALT Date: 2022.04.10 14:12:49 -04'00'

Supervisor Signature MICHAEL BARRETTE Digitally signed by MICHAEL BARRETTE Date: 2022.04.13 10:21:50 -04'00'

EPA Form 3181-8

EPA

Appendix A – EPA Remote Work Agreement

Employee's Name: Gwendolyn J. Spriggs	**Job Title, Pay Plan, Series & Grade:** Program Analyst 0343-15/7
Office/Region and Division: OECA/OAP/IO	**Address of Regular Office or Worksite:** 1200 Penn Ave NW Washington, DC 20460
Employee's Work Phone: 202-564-2439	**Employee's Work Email Address:** spriggs.gwendolyn@epa.gov
Supervisor's Name: Kenda Layne	**Supervisor's Work Phone & Email Address:** 202-564-6063
Proposed Start Date: April 1, 2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Commuting Area of Regular Office or Worksite:

(●) Yes ( ) No

(Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ( ) Yes ( ) No

Request:

Select one: (●) New Request ( ) Request for Modification to Existing Agreement

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. I have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

(X) Approved

( ) Disapproved (cite reason(s) below)

Employee's Signature: Gwendolyn J. Spriggs

Supervisor's Signature: Kenda Layne

AA/RA (or designee) Signature: Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.04.04 13:02:47 -04'00'

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

EPA Form 3181-7

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Pamela Stanley	**Job Title & Grade:** Lead Program Analyst - GS-15
AAship/Region and Division: OECA/OC/RMS	**Address of Official Agency Worksite:** 1200 Pensylvania Avenue, Washington, D.C. 20460
Employee's Work Phone: (202) 564-0538	**Employee's Work E-mail Address:** stanley.pam@epa.gov
First-line Supervisor: Melinda Deloatch-Speight	**First-line Supervisor's Work Phone:** (202) 564-8001
Proposed Start Date: March 27, 2022	**If Temporary, Proposed End Date:**

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☑ Yes

☐ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: Ex. 6 Personal Privacy (PP)	**Alternate Phone Number (if available):**

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Pamela Stanley

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on 01-18-2022 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

Since COVID, I have been effectively working full-time from home remotely as if I was working from the Official Agency worksite. The work preformed is 100% portable. I can continue to use my EPA Government Furnished Equipment (GFE) and software, such as TEAMS to communicate and join in on meetings, in the virtual space, to stay connected. This allows me to provide cusotmer service to individuals or a team of colleagues to help meet EPA's mission and operational goals. Also, I can continue to use my EPA mobile device to communicate and meet the needs of my supervisor and co-workers to help achieve our work and serve the public, in our efforts to protect human health and the environment.

Thank you for your consideration!

Approval/Disapproval (attach documentation):

☒ Approved
☐ Disapproved (cite reason(s) below)

Employee's Signature: PAMELA STANLEY Digitally signed by PAMELA STANLEY Date: 2022.03.11 10:19:55 -05'00'	**Date:**
Supervisor's Signature: MELINDA DELOATCH-SPEIGHT Digitally signed by MELINDA DELOATCH-SPEIGHT Date: 2022.03.11 12:11:53 -05'00'	**Date:**
AA/RA (or designee) Signature: Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.04.07 14:53:18 -04'00'	**Date:**

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

List of Duties

- Budget Officer/Team Leader – Lead with formulation of operating plan and managing resources at the Allowance Holder and Division overall budget and spending levels.
    - Coordination of OMB and Congressional activities (e.g., Pres Bud Submission) with OECA/OAP, OECA program offices and OC Managers.
    - Development of Operating Plan Budgets for Divisions (e.g., Spending Plans)
    - IT Declarations along with OC Managers, Project Managers and OECA/SBO
- Funds Control Officer – executing and tracking resources.
    - Monitoring of Budget at the AH/RC level.
    - Executing Funding request
    - Unliquidated Obligation Reviews.
    - Reprogramming of Fund
- Payroll Management – assist and work with OECA/OAP/Budget Financial Management Division (BFMD) and OC's HR Team with managing OC's payroll dollars and salary costs.
    - Hiring and Separations costs estimates for payroll projections.
    - Awards Allocation and Budgeting
    - Reconciling Employee Charging
    - Managing Payroll Work Codes along with OECA/OAP and OCFO
- Travel Management
    - Routing and Travel List Updates
- Working Capital Account Manager:
    - manage financials and registrations (along with Alternate AM) for Workforce-Related SA.
    - Work with divisions WCF AM to help manage finances on data systems and media service agreements.
    - Forecasting WCF Workforce-Related SA
- Administrative Tasks
    - Reference Guide Documents along with RMS Team
    - EAS Site Administrator
    - Concur Administrator

Appendix B – EPA Remote Work Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	N/A	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	N/A	

This checklist is designed to assess the overall safety of the Remote Work Location and must be completed and given to your supervisor with your Remote Work Agreement. Signing this form does not guarantee that the RWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their RWL that could impact the health and safety of the employee and others.

Employee Signature PAMELA STANLEY Digitally signed by PAMELA STANLEY Date: 2022.03.11 09:58:19 -05'00'

Supervisor Signature MELINDA DELOATCH-SPEIGHT Digitally signed by MELINDA DELOATCH-SPEIGHT Date: 2022.03.11 12:07:32 -05'00'

EPA Form 3181-8

Appendix D – Remote Work Agreement

Employee's Name: Francine Strickland	**Job Title, Pay Plan, Series & Grade:** Program Analyst, GS-343-14
Office/Region and Division: OECA/OAP/BFMD	**Address of Regular Office or Worksite:** 1200 Pennsyvania Ave., NW, Washington, DC 20004
Employee's Work Phone: 202-564-2492	**Employee's Work Email Address:** strickland.francine@epa.gov
Supervisor's Name: John Warren	**Supervisor's Work Phone & Email Address:** 202-564-2452
Proposed Start Date: 07-03-2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(**Supervisor:** Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by **management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy** and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☒ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: FRANCINE STRICKLAND — Digitally signed by FRANCINE STRICKLAND Date: 2022.06.29 15:49:19 -04'00'

Supervisor's Signature: John Michael Warren — Digitally signed by John Michael Warren Date: 2022.07.08 13:01:47 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature: Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.07.22 15:56:45 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	N/A	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature FRANCINE STRICKLAND Digitally signed by FRANCINE STRICKLAND Date: 2022.06.29 15:39:38 -04'00'

Supervisor Signature John Michael Warren Digitally signed by John Michael Warren Date: 2022.07.08 13:03:15 -04'00'

EPA Form 3181-8

Francine Strickland – FY 2022 Remote Work Justification

All responsibilities and duties as defined in my role as a Program Analyst in the Office of Enforcement and Compliance Assurance's (OECA) Office of Administration and Policy, Budget and Financial Management Division (BFMD), are portable and can be performed effectively from a remote location just the same as from my Official Agency worksite. My responsibilities include, but are not limited to, supporting OECA's Senior Budget Officer in the formulation of OECA's yearly budgets. In doing so, I consistently follow agency policies and coordinate with OECA's managers, program offices, and OCFO in the budget formulation process to ensure accuracy of data and classified information. I provide accurate and timely guidance and instructions to customers and stakeholders in OECA, assist with the development of the operating plan for each fiscal year, address various budget data calls throughout the year, and participate in workgroups. I also coordinate with various program offices to synthesize program data/analyses and recommendations into complete, usable briefings and presentations, for decision makers.

Years prior to the pandemic, I worked a regular telework schedule in which I effectively relied on the agency's software, equipment, and systems to carry out my role in supporting EPA's mission remotely on a consistent basis. During the pandemic, the very same innovations, and processes that I used to successfully telework were stress-tested and enhanced to achieve greater efficiencies. As part of my duties, all policies, correspondence, and associated responses are created and tracked electronically using standard office software, platforms, and agency systems that can be effectively and efficiently accessed from a remote location. Relevant data, files, and documents are securely assessed, saved, and distributed via email, shared drives, and other collaborative tools from the remote location following appropriate agency protocols. It is standard business practice across the agency for both internal and external conferences, briefings, and meetings to include teleconference numbers and/or video conferencing options for remote participation - which will continue to allow me to easily manage all stakeholder engagements, cross-agency coordination efforts, and presentations from a remote location. Remote work status will not impact my ability to represent the interests of EPA, OECA, or BFMD on agency or interagency initiatives. I will actively participate, contribute, and facilitate discussions with stakeholders, task forces, working groups, and ad hoc committees as needed to perform my duties at full capacity.

My home office space is equipped with a desk, chair, adequate lighting, laptop and monitor, scanner/printer, video conferencing compatibility, and high-speed internet. I rarely have any internet connection issues and/or disruptions during inclement weather. My ability to successfully perform my duties has not been impacted by working in a remote environment in the past and there is no indication that it will impose any negative impacts in the future. For these reasons, approval of this remote work request

ED_013902C_00000101-00004

will not diminish EPA's ability to accomplish its mission and goals. To the contrary, it will advance the agency's mission to protect human health and the environment.

EPA strives to minimize the environmental footprint of its offices and laboratories and encourages citizens to integrate responsible environmental practices into their daily lives. Approval of this remote work application aligns with EPA's mission by allowing applicants to take individual steps toward reducing greenhouse gas emissions and decreasing traffic congestion, while working at full capacity in support of the agency's mission – resulting in in money saved for EPA and the applicant as well as increased protection of human health and the environment. Working remotely saves money for the agency by reducing office space, lowering electricity costs, decreasing commuting expenses (i.e., transit subsidies), and significantly increasing productivity. I am more productive while working at home due to less distractions, interruptions and stress related to commuting inconsistencies. I have a great rapport with my supervisor and have demonstrated my productivity level when working remotely. Ultimately, working remotely substantially reduces costs to the agency and taxpayers.

ED_013902C_00000101-00005

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Jay Stubbs	**Job Title & Grade:** IT Specialist (APPSW) - GS11
AAship/Region and Division: HQ	**Address of Official Agency Worksite:** 1200 Pennsylvania Avenue NW, Washington D.C.
Employee's Work Phone: 202-564-2118	**Employee's Work E-mail Address:** stubbs.jay@epa.gov
First-line Supervisor: Rob Cannon	**First-line Supervisor's Work Phone:** 202-566-2925
Proposed Start Date: 2/24/2022	**If Temporary, Proposed End Date:** N/A

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☐ Yes

☑ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: Ex. 6 Personal Privacy (PP)	**Alternate Phone Number (if available):**

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on 9/2/2022 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

Having no commute would provide a better work/life balance. As I understand it, the commute into Washington DC is significant Ex. 6 Personal Privacy (PP)

Ex. 6 Personal Privacy (PP)

Ex. 6 Personal Privacy (PP) I believe that I'm generally happier and better supported in this area.

I also believe that I work more efficiently from home. I have quiet spaces that are better suited for productivity than an office, in my opinion. Food & water & coffee is nearby, removing the need to leave the building (I tend to make my own food and drinks when I am at home).

I suspect that my productivity/output is higher because of all of this. There are fewer interruptions, and my job is technical in nature, requiring no in-person contact, as opposed to what I imagine an inspector does. Thank you.

Approval/Disapproval (attach documentation):

- [x] Approved
- [ ] Disapproved (cite reason(s) below)

Employee's Signature: JAY STUBBS	Digitally signed by JAY STUBBS Date: 2022.02.23 19:54:44 -05'00'	**Date:** 2/23/2022
Supervisor's Signature: BEATRICK CANNON	Digitally signed by BEATRICK CANNON Date: 2022.03.02 17:15:18 -05'00'	**Date:**
AA/RA (or designee) Signature: Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.05.02 13:20:02 -04'00'	**Date:**

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Jay Stubbs List of Duties

- Checking Air Informatica
  - Jeff added me to ETL/Informatica emails (ETL is the process of transforming ICIS data into the Air portion of Business Objects)
  - I post notices to ICIS if something went wrong (or check with BAH)
  - Mostly a daily task to make sure Air data in BO isn't stale
- Direct Air questions outside of helpdesk
  - Jason or Rob or others ask ICIS-Air questions, and I either look at documentation or ask around to find answers (Jason & Jeff help a lot)
  - These can be lengthy inquiries
- EDT issues tracking and resolution
  - It may just be recent, but Kentucky & Washington & Iowa have had EDT issues. I've kept track of these issues and helped where I could (check EDT transaction responses for error messages, etc.)
- Login.gov issues (these have subsided lately)
  - There were a lot of Zendesk tickets around Login.gov that I handled
  - I do have a couple of regional people who sent me issues around Login.gov too
  - A lot of these could be resolved without help, but EISD (Maury Smith in particular) helped a lot
  - This took up a lot of time earlier in 2022
- Monthly Air meetings
  - Have only had 2 meetings, but people seemed eager to do it monthly (I polled the regional sysadmins)
  - I consider this an area that I could improve in
- Approving users (occasionally)
  - I'm sometimes asked to handle ICIS user account creation
  - I ask the user for Rules of Behavior & Sensitive Access forms and moving these forms to the appropriate folders, show them documentation on how to request ICIS community access and create Login.gov accounts, and then creating the ICIS user
- Miscellaneous helpdesk tickets
  - I get assigned Air-related tickets (have to research or ask around in order to answer)
  - I occasionally get a non-Air issue too
- Coordinating with Cora Stern on Air issues
  - We meet weekly and discuss Air-related issues that we're working on

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature JAY STUBBS Digitally signed by JAY STUBBS Date: 2022.03.02 17:26:32 -05'00'

Supervisor Signature BEATRICK CANNON Digitally signed by BEATRICK CANNON Date: 2022.03.02 17:39:58 -05'00'

EPA Form 3181-8

EPA

Appendix D – Remote Work Agreement

Employee's Name: Lauren Tozzi	**Job Title, Pay Plan, Series & Grade:** Attorney-Advisor, GS-905-14
Office/Region and Division: OECA-OCE-AED-VEEB	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave NW Wash DC 20004
Employee's Work Phone: 202-564-4904	**Employee's Work Email Address:** tozzi.lauren@epa.gov
Supervisor's Name: Caitlin Meisenbach	**Supervisor's Work Phone & Email Address:** 202-565-0062, Meisenbach.Caitlin@epa.gov
Proposed Start Date: ASAP	**Proposed End Date (for DETO):** N/A

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(**Supervisor:** Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☑ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by **management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy** and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☒ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: LAUREN TOZZI Digitally signed by LAUREN TOZZI Date: 2022.06.10 14:39:49 -04'00'

Supervisor's Signature: CAITLIN MEISENBACH Digitally signed by CAITLIN MEISENBACH Date: 2022.06.22 18:57:37 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature: Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.07.22 15:19:18 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature LAUREN TOZZI Digitally signed by LAUREN TOZZI Date: 2022.06.10 14:32:17 -04'00'

Supervisor Signature CAITLIN MEISENBACH Digitally signed by CAITLIN MEISENBACH Date: 2022.06.22 18:56:28 -04'00'

EPA Form 3181-8

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Thomas P. Sharp	**Job Title & Grade:** GS 0301-13 - Contract Liaison Specialist
AAship/Region and Division: OECA/OCEFT/CID	**Address of Official Agency Worksite:** 1200 Pennsylvania Ave NW Washington DC 20460
Employee's Work Phone: 540-935-4326	**Employee's Work E-mail Address:** sharp.thomas@epa.gov
First-line Supervisor: LisaMarie Nakamura	**First-line Supervisor's Work Phone:** 202-564-1087
Proposed Start Date: On or before May 2, 2022	**If Temporary, Proposed End Date:**

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☐ Yes

☑ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: 540-935-4326	**Alternate Phone Number (if available):**

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Th P Sp 3-25-22

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on 3-1-22 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

The duties I perform for OCEFT/CID are budgetary and procurement support. On the budgetary side, I prepare annual operating plans, work closely with subject matter experts to develop budget plans and track spending throughout the fiscal year. I provide regular monthly updates to management and suggest and recommend courses of action to meet budgetary and programmatic goals. On the procurement side, I prepare procurement requests, liaison with program officials in OCEFT and other program offices as required and have frequent contact with Contracting Officers and procurement experts in Washington DC, RTP, North Carolina and Cincinnati. I track procurements to award, monitor performance during award, pay all valid invoices and then either renew contractual service if still required, or close out contracts and remove any unnecessary funding. I also prepare, monitor and manage all Interagency Agreement for OCEFT. This process involves preparing required agency documents, working with internal EPA staff on requirements and reaching out to Federal partners to ensure a proper and legal agrement is signed and put into place. I perform all of the funding actions for the Criminal Investigation Division including purchase cards, EAS procurement documents, training requests and any miscellaneous spending reimbursements.

Approval/Disapproval (attach documentation):

☒ Approved
☐ Disapproved (cite reason(s) below)

Employee's Signature: THOMAS SHARP Digitally signed by THOMAS SHARP Date: 2022.03.25 10:37:52 -04'00'	**Date:**
Supervisor's Signature: Lisa Marie Nakamura Digitally signed by Lisa Marie Nakamura Date: 2022.04.11 09:43:56 -04'00'	**Date:**
AA/RA (or designee) Signature: Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.05.11 12:15:29 -04'00'	**Date:**

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

By using the Agency provided laptop and software tools (VPN, Microsoft Outlook, Office, Teams, SharePoint, and Google Chrome) I can successfully and competently perform the listed duties below. I have access to a printer/scanner should the need arise – it is not Government issue, but should the device be needed, I can link to it to accomplish the task. My network connectivity is through Northstate and the connection is faster and more reliable than the HQ Agency Network.

There aren't any tools I have/use that I don't have/use in the Agency Office. Ex. 6 Personal Privacy (PP)

Ex. 6 Personal Privacy (PP)

Ex. 6 Personal Privacy (PP)

During the last two years, I have performed at an extremely high level, and my availability for meetings, discussions and work-related tasks has been consistent and reliable. All of the tasks outlined below can be performed from an alternate location with no loss of efficiency or timeliness.

- **CID Budget Officer**
    1. Formulate operating plans for CID and PSD
    2. Coordinate with Program Leads to ensure proper amounts of resources are available
    3. Work with RMS to justify operating plan amounts
    4. Execute and track budgetary expenditures
    5. Provide monthly (or as requested) spending and budget updates to CID and IO management

- **CID Funds Certifying Official**
    1. Process and fund all purchase card requests for CID/NCAB
    2. Process and fund all PLI requests from CID/NCAB
    3. Process and fund all 1164 requests from CID/NCAB
    4. Process and fund all training requests from CID/NCAB
    5. Make necessary adjustments (increases or decreases) to funding amounts
    6. Track and process ULO's (unliquidated obligations)

- **CID Travel Coordinator**
    1. Provide quarterly allocations to CID regions and offices
    2. Track travel spending per office and Division wide
    3. Research open travel obligations

- **CID Administrative Specialist Liaison**
    1. Advise administrative specialists on spending and procurement issues
    2. Provide administrative updates as required
    3. Ensure consistency in procedure across CID Regions and offices

- **CID IA Project Officer**
    1. Serve as Project Officer for all OCEFT Interagency Agreements (FLETC, Sector Services, medical monitoring, crimes victims program and others)
    2. Prepare paperwork submitted through the IGMS system
    3. Liaison with the grants office to ensure completion of agreements
    4. Approve and pay bills and invoices associated with the agreements
    5. Contact participating agencies as needed for information, questions and concerns.

- **CID Contracting Officer Representative (COR)**

    1. Serve as COR on most of CID and NCAB procurement actions

2. Prepare packages in EAS system for submittal to the contracts office (OAS)
3. Liaison with the Contracting Officers and specialists to ensure completion of actions
4. Prepare statements of work, cost estimates, sole source justifications and other source documents for EAS packages
5. Maintain PR tracking spreadsheet to track status of all procurement actions.
6. Pay bills on contract actions
7. Track bills and status of payments with RTP
8. Amend contract actions as needed or required
9. Closeout contract actions as they are completed and de-obligate unused funds
10. Process ratification actions when required
11. Take required training to maintain certification status

I do not have any annual instances or need to return to the Office.

Round trip costs if necessary and with sufficient notice

Parking 25.00 per day

Mileage: 330 miles each way. 58.5 cents per mile = $193.05

Round trip costs to Durham, North Carolina

Mileage – 65 miles each way – 58.5 cents per mile = $38.00

Appendix B – EPA Remote Work Self-Certification Safety Checklist		
	Select a Response	Comments
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

This checklist is designed to assess the overall safety of the Remote Work Location and must be completed and given to your supervisor with your Remote Work Agreement. Signing this form does not guarantee that the RWL is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their RWL that could impact the health and safety of the employee and others.

Employee Signature THOMAS SHARP Digitally signed by THOMAS SHARP Date: 2022.03.25 10:30:05 -04'00'

Supervisor Signature Lisa Marie Nakamura Digitally signed by Lisa Marie Nakamura Date: 2022.04.04 13:54:17 -04'00'

EPA Form 3181-8

United States Environmental Protection Agency

POSITION DESCRIPTION COVERSHEET

1. DUTY LOCATION	2. POSITION NUMBER
Washington, D.C.	

3. CLASSIFICATION ACTION: a. Reference of Series and Date of Standards Used to Classify this Position

	b. Title	c. Service	d. Series	e. Grade	f. CLC
Official Allocation					
4. SUPERVISOR'S RECOMMENDATION	Contract Liaison Specialist	GS	0301	13	

5. ORGANIZATIONAL TITLE OF POSITION (if any)	6. NAME OF EMPLOYEE
	Thomas P. Sharp

7. ORGANIZATION (give complete organizational breakdown)

a. U. S. ENVIRONMENTAL PROTECTION AGENCY	e. Operations Branch – Operations Support Team
b. Office of Enforcement Compliance Assurance	f.
c. Office of Criminal Enforcement, Forensics and Training	g.
d. Criminal Investigation Division	h. EPAYS Organization Code: 22331200

8. SUPERVISORY/MANAGERIAL DESIGNATION

___ [S] First or Second level supervisor: An individual who performs supervisory work and managerial responsibilities that require accomplishment of work through combined technical and administrative direction of others and meets the requirements for coverage as described in the General Schedule Supervisory Guide.

___ [A] An individual (as defined in Section 7103(a)(10) of Title V of the U.S. Code) who is authorized to hire, direct, assign, promote, reward, transfer, lay off, suspend, discipline, or remove one or more employees, or effectively recommend such action. The exercise of this responsibility is not routine or clerical in nature, but requires the consistent exercise of independent judgment.

___ [M] A manager who directs the work of an organization; is accountable for the success of line or staff programs; monitors, evaluates, and adjusts program activities; and performs the full range of duties outlined in the General Schedule Supervisory Guide. May also include deputies who fully share responsibility for managing the organization or who serve as an alter ego to the manager.

A management official (as defined in Section 7103(a)(11) of Title V of the U.S. Code) who formulates, determines or influences an organization's policies. This means creating, establishing, or prescribing general principles, plans, or courses of action for an organization; or bringing about a course of action for the organization. Management officials must actively participate in shaping the organization's policies not just interpret laws and regulations give resource information or recommendations or serve as experts or highly trained professionals who implement or interpret the organization's policies and plans.

_ [T] "Team Leader" This position meets the requirements for coverage under Part II of the Work Leader Grade Evaluation Guide.

X [N] None of the above applies. This is a non-supervisory/non-managerial position.

9. SUPERVISORY CERTIFICATION I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships and that the position is necessary to carry out governmental functions for which I am responsible. The certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

a. Typed Name and Title of Immediate Supervisor		d. Typed Name and Title of Second-Level Supervisor	
Edwin W. Goodwin, SAC, Operations Branch Criminal Investigation Division		Lewis H. McClam, Deputy Director Criminal Investigation Division	
b. Signature Edwin Good	c. Date 3/2/2007	e. Signature	f. Date 3/2/07

10. OFFICIAL CLASSIFICATION CERTIFICATION

a. X ☐ This position has no promotion potential.	☐ If position develops as planned and employee progresses satisfactorily, this position has known promotion potential to grade	b. Fair Labor Standards Act ☐ Nonexempt X Exempt	c. Functional Code
d. Bargaining Unit Code	e. Check, if applicable: ☐ Medical Monitoring Required ☐ Extramural Resources Management Duties (____% of time) ☐ This position is subject to random drug testing (____)	f. Signature	g. Date

11. REMARKS

NP 8.0 Version of EPA Form 3150-1(Rev 1/1999)

United States Environmental Protection Agency
POSITION DESCRIPTION COVERSHEET

1. DUTY LOCATION: Washington, DC

2. POSITION NUMBER: 00032887

3. CLASSIFICATION ACTION a. Reference of Series and Date of Standards Used to Classify this Position

	b. Title	c. Service	d. Series	e. Grade	f. CLC
Official Allocation	Contract Liaison Specialist	GS	301	13	021
4. SUPERVISOR'S RECOMMENDATION	Contract Liaison Specialist	GS	0301	13	

5. ORGANIZATIONAL TITLE OF POSITION (if any)

6. NAME OF EMPLOYEE: Thomas P. Sharp

7. ORGANIZATION (give complete organizational breakdown)

a. U. S. ENVIRONMENTAL PROTECTION AGENCY	e. Washington, DC
b. AA for Enforcement and Compliance Assurance	f.
c. Office of Criminal Enforcement, Forensics and Training	g.
d. Criminal Investigation Division	h. EPAYS Organization Code 22331000

8. SUPERVISORY/MANAGERIAL DESIGNATION

___ [S] First or Second level supervisor: An individual who performs supervisory work and managerial responsibilities that require accomplishment of work through combined technical and administrative direction of others and meets the requirements for coverage as described in the General Schedule Supervisory Guide.

___ [A] An individual (as defined in Section 7103(a)(10) of Title V of the U.S. Code) who is authorized to hire, direct, assign, promote, reward, transfer, lay off, suspend, discipline, or remove one or more employees, or effectively recommend such action. The exercise of this responsibility is not routine or clerical in nature, but requires the consistent exercise of independent judgment.
A manager who directs the work of an organization; is accountable for the success of line or staff programs; monitors, evaluates, and adjusts program activities; and performs the full range of duties outlined in the General Schedule Supervisory Guide. May also include deputies who fully share responsibility for managing the organization or who serve as an alter ego to the manager.

___ [B] A management official (as defined in Section 7103(a)(11) of Title V of the U.S. Code) who formulates, determines or influences an organization's policies. This means creating, establishing, or prescribing general principles, plans, or courses of action for an organization; or bringing about a course of action for the organization. Management officials must actively participate in shaping the organization's policies not just interpret laws and regulations give resource information or recommendations or serve as experts or highly trained professionals who implement or interpret the organization's policies and plans.

___ [T] "Team Leader" This position meets the requirements for coverage under Part II of the Work Leader Grade Evaluation Guide.

X [N] None of the above applies. This is a non-supervisory/non-managerial position.

9. SUPERVISORY CERTIFICATION I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships and that the position is necessary to carry out governmental functions for which I am responsible. The certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

a. Typed Name and Title of Immediate Supervisor Craig Einsel, Special Agent in Charge Criminal Investigation Division - Operations Branch	d. Typed Name and Title of Second-Level Supervisor Nick Swanstrom, Director Criminal Investigation Division
b. Signature: [signature] c. Date: 6/10/03	e. Signature: [signature] f. Date: 6/10/03

10. OFFICIAL CLASSIFICATION CERTIFICATION

a. X This position has no promotion potential. ☐ If position develops as planned and employee progresses satisfactorily, this position has known promotion potential to grade:	b. Fair Labor Standards Act ☐ Nonexempt ☒ Exempt	c. Functional Code
d. Training Code: 11	e. Check, if applicable: ☐ Medical Monitoring Required ☐ Extramural Resources Management Duties (___% of time) ☐ This position is subject to random drug testing ( )	f. Signature: [signature] g. Date: 9/5/03

11. REMARKS

Moderate Risk

CONTRACT LIAISON SPECIALIST
GS-301-13

I. INTRODUCTION

This position is located in the Criminal Investigations Division (CID), a Division in the Office of Criminal Enforcement, Forensics and Training (OCEFT), in EPA's office of Enforcement and Compliance Assurance (OECA).

II. MAJOR DUTIES AND RESPONSIBILITIES

The major duties and responsibilities of this position relate to pre-award and post-award functions involving highly specialized procurements, grants and Interagency Agreements within the Criminal Investigations Division and OCEFT, the development of annual and multi-year budgets and operating plans and the execution of same, and the management of administrative matters and staff.

o Serves as an advisor to program officials in procurement planning meetings, and provides advice and recommendations on courses of action. Performs contractual analysis involving the assessment of resource utilization versus planned commitments for contractual vehicles of all types. Provides advice and recommendations on all aspects of assigned resource and program contractual management areas to Agency program officials and managers. Recommendations are based on: 1) analyses of plans and budgets, 2) knowledge of contracting rules and regulations and requirements derived from day to day contact with operating and planning personnel, 3) budgeted resources, and 4) policy decision made by the Agency, specifically OAM and GAD.

o Works with Headquarters and Regional staff to identify information needed to carry out their respective program goals and responsibilities with respect to contracts and grants. The incumbent assists in writing scopes of work, prepares Government cost estimates, and provides guidance to staff personnel to ensure affordable and timely deliverables.

o Works closely with OAM and GAD in monitoring terms of contracts including incremental funding, coordination of time extensions, incorporation of change orders, redirection of effort, issuance of stop work orders, proper and timely payment of invoices, property reporting, monitoring of key personnel, and final payment and closeout.

o As required, explores new and innovative contracting approaches to arrive at an equitable contract arrangement.

o Serves as an advisor to program officials and OAM in issues relating to award fee of certain contracts. Coordinates meetings from Headquarters, and assists in writing the award fee reports.

o Attends meetings and conferences for the purpose of staying abreast of institutions and offices' contractual placement and management needs. Carries out special projects and assignments concerned with varying phases of contract administration and budgetary issues.

o Analyzes various impacts on OCEFT programs and contracts with respect to legislative proposals, bills or Congressional mandates, as well as, impacts on programs based on decisions made by other high level Agency officials.

Factor 1 Knowledge required by the Position, Level 1-8 – 1550 points

Knowledge of contract types, methods and techniques including cost and incentive contracting, award fee, fixed fee, multiple awards, sole source awards, GSA Contracts, purchase orders, purchase card requests, miscellaneous obligations documents and small purchases.

Knowledge of pertinent laws, regulations, policies and precedents which affect the use of contracts, grants, IAG's and related support resources (people, money and equipment). Projects require knowledge of the major issues, program goals an objectives, work processes, and administrative operations of the organization.

Knowledge is used to plan, schedule and conduct projects to evaluate and recommend ways to improve the effectiveness and efficiency of work assignment and delivery order operations in a program or support setting. Knowledge is applied in developing new or modified work methods, records and files, management processes and procedures for administering contract management activities, guidelines and procedures.

Extensive knowledge of price/cost analysis techniques such as cost estimating relationships, sufficient to evaluate contractor proposals and prepare negotiation positions.

Extensive knowledge of contract administration and termination techniques, sufficient to manage and close out contracts, grants or IAG's.

Factor 2 Supervisory Controls, Level 2-4 – 450 points

Works under technical and administrative supervision of the Special Agent in Charge of Operations of the Criminal Investigations Division (CID). Within a framework of priorities, funding overall project objectives (e.g., cost reduction, improved effectiveness and efficiency, better workload distribution, or implementation of new work methods), the incumbent and supervisor develop a mutually acceptable project plan which typically includes identification of the work to be done, the scope of the project and deadlines for its completion.

Supervisor assigns work in terms of overall procurement and programs to be

accomplished. The incumbent, in consultation with the supervisor, establishes a work schedule or project plan to ensure that necessary planning and coordination occur in a timely manner to prevent delay or stoppage of work. Establishes clear objectives and necessary priorities to achieve these objectives. Immediately advises supervisor or senior program officials of potential problems or slippage. Work review is made through status reports prepared by the employee and used primarily by management to keep informed.

Factor 3 Guidelines, Level 3-5 – 450 points

Guidelines consist of Federal and agency contract and budgetary laws, regulations and policies. Guidelines provide general contracting methods and requirements, but do not have specific applicability to the particular procurement and the wide variety of situations encountered. For example, extensive judgement and originality are required to effectively manage multimillion dollar zone contracts encompassing hundreds of work assignments. The employee frequently develops new approaches and writes new conditions to resolve specific situations.

Incumbent uses judgement, discretion and experience to make effective use of scarce Agency resources when applying them to contracts, work assignments, delivery orders, grants, IAG's or purchase card requests.

Extensive knowledge of price/cost analysis techniques such as cost estimating relationships, sufficient to evaluate contractor proposals and prepare negotiation positions.

Extensive knowledge of contract administration and termination techniques, sufficient to manage and close out contracts, grants or IAG's.

Factor 4 Complexity, Level 4-5 – 325 points

The work consists of managing acquisition and budgetary programs for highly complex programs and environmental statutes. Typical complexities include:

- Difficulty in developing time schedules
- Lack of precedent and cost data
- Programs involving several with the same or different contractors, and changes to one contract that frequently affect other contracts
- Extensive use of subcontracts
- Analysis of requests by contractors to bid on additional work
- Analysis of COI and CBI issues

Decisions involve uncertainties or problems such as questionable financial responsibility, production scheduling, deficient performance, economic instability and complicated segments of complex programs. The employee interprets technical and legal decisions and analyzes their impact on procurements, as well as budgets and operating plans. The employee identifies trade-offs and alternate courses of action.

