REQUEST AND APPROVAL FOR OFF-SITE PROCESSING

(ER 25-1-2)

1. REQUEST APPROVAL TO USE:

☐ a. MY OWN PERSONAL COMPUTER AND ASSOCIATED SOFTWARE. *(Records will be the property of the U.S. Government and will be readable by Government computers now located on the work site.)*

☐ b. A GOVERNMENT-OWNED PERSONAL COMPUTER AND ASSOCIATED SOFTWARE. *(To remove Government-owned property from the Government work site, I will execute a Property Pass (GSA Optional Form 7 or DA Form 1818.)*

2. RECORDS/FILES

a. SUBJECT: _____

b. DESCRIPTION OF RECORDS/FILES I WILL ACCESS, TAKE OR CREATE OFF THE GOVERNMENT WORK SITE.

_____
_____
_____
_____
_____

3. ADDRESS OF PROCESSING LOCATION:

_____
_____
_____

4. I UNDERSTAND THAT IAW THE FAIR LABOR STANDARDS ACT, I AM:

☐ a. EXEMPT, AND WILL NOT BE COMPENSATED FOR MY TIME SPENT ON WORK APPROVED BY THIS FORM.

☐ b. NON-EXEMPT, AND WILL BE COMPENSATED FOR MY TIME SPENT ON WORK APPROVED BY THIS FORM.

I WILL COMPLY WITH AGENCY DIRECTIVES REGARDING SECURITY, FILES CONTROL AND ALL APPLICABLE REGULATIONS REGARDING THE SAFETY OF U.S. GