



11 June 2019

Information circular*

To: Members of the staff

From: The Assistant Secretary-General for Human Resources

Subject: **Flexible working arrangements**

1. The purpose of the present circular is to inform staff members of the procedures applicable to the submission and processing of their requests for use of flexible working arrangements in accordance with the provisions of Secretary-General's bulletin [ST/SGB/2019/3](#).
2. The forms required to submit a request for approval of working flexible arrangements are contained in the annex to the present circular and are available online on iSeek.
3. First reporting officers are considered to be best placed to assess the functions and performance of staff members when requests for flexible working arrangements are submitted and discussed. However, heads of entities may determine that requests for flexible working arrangements should be reviewed at the level of a service or a division or any other relevant organizational unit. In such instances, heads of entities should communicate the approval process to all staff members. When signing the agreement, managers certify that the decision was made in accordance with the process established by their entity for approval of flexible working arrangements.
4. Consistent with section 2.1 (g) of Secretary-General's bulletin [ST/SGB/2019/3](#), the Organization may not incur any extra costs as a result of any of the flexible working arrangements.
5. When staff members are authorized to telecommute outside their official duty station and in accordance with section 3.12 of Secretary-General's bulletin [ST/SGB/2019/3](#), the benefits and entitlements that require physical presence at the official duty station shall be suspended. Consequently, the payment and accrual of such entitlements shall be adjusted, including but not limited to:
 - (a) From the first day: danger pay, salary differential and the accrual of qualifying service towards rest and recuperation;
 - (b) After 30 days or more: non-family service allowance and hardship allowance, as well as home leave points accrual when staff members are telecommuting from their home country;

* The present circular is in effect until further notice.



(c) If staff members telecommute from their home country for more than two thirds of the academic year, education grant and special education grant will be prorated in accordance with section 6.1 (a) of [ST/AI/2018/1/Rev.1](#) and section 8 of [ST/AI/2018/2](#), respectively.

6. Coverage under medical insurance will be determined by reference to the official duty station of the staff members and not the location of telecommuting. Staff members are advised to discuss the impact of telecommuting from outside their duty station with their medical insurance provider and/or the local health insurance section or local human resources office.

7. For recording and reporting purposes, a copy of the signed agreement on flexible working arrangements should be submitted by the staff member to the Executive Office or local administrative or human resources office.

Annex**REQUEST FOR AND AGREEMENT ON STAGGERED WORKING HOURS****Staff member:**

Index No.

Unite ID:

Name:

Functional Title:

Division/Unit:

Ext:

Manager:

Name:

Functional Title:

Division/Unit:

Ext:

A. REQUEST

- I hereby request to use the staggered working hours flexible working arrangement beginning on _____ and until _____ or until ended in writing by myself or the Organization.
- During this period, my proposed days of the working week and working hours will be as follows:

| | Working hours | | Lunch | |
|-----------|---------------|----------|------------|----------|
| | Start time | End time | Start time | End time |
| Monday | _____ | _____ | _____ | _____ |
| Tuesday | _____ | _____ | _____ | _____ |
| Wednesday | _____ | _____ | _____ | _____ |
| Thursday | _____ | _____ | _____ | _____ |
| Friday | _____ | _____ | _____ | _____ |
| Saturday | _____ | _____ | _____ | _____ |
| Sunday | _____ | _____ | _____ | _____ |

- During absence in relation with this flexible working arrangement, my key functions will be performed/backstopped by:

B. AGREEMENT

- I understand the United Nations policy on flexible working arrangements as specified in [ST/SGB/2019/3](#) of 18 April 2019.
- I agree to the duties, responsibilities, obligations and conditions outlined in this REQUEST FOR AND AGREEMENT ON STAGGERED WORKING HOURS.
- I understand that, in accordance with section 3 of [ST/SGB/2019/3](#), except for staff members on authorized absences or sick leave, all staff members are expected to be present during the core period of the working day as established at their duty station.
- I agree that I must complete the total number of working hours for each day before, after, or partly before and partly after the core period.

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5. I understand that this Agreement is a re-arrangement of working hours that can be withdrawn at any time and remains subject to exigencies of service as well as satisfactory performance.
6. I understand and agree that I must submit a copy of the signed agreement to the Executive Office or local administrative/human resources office for recording and reporting purposes.

