TELECOMMUTING DUTY FORM

The prescribing directive is ANGI 36-8001.
The proponent agency is ANG/DPFS.

PRIVACY ACT STATEMENT

1. *Authority: Title 5 US Code Section 6311 SSAN: Executive Order 9397*
2. *Principal Purpose: Information is being collected for management and payroll to approve and document member's duty while telecommuting.*
3. *Routine Uses: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; State Unemployment Compensation Office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or Local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of telecommuting administration; or to the General Services Administration in connection with its responsibilities for records management.*
4. *Mandatory or Voluntary Disclosure and Effect on Individual Not Providing Information: Providing information on this form, including Social Security Number, is voluntary, but failure to do so may result in disapproval of this request.*

SECTION I

NAME	GRADE	SSAN

UNIT

SECTION II

DATE	LOCATION	SUMMARY OF TASKS/PROJECTS WORKED ON	HOURS
		TOTAL HOURS	0

* Time can be shown in quarter hour increments (i.e., 1.25, .75, or 3.5).

SECTION III

Member requests that hours be approved for pay and points as follows:

Annual Training _____ Days

Special Training _____ Days
(minimum 8 hours accumulated for 1 day of either)

Inactive Duty Training periods _____
(minimum 4 hours per period)

This form does not replace any military pay documents. Member is responsible for the submission of pay documents.

TELECOMMUTER SIGNATURE	SUPERVISOR SIGNATURE