

REMOTE WORK ANALYSIS TOOL

The Remote Work Analysis Tool is only required when an employee is requesting to work remotely outside of their current locality pay area. The Remote Work Analysis Tool is used to document the costs or savings of the remote work arrangement.

Part A. Remote Work Arrangement Data

1. Select:

☐ New

☐ Modification/Recertification

2. Select:

☐ Short-Term Arrangement
(more than 120 days but less than a year)

Duration: _____ through _____

☐ Long-Term Arrangement - to be recertified
and updated bi-annually

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

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

Part C. Position Data

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

Part D. Locality Pay Calculations

1. Requested Official Worksite/Duty Station	2. Official Worksite/Duty Station
3. Requested Official Worksite/Duty Station Salary (based on Office of Personnel Management (OPM) Pay Tables)	
4. Official Worksite/Duty Station Salary	
5. Salary Difference - (calculate difference between lines 3 and 4 above)	

Part E. Remote Work Travel Budget Development *(enter percentages as decimals)*

1. Percentage of time employee will work from requested official worksite/duty station <i>(remote work location) - (management estimate)</i>	%	Total Percentage MUST Equal 100%
2. Percentage of time employee will work from agency worksite - <i>(management estimate)</i>	%	
3. Percentage of time employee will be on business travel - <i>(management estimate - business travel costs are NOT factored in the cost analysis)</i>	%	

4. Round trip transportation cost per trip to travel to agency worksite *(in accordance with [Federal Travel Regulations](#))*

5. Meals and Incidentals Expenses (M&IE) cost per day to travel to agency worksite
(from [per diem chart](#))

6. Hotel cost per night at agency worksite *(from per diem chart)*

7. Additional costs per trip while on travel to agency worksite *(management estimate)*

8. Average number of nights per trip

9. Total cost per trip to agency worksite *(total lines 5 and 6, multiply by line 8, then add to total of lines 4 and 7)*

10. Number of planned trips per year to agency worksite

11. Annual planned cost (or savings) to travel to the agency worksite
(line 9 multiplied by line 10)

Part F. Additional Costs/Savings

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

1. Transit Subsidy Savings

2. Travel Savings - based on proximity to customers, etc. - clarify in Part H, Justification

3. Other, if applicable

4. Other, if applicable

5. Other, if applicable

Total Additional Costs/Savings

Part G. Cost Benefit Analysis

1. Overall cost of Remote Work arrangement *(total of Parts D, E, and F - Locality Pay, Remote Work Travel Budget, and Additional Costs/Savings)*

2. Percentage Above/Below Current Official Worksite/Duty Station cost for Remote Work

Part H. Justification

Provide justification costs associated with remote work (*Overall cost from Part G Item 1*)

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

Part I. Concurring Supervisor

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

Name	Title
Signature	Date

Part J. Concurrences

(This section should reflect appropriate concurrence levels)

Supervisor Name	Supervisor Title
Supervisor Signature	Supervisor Signature Date
Second Level Supervisor <i>(if applicable)</i> Name	Second Level Supervisor Title
Second Level Supervisor Signature	Second Level Supervisor Signature Date
Regional Commissioner (RC), Assistant Commissioner, or equivalent Senior Executive Service ((SES) Level) Name	RC, Assistant Commissioner, or equivalent (SES Level) Title
RC, Assistant Commissioner, or equivalent (SES Level) Signature	RC, Assistant Commissioner, or equivalent (SES Level) Signature Date
Office of Human Resources Management (OHRM) Servicing Human Resources (HR) Director Name	OHRM Servicing HR Director Title
OHRM Servicing HR Director Signature	OHRM Servicing HR Director Signature Date
OHRM Chief Human Capital Officer (CHCO) or Designee Name	OHRM CHCO or Designee Title
OHRM CHCO or Designee Signature	OHRM CHCO or Designee Signature Date

Part K. Approval/Disapproval

Final Determination

☐ Approved Approval Date: _____ ☐ Disapproved Disapproval Date: _____

Part L. Change of Official Worksite/Duty Station

Date Proposed: _____ Date Completed: _____