Staff Member's name:

Date: _____

Signature: _____

C. APPROVAL/REJECTION

I certify that the decision was made in accordance with the process established by my entity for approval of flexible working arrangements.

Manager's Name:

Date: _____

Signature: _____

1. Approved:
2. Rejected:

In accordance with section 2.1 (d) of [ST/SGB/2019/3](#), please explain the reasons for rejection:

REQUEST FOR AND AGREEMENT ON COMPRESSED WORK SCHEDULE

("Ten Working Days in Nine")

Staff member:

Index No. Unite ID:
 Name:
 Functional Title:
 Division/Unit: Ext:

Manager:

Name:
 Functional Title:
 Division/Unit: Ext:

A. REQUEST

1. I hereby request to use the compressed work schedule flexible working arrangement beginning on _____ and until _____ or until ended in writing by myself or the Organization.
2. During this period, my proposed working week and working hours will be as follows:

| First week | Working hours | | Lunch | |
|-------------|---------------|----------|------------|----------|
| | Start time | End time | Start time | End time |
| Monday | _____ | _____ | _____ | _____ |
| Tuesday | _____ | _____ | _____ | _____ |
| Wednesday | _____ | _____ | _____ | _____ |
| Thursday | _____ | _____ | _____ | _____ |
| Friday | _____ | _____ | _____ | _____ |
| Saturday | _____ | _____ | _____ | _____ |
| Sunday | _____ | _____ | _____ | _____ |
| Second Week | Working hours | | Lunch | |
| | Start time | End time | Start time | End time |
| Monday | _____ | _____ | _____ | _____ |
| Tuesday | _____ | _____ | _____ | _____ |
| Wednesday | _____ | _____ | _____ | _____ |
| Thursday | _____ | _____ | _____ | _____ |
| Friday | _____ | _____ | _____ | _____ |
| Saturday | _____ | _____ | _____ | _____ |
| Sunday | _____ | _____ | _____ | _____ |

Example: Agreed working hours on each of the 9 days to be worked must make up the total hours of 10 working days. For example, at United Nations Headquarters, based on an eight-hour working day (8 hours, 30 minutes, during the General Assembly), this will lead to nine working hours for eight working days and eight hours the ninth day, with one hour for lunch each day (or 9 hours, 30 minutes, each day during the General Assembly). The tenth day, that is, the last day of the two-week cycle, would be a day off.

3. During my absence in relation with this flexible working arrangement, my key functions will be performed/backstopped by: _____

B. AGREEMENT

1. I understand the United Nations policy on flexible working arrangements as specified in [ST/SGB/2019/3](#) of 18 April 2019.
2. I agree to the duties, responsibilities, obligations and conditions outlined in this REQUEST FOR AND AGREEMENT ON COMPRESSED WORK SCHEDULE (“Ten Working Days in Nine”).
3. I understand and agree that all hours normally worked during a period of 10 working days are to be compressed into 9 working days by distributing among these 9 days the hours that would otherwise have been worked on the tenth day. This redistribution of normal working hours allows me, every other week, to take one day off, on a date agreed between myself and the manager.
4. I understand that the day off should be taken during the 10-day period and cannot be accumulated.
5. I understand that this Agreement is a re-arrangement of working hours that can be withdrawn at any time and remains subject to exigencies of service as well as satisfactory performance.
6. I understand and agree that I must submit a copy of the signed agreement to the Executive Office or local administrative/human resources office for recording and reporting purposes.

Staff Member’s name:

Date: _____

Signature: _____

C. APPROVAL/REJECTION

I certify that the decision was made in accordance with the process established by my entity for approval of flexible working arrangements.

Manager’s Name:

Date:

Signature: _____

1. Approved:
2. Rejected:

In accordance with section 2.1 (d) of [ST/SGB/2019/3](#), please explain the reasons for rejection:

REQUEST FOR AND AGREEMENT ON COMPRESSED WORK SCHEDULE**("Five Working Days in Four and a Half")****Staff member:**

Index No.