Factor 5 Scope and Effect, Level 5-5 – 325 points

The purpose of the work is to perform very broad and extensive assignments relating to the administration of contracts, grants, IAG;'s , and the development of budgets and operating plans in order to procure solutions to various and complex environmental statutes. This involves developing new approaches, innovative strategies and contract terms, conditions and financial arrangements which may eventually serve as models.

Factor 6 Personal Contacts and
Factor 7 Purpose of Contacts, Level 3 (c) – 180 points

Contacts are with persons outside the Agency which may include consultants, contractors or business executives in a moderately unstructured setting. This level may also include contacts with the head of the employing agency or program officials several managerial levels removed from the employee when such contacts occur on an ad-hoc basis. Contacts within the Agency include managers, contract review staff, legal counsel and cost advisory staff.

The purpose of contacts are to negotiate settlements and resolve problems and differences which arise during the performance period of the contract, grants or IAG. Contact with higher level organizations are to clarify issues surrounding procurement or to respond to requests for information.

Factor 8 Physical Demands, Level 8-1 – 5 points

The work is primarily sedentary, although some slight physical effort may be required.

Factor 9 Work Environment Level 9-1 – 5 points

Work is typically performed in an adequately lighted and climate controlled office. May require occasional travel.

Total Points – 3260 points

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Courtney Tuxbury	**Job Title & Grade:** Program Analyst (0343), GS13
AAship/Region and Division: OECA/OC/ETDD/ITAB	**Address of Official Agency Worksite:** 1595 Wynkoop St, Denver, CO 80202
Employee's Work Phone: 202-564-2545	**Employee's Work E-mail Address:** tuxbury.courtney@epa.gov
First-line Supervisor: Michael Barrette	**First-line Supervisor's Work Phone:** 202-564-7019
Proposed Start Date: 4/24/22	**If Temporary, Proposed End Date:**

Address of Remote Work Location (Including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Locality Pay Area of Official Agency Worksite:

☑ Yes

☐ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number: Ex. 6 Personal Privacy (PP)	**Alternate Phone Number (if available):**

Request:

Check one: ☑ New Request ☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

Section 3. Safety Certification

Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

Section 4. Employee Certification and Signature

Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☑ Remote Work Training taken on 4/7/2022 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

My official agency worksite is currently in Region 8's Denver office, but work primarily with colleagues in DC, Kansas City, off-site contractors, and state agencies. For the past 2 years, I have performed my duties with equal effectiveness with respect to quality, quantity, and timeliness in a remote work station in accomplishing the Agency's mission. All work is portable and includes attending and leading meetings with work groups, developers, and coworkers through Teams and Zoom.

I have the ability accomplish my work with minimal direct supervision, have organized work practices/planning skills, ability to schedule and meet deadlines, and effective communication skills while working remotely.

Approval/Disapproval (attach documentation):

- [x] Approved
- [ ] Disapproved (cite reason(s) below)

Employee's Signature: COURTNEY TUXBURY	Digitally signed by COURTNEY TUXBURY Date: 2022.04.07 13:43:06 -04'00'	**Date:**
Supervisor's Signature: MICHAEL BARRETTE	Digitally signed by MICHAEL BARRETTE Date: 2022.04.13 11:25:08 -04'00'	**Date:**
AA/RA (or designee) Signature: Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.05.02 08:44:25 -04'00'	**Date:**

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature COURTNEY TUXBURY Digitally signed by COURTNEY TUXBURY Date: 2022.04.07 13:47:22 -04'00'

Supervisor Signature MICHAEL BARRETTE Digitally signed by MICHAEL BARRETTE Date: 2022.04.13 10:23:41 -04'00'

EPA Form 3181-8

Appendix D – Remote Work Agreement

Employee's Name: James Vinch	**Job Title, Pay Plan, Series & Grade:** Attorney-Advisor GS-15
Office/Region and Division: OECA, OCE, WED	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave., NW Washington, DC 20004
Employee's Work Phone: (202) 564-1256	**Employee's Work Email Address:** vinch.james@epa.gov
Supervisor's Name: Carol King	**Supervisor's Work Phone & Email Address:** (202) 564-2412 king.carol@epa.gov
Proposed Start Date: 8/1/2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):
Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: James Vinch Digitally signed by James Vinch Date: 2022.08.02 16:35:07 -04'00'

Supervisor's Signature: King, Carol Digitally signed by King, Carol Date: 2022.08.05 18:23:51 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature:	Badalamente, Mark Digitally signed by Badalamente, Mark Date: 2022.10.07 12:51:25 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

EPA

Appendix D – Remote Work Agreement

Employee's Name: Laura Welles	**Job Title, Pay Plan, Series & Grade:** Attorney-Advisor, GS 15, Step 4
Office/Region and Division: OECA/OCE/WCED	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave. NW, Washington DC 20004
Employee's Work Phone: 202-564-2754	**Employee's Work Email Address:** welles.laura@epa.gov
Supervisor's Name: Lynne Davies	**Supervisor's Work Phone & Email Address:** 202-564-0278; davies.lynne@epa.gov
Proposed Start Date: 05/31/22	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(**Supervisor:** Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☐ New Request ☑ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by **management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy** and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: LAURA WELLES Digitally signed by LAURA WELLES Date: 2022.05.31 08:58:54 -04'00'