Unite ID:

Name:

Functional Title:

Division/Unit:

Ext:

Manager:

Name:

Functional Title:

Division/Unit:

Ext:

A. REQUEST

- I hereby request to use the compressed work schedule flexible working arrangement beginning on _____ and until _____ or until ended in writing by myself or the Organization.
- During this period, my proposed working week and working hours will be as follows:

| | Working hours | | Lunch | |
|-----------|---------------|----------|------------|----------|
| | Start time | End time | Start time | End time |
| Monday | _____ | _____ | _____ | _____ |
| Tuesday | _____ | _____ | _____ | _____ |
| Wednesday | _____ | _____ | _____ | _____ |
| Thursday | _____ | _____ | _____ | _____ |
| Friday | _____ | _____ | _____ | _____ |
| Saturday | _____ | _____ | _____ | _____ |
| Sunday | _____ | _____ | _____ | _____ |

Example: Agreed working hours on each of the four and a half days to be worked must make up the total hours of five working days. For example, at United Nations Headquarters, based on an eight-hour working day (8 hours, 30 minutes, during the General Assembly), this will lead to nine working hours for four working days and four hours the fifth day, with one hour for lunch each day (or 9 hours, 30 minutes, for four days and 4 hours, 30 minutes, on the fifth day during the General Assembly). Half of the fifth day would be a half day off.

- During my absence in relation with this flexible working arrangement, my key functions will be performed/backstopped by:

B. AGREEMENT

- I understand the United Nations policy on flexible working arrangements as specified in [ST/SGB/2019/3](#) of 18 April 2019.
- I agree to the duties, responsibilities, obligations and conditions outlined in this REQUEST FOR AND AGREEMENT ON COMPRESSED WORK SCHEDULE (Five Working Days in Four and a Half).

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3. I understand and agree that all hours normally worked during a period of five working days are to be compressed into four and a half working days by redistributing among these four and a half days the hours that would otherwise have been worked in five days. This redistribution of normal working hours allows me to take a half day off every week, on a day agreed between myself and the manager.
4. I understand that the half day off should be taken during the five-day period and cannot be accumulated.
5. I understand that this Agreement is a re-arrangement of working hours that can be withdrawn at any time and remains subject to exigencies of service as well as satisfactory performance.
6. I understand and agree that I must submit a copy of the signed agreement to the Executive Office or local administrative/human resources office for recording and reporting purposes.

Staff Member's name:

Date: _____

Signature: _____

C. APPROVAL/REJECTION

I certify that the decision was made in accordance with the process established by my entity for approval of flexible working arrangements.

Manager's Name:

Date:

Signature: _____

1. Approved:
2. Rejected:

In accordance with section 2.1 (d) of [ST/SGB/2019/3](#), please explain the reasons for rejection:

**REQUEST FOR AND AGREEMENT ON SCHEDULED BREAK FOR
EXTERNAL LEARNING ACTIVITIES**

In accordance with section 3.4 of [ST/SGB/2019/3](#), staff members wishing to attend courses relevant to their professional development at universities or other institutions of learning may request breaks of up to six hours per week.

Staff member:

Index No. Unite ID:
Name:
Functional Title:
Division/Unit: Ext:

Manager:

Name:
Functional Title:
Division/Unit: Ext:

A. REQUEST

- 1. I hereby request to use the schedule break for external learning activities flexible working arrangement beginning on _____ and until _____ or until ended in writing by myself or the Organization.
- 2. My regular working hours are:
- 3. During this period, my proposed days, time and hours of the week for the scheduled break (maximum of six hours per week) will be:

| | | | |
|--------|-------|-----|--------|
| Day 1: | From: | To: | Hours: |
| Day 2: | From: | To: | Hours: |
| Day 3: | From: | To: | Hours: |
| Day 4: | From: | To: | Hours: |
| Day 5: | From: | To: | Hours: |

- 4. During this period, my proposed days of the week when hours will be made up are (excluding the lunch hour):

| | | | |
|--------|-------|-----|--------|
| Day 1: | From: | To: | Hours: |
| Day 2: | From: | To: | Hours: |
| Day 3: | From: | To: | Hours: |
| Day 4: | From: | To: | Hours: |
| Day 5: | From: | To: | Hours: |

- 5. During my absence in relation with this flexible working arrangement, my key functions will be performed/backstopped by: _____

B. AGREEMENT

1. I understand the United Nations policy on flexible working arrangements as specified in [ST/SGB/2019/3](#) of 18 April 2019.
2. I agree to the duties, responsibilities, obligations and conditions outlined in this REQUEST FOR AND AGREEMENT ON SCHEDULED BREAK FOR EXTERNAL LEARNING ACTIVITIES.
3. I understand and agree that the hours spent away from work during a particular week must be made up during that week.
4. I understand that this Agreement is a re-arrangement of working hours that can be withdrawn at any time and remains subject to exigencies of service as well as satisfactory performance.
5. I understand and agree that I must submit a copy of the signed agreement to the Executive Office or local administrative/human resources office for recording and reporting purposes.

Staff Member's name:

Date: _____

Signature: _____

C. APPROVAL/REJECTION

I certify that the decision was made in accordance with the process established by my entity for approval of flexible working arrangements.

Manager's Name:

Date:

Signature: _____

1. Approved:
2. Rejected:

In accordance with section 2.1 (d) of [ST/SGB/2019/3](#), please explain the reasons for rejection:

REQUEST FOR AND AGREEMENT ON WORKING AWAY FROM THE OFFICE
AT THE OFFICIAL DUTY STATION

In accordance with [ST/SGB/2019/3](#), up to three days per week are allowed for telecommuting at the staff member’s official duty station provided that the staff member is reachable by telephone or email during the core working hours set for their duty station.

Staff member:

Index No. Unite ID:
Name:
Functional Title:
Division/Unit: Ext:

Manager:

Name:
Functional Title:
Division/Unit: Ext:

A. REQUEST

- 1. I hereby request to telecommute at my official duty station beginning on _____ and until _____ or until ended in writing by myself or the Organization.
- 2. The present request is based on the following compelling personal circumstances (if the request is for more than three working days per week):
- 3. During this period, my proposed telecommuting days of the working week and working hours will be as follows:

| | Working hours | | Lunch | |
|-----------|---------------|----------|------------|----------|
| | Start time | End time | Start time | End time |
| Monday | _____ | _____ | _____ | _____ |
| Tuesday | _____ | _____ | _____ | _____ |
| Wednesday | _____ | _____ | _____ | _____ |
| Thursday | _____ | _____ | _____ | _____ |
| Friday | _____ | _____ | _____ | _____ |
| Saturday | _____ | _____ | _____ | _____ |
| Sunday | _____ | _____ | _____ | _____ |

- 4. Location of workplace (remote workplace must be within commuting distance of duty station):¹

Address:
City: State: Zip Code:
Home telephone: Mobile:
Email address:

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¹ For the purposes of this Agreement, “commuting distance” means a distance between the alternate workplace and the assigned office at the duty station that would still allow the staff member to commute to work every day when not telecommuting and be able to come to and be physically present at the office during the required working hours when requested, including at short notice.

5. Work to be undertaken away from the office:

Specific outputs: _____

B. AGREEMENT

1. I understand the United Nations policy on flexible working arrangements as specified in [ST/SGB/2019/3](#) of 18 April 2019.
2. I agree to the duties, responsibilities, obligations and conditions outlined in this REQUEST FOR AND AGREEMENT ON WORKING AWAY FROM THE OFFICE AT THE OFFICIAL DUTY STATION.
3. I understand that (a) the rules governing compensation in the event of death, injury or illness attributable to the performance of official duties on behalf of the United Nations, stipulated in appendix D to the Staff Rules, and (b) administrative instruction [ST/AI/149/Rev.4](#), entitled “Compensation for loss of or damage to personal effects attributable to service”, are applicable to telecommuting staff only during the specified working hours and at the specified location as listed above and as approved in advance by my manager. I understand that any claim for compensation for service-incurred loss or damage to property or service-incurred injury, illness or death would be subject to the submission of claims under the respective staff rules and administrative instructions and to the provision of evidence that the loss, damage, injury, illness or death was attributable to the performance of official duties on behalf of the United Nations. I assume full responsibility and liability for any incident occurring outside the specified working hours and/or location listed above, and I understand that such incidents are excluded from coverage under appendix D to the Staff Rules and [ST/AI/149/Rev.4](#).
4. I certify that the workplace of telecommuting complies with the requirements listed in the safety checklist included in this Agreement. I understand that it is my responsibility to maintain the safety and appropriate arrangement of my alternate workplace. I certify that my responses to the checklist are true and complete to the best of my knowledge. I understand that any erroneous, misleading, or fraudulent information is sufficient grounds for my preclusion from telecommuting as well as from any coverage under applicable compensation schemes, including under appendix D to the Staff Rules.
5. I understand that the United Nations is not responsible or liable for any incident occurring to a third party in the specified alternate/remote workplace. I hereby release and hold harmless the United Nations from any and all liability for any injuries or damage or loss of property sustained by third parties at the remote workplace.
6. I understand that approval of telecommuting is granted under the condition that the United Nations will not incur any additional costs. In this context, I understand that this includes, but is not limited to, the following:
 - (a) I am responsible for providing all necessary hardware and software (computer, printer, telephone, fax, modem/Internet access, compatible word- and data-processing software, etc.) and other equipment that may be required for me to perform the tasks stipulated in this Agreement at the alternate/remote workplace;
 - (b) I understand that I will be responsible for upgrading and maintaining the hardware and software and other equipment should this be a requirement to perform the tasks stipulated in this Agreement;
 - (c) I understand that I will be responsible for meeting the cost(s) of any and all repairs to such hardware and software and other equipment, as well as any necessary office supplies;
 - (d) I understand that I will also be responsible for the operating cost(s), e.g., for telephone calls and use of the Internet.
7. I understand that this Agreement to telecommute can be withdrawn at any time by the manager and remains subject to exigencies of service as well as satisfactory performance. I also understand that I am expected to be available to report to the office for work-related meetings and other events at my own expense during such an arrangement, depending on the nature of the work being performed, if alternative methods of communication and representation are not suitable and direct face-to-face contact is necessary for mandate implementation.

8. Other aspects of this Agreement (as applicable):

- (a)
- (b)
- (c)
- (d)
- (e)

9. I understand and agree that I have to submit a copy of the signed agreement to the Executive Office or local administrative/human resources office for recording and reporting purposes.

Staff Member's name:

Date: _____

Signature: _____

C. APPROVAL/REJECTION

I certify that the decision was made in accordance with the process established by my entity for approval of flexible working arrangements.

Manager's Name:

Date:

Signature: _____

- 1. Approved:
- 2. Rejected:

In accordance with section 2.1 (d) of [ST/SGB/2019/3](#) please explain the reasons for approval (for more than three working days per week)/rejection:

Telecommuting Safety Checklist

General Environment

- The workspace area has adequate lighting and ventilation.
- The workspace is kept clean and reasonably quiet and free of distractions.
- Aisles, doorways and corners are free from obstructions to permit movement.
- There are no items near the workplace or areas of movement that could fall against/on and injure one.
- There are no fluids on the floor, nor is the floor slippery.
- The alternate workplace is in a residential or commercial area that has been fully certified for occupancy by the local authorities.

Electricity/Equipment

- All electrical equipment at the alternate workplace is free of recognized hazards that would cause physical harm (e.g., frayed wires, bare conductors, loose or exposed wires).
- Computer equipment and necessary electrical outlets are three-pronged (grounded).
- The equipment is placed at a comfortable height for viewing, and the seating arrangement (chair/desk/computer, etc.) is ergonomically adjusted.
- Computer equipment is on a sturdy, level, well-maintained piece of furniture and the keyboard and mouse are at a height and in a position that does not cause wrist strain.
- Phone lines, electrical cords and extension wires are secured underneath a desk or along baseboards and there are no cables across hallways or areas of movement.

Safety and Security

- There is a fire extinguisher in the alternate/remote workplace and a developed fire evacuation plan in the event of an emergency.
- Emergency phone numbers (hospital, fire department, police department) are known/posted at the alternate worksite.
- A first aid kit is easily accessible and replenished as needed.
- There is a working smoke and CO₂ detector in the alternate workplace.
- There are no hazardous or inflammable materials in proximity to the alternate workspace.
- There are security controls in place to protect passwords, United Nations-owned or licensed software, and files and documents from unauthorized access and disclosure.
- There are no confidential or strictly confidential documents or records at the remote workplace.

**REQUEST FOR AND AGREEMENT ON WORKING
AWAY FROM THE OFFICE AND THE OFFICIAL DUTY STATION**

In accordance with [ST/SGB/2019/3](#), under compelling personal circumstances, telecommuting outside the official duty station can be approved for up to six months.

Staff member:

Index No. Unite ID:
Name:
Functional Title:
Division/Unit: Ext:
Official Duty Station:

Manager:

Name:
Functional Title:
Division/Unit: Ext:

A. REQUEST

- 1. I hereby request to telecommute outside my official duty station beginning on _____ and until _____ or until ended in writing by myself or the Organization.
- 2. The present request is based on the following compelling personal circumstances:
- 3. During this period, my proposed days of working week and working hours will be as follows:

Local time zone: _____

| | Working hours | | Lunch | |
|-----------|---------------|----------|------------|----------|
| | Start time | End time | Start time | End time |
| Monday | _____ | _____ | _____ | _____ |
| Tuesday | _____ | _____ | _____ | _____ |
| Wednesday | _____ | _____ | _____ | _____ |
| Thursday | _____ | _____ | _____ | _____ |
| Friday | _____ | _____ | _____ | _____ |
| Saturday | _____ | _____ | _____ | _____ |
| Sunday | _____ | _____ | _____ | _____ |

- 4. Location of workplace outside my duty station:

Address:
City: State: Zip Code: Country:
Home telephone: Mobile:
Email address:

- 5. Work to be undertaken away from the office:

Specific outputs: _____

B. AGREEMENT

1. I understand the United Nations policy on flexible working arrangements as specified in [ST/SGB/2019/3](#) of 18 April 2019.
2. I agree to the duties, responsibilities, obligations and conditions outlined in this REQUEST FOR AND AGREEMENT ON WORKING AWAY FROM THE OFFICE AND THE OFFICIAL DUTY STATION
3. I understand that (a) the rules governing compensation in the event of death, injury or illness attributable to the performance of official duties on behalf of the United Nations, stipulated in appendix D to the Staff Rules, and (b) administrative instruction [ST/AI/149/Rev.4](#), entitled “Compensation for loss of or damage to personal effects attributable to service”, are applicable to telecommuting staff only during the specified working hours and at the specified location as listed above and as approved in advance by my manager. I understand that any claim for compensation for service-incurred loss or damage to property or service-incurred injury, illness or death would be subject to the submission of claims under the respective staff rules and administrative instructions and to the provision of evidence that the loss, damage, injury, illness or death was attributable to the performance of official duties on behalf of the United Nations. I assume full responsibility and liability for any incident occurring outside the specified working hours and/or location listed above, and I understand that such incidents are excluded from coverage under appendix D to the Staff Rules and [ST/AI/149/Rev.4](#).
4. I understand that my coverage under medical insurance will be determined by reference to my official duty station and not the location of telecommuting and that it is my responsibility to contact the respective insurance unit.
5. I certify that the workplace of telecommuting complies with the requirements listed in the safety checklist included in this Agreement. I understand that it is my responsibility to maintain the safety and appropriate arrangement of my alternate workplace. I certify that my responses to the checklist are true and complete to the best of my knowledge. I understand that any erroneous, misleading, or fraudulent information is sufficient grounds for my preclusion from telecommuting as well as from any coverage under applicable compensation schemes, including under appendix D to the Staff Rules.
6. I understand that the United Nations is not responsible or liable for any incident occurring to a third party in the specified alternate/remote workplace. I hereby release and hold harmless the United Nations from any and all liability for any injuries or damage or loss of property sustained by third parties at the remote workplace.
7. I understand that approval of telecommuting is granted under the condition that the United Nations will not incur any additional costs. In this context, I understand that this includes, but is not limited to, the following:
 - (a) I am responsible for providing all necessary hardware and software (computer, printer, telephone, fax, modem/Internet access, compatible word- and data-processing software, etc.) and other equipment that may be required for me to perform the tasks stipulated in this Agreement at the alternate/remote workplace;
 - (b) I understand that I will be responsible for upgrading and maintaining the hardware and software and other equipment should this be a requirement to perform the tasks stipulated in this Agreement;
 - (c) I understand that I will be responsible for meeting the cost(s) of any and all repairs to such hardware and software and other equipment, as well as any necessary office supplies;
 - (d) I understand that I will also be responsible for the operating cost(s), e.g., for telephone calls and use of the Internet.
8. I understand that I shall not be entitled to any additional benefits or entitlements as a result of the present telecommuting arrangements (for instance night differential). The payment of any benefits and entitlements that require my physical presence at my official duty station (for instance danger pay, non-family service allowance, hardship allowance, etc.), shall be suspended or adjusted for the period that I am telecommuting from outside my official duty station in accordance with paragraph 5 of [ST/IC/2019/15](#).