Supervisor's Signature: Lynne Davies Digitally signed by Lynne Davies Date: 2022.06.06 09:38:53 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature: Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.06.29 15:02:43 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature LAURA WELLES Digitally signed by LAURA WELLES Date: 2022.05.31 09:08:14 -04'00'

Supervisor Signature Lynne Davies Digitally signed by Lynne Davies Date: 2022.06.06 09:42:09 -04'00'

EPA Form 3181-8

EPA

Appendix D – Remote Work Agreement

Employee's Name: Patrick Yellin	**Job Title, Pay Plan, Series & Grade:** Environmental Scientist, 1301, GS-13
Office/Region and Division: OECA/OC/MAMPD	**Address of Regular Office or Worksite:** 1200 Pennsylvania Ave NW, Washington DC 20460
Employee's Work Phone: 202-564-2970	**Employee's Work Email Address:** yellin.patrick@epa.gov
Supervisor's Name: Robert Scinta	**Supervisor's Work Phone & Email Address:** 202-564-7171, scinta.robert@epa.gov
Proposed Start Date: 5/5/2022	**Proposed End Date (for DETO):**

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(**Supervisor:** Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by **management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy** and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: Patrick Yellin Digitally signed by Patrick Yellin Date: 2022.05.04 14:30:54 -04'00'

Supervisor's Signature: ROBERT SCINTA Digitally signed by ROBERT SCINTA Date: 2022.05.31 18:48:38 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature: Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.07.22 15:27:24 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	N/A	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature Patrick Yellin Digitally signed by Patrick Yellin Date: 2022.05.04 14:33:16 -04'00'

Supervisor Signature ROBERT SCINTA Digitally signed by ROBERT SCINTA Date: 2022.05.31 18:51:00 -04'00'

EPA Form 3181-8

EPA

Appendix D – Remote Work Agreement

Employee's Name: Justin Young	**Job Title, Pay Plan, Series & Grade:** Physical Scientist GS-13
Office/Region and Division: OECA/OCE/WCED	**Address of Regular Office or Worksite:** EPA - HQ Washington DC
Employee's Work Phone: 301-606-7068	**Employee's Work Email Address:** young.justin@epa.gov
Supervisor's Name: Lynne Davies	**Supervisor's Work Phone & Email Address:** 202-564-0278 davies.lynne@epa.gov
Proposed Start Date: 6/1/2022	**Proposed End Date (for DETO):** N/A

Address of Remote Work Location (including city, state and zip code):

Ex. 6 Personal Privacy (PP)

Within same Local Commuting Area of Regular Office or Worksite:

☑ Yes ☐ No

(**Supervisor:** Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☐ No

Request:

Select one: ☑ New Request ☐ Request for Modification to Existing Agreement [ ]

Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by **management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy** and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

Approval/Disapproval (attach documentation):

☑ Approved ☐ Disapproved (cite reason(s) below)

Employee's Signature: JUSTIN YOUNG Digitally signed by JUSTIN YOUNG Date: 2022.06.01 16:18:32 -04'00'

Supervisor's Signature: Lynne Davies Digitally signed by Lynne Davies Date: 2022.06.06 16:09:11 -04'00'

EPA Form 3181-7 March 8, 2022
(updated 4/2022)

Approval Official or Designee's Signature: Badalamente, Mark	Digitally signed by Badalamente, Mark Date: 2022.06.29 15:11:33 -04'00'
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix B – EPA **Remote Work** Self-Certification Safety Checklist		
	Select a Response	**Comments**
1. Is the space free of asbestos material?	Yes	
2. If NO, is the asbestos undamaged and in good condition?	N/A	
3. Does the space appear to be free of indoor air quality problems?	Yes	
4. Is the workspace free from excess noise?	Yes	
5. Is water available and drinkable in the space?	Yes	
6. Is ventilation adequate?	Yes	
7. Is a bathroom available with hot and cold running water?	Yes	
8. Are there handrails for stairs with more than 3 steps?	Yes	
9. Are circuit breakers/fuses in the electrical panel labeled as to intended service?	Yes	
10. Do circuit breakers clearly indicate if they are opened or closed?	Yes	
11. Is electrical equipment free of recognized hazards that would cause physical harm (for example, frayed wires, bare conductors, loose wires, exposed wires fixed to the ceiling, a rat's nest of plugs in a single outlet and so on)?	Yes	
12. Will the building's electrical system permit the grounding of electrical equipment?	Yes	
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	Yes	
14. Do file cabinets and storage closets open so they do not obstruct walkways?	Yes	
15. Do chairs have stable and secure wheels/casters?	Yes	
16. Are rungs and legs of chairs stable and sturdy?	Yes	
17. Are the phone lines, electrical cords and extension wires safely secured?	Yes	
18. Is the office free of combustible materials?	Yes	
19. Is there adequate electrical lighting to accomplish the work assignments?	Yes	
20. Are floors surfaces clean, dry, and level?	Yes	
21. Are carpets well secured to the floor and free of frayed or worn seams?	Yes	
22. Are there any other known safety issues that should be addressed for this workspace?	No	

*This checklist is designed to assess the overall safety of the **Remote** Work Location and must be completed and given to your supervisor with your **Remote Work Agreement**. Signing this form does not guarantee that the **RWL** is hazard free but does verify that the employee has made a reasonably careful inspection for potential hazards. Employees are responsible for informing their supervisors of any changes to their **RWL** that could impact **the** health and safety of the employee and others.*

Employee Signature JUSTIN YOUNG Digitally signed by JUSTIN YOUNG Date: 2022.06.07 12:24:16 -04'00'

Supervisor Signature Lynne Davies Digitally signed by Lynne Davies Date: 2022.06.07 16:10:09 -04'00'

EPA Form 3181-8