- 9. I understand that this Agreement to telecommute can be withdrawn at any time by the manager and remains subject to exigencies of service as well as satisfactory performance.
- 10. Other aspects of this Agreement (as applicable):
 - (a) In accordance with section 3.11 of the [ST/SGB/2019/3](#), if applicable, I agree to report at the duty station or any other place of official business on (dates and location):

 - (b)
 - (c)
 - (d)
 - (e)
- 11. I understand and agree that I have to submit a copy of the signed agreement to the Executive Office or local administrative/human resources office for recording and reporting purposes.

Staff Member's name:

Date: _____

Signature: _____

C. APPROVAL/REJECTION

I certify that the decision was made in accordance with the process established by my entity for approval of flexible working arrangements.

Manager's Name:

Date:

Signature: _____

- 1. Approved:
- 2. Rejected:

In accordance with section 2.1 (d) of [ST/SGB/2019/3](#), please explain the reasons for approval/ rejection:

Telecommuting Safety Checklist

General Environment

- _____ The workspace area has adequate lighting and ventilation.
- _____ The workspace is kept clean and reasonably quiet and free of distractions.
- _____ Aisles, doorways and corners are free from obstructions to permit movement.
- _____ There are no items near the workplace or areas of movement that could fall against/on and injure one.
- _____ There are no fluids on the floor, nor is the floor slippery.
- _____ The alternate workplace is in a residential or commercial area that has been fully certified for occupancy by the local authorities.

Electricity/Equipment

- _____ All electrical equipment at the alternate workplace is free of recognized hazards that would cause physical harm (e.g., frayed wires, bare conductors, loose or exposed wires).
- _____ Computer equipment and necessary electrical outlets are three-pronged (grounded).
- _____ The equipment is placed at a comfortable height for viewing, and the seating arrangement (chair/desk/computer, etc.) is ergonomically adjusted.
- _____ Computer equipment is on a sturdy, level, well-maintained piece of furniture and the keyboard and mouse are at a height and in a position that does not cause wrist strain.
- _____ Phone lines, electrical cords and extension wires are secured underneath a desk or along baseboards and there are no cables across hallways or areas of movement.

Safety and Security

- _____ There is a fire extinguisher in the alternate/remote workplace and a developed fire evacuation plan in the event of an emergency.
- _____ Emergency phone numbers (hospital, fire department, police department) are known/posted at the alternate worksite.
- _____ A first aid kit is easily accessible and replenished as needed.
- _____ There is a working smoke and CO₂ detector in the alternate workplace.
- _____ There are no hazardous or inflammable materials in proximity to the alternate workspace.
- _____ There are security controls in place to protect passwords, United Nations-owned or licensed software, and files and documents from unauthorized access and disclosure.
- _____ There are no confidential or strictly confidential documents or records at the remote workplace.

**CANCELLATION OR SUSPENSION OF
FLEXIBLE WORKING ARRANGEMENT AGREEMENT**

Staff member:

Index No. Unite ID:
 Name:
 Functional Title:
 Division/Unit: Ext:

Manager:

Name:
 Functional Title:
 Division/Unit: Ext:

1. Type of agreement: Please select one option
2. This agreement started on _____ and was supposed to end on _____.
3. In accordance with [ST/SGB/2019/3](#), I hereby request to Please select one option this Agreement effective (suspension is only available for managers).
4. The reason for this action is: _____.
5. I confirm that all the parties involved in this Agreement have been informed of this action.
6. I understand and agree that I must submit a copy of this document to the Executive Office or local administrative/human resources office for recording and reporting purposes.
7. Requested by: Please select one option

Name:

Title:

Signature: _____ Date:

8. This request has been (this item needs to be completed only if the request was initiated by the staff member):

Manager's Name: Date:

Signature: _____

1. Approved:
2. Rejected:

In accordance with section 2.1 (d) of [ST/SGB/2019/3](#), please explain the reasons for rejection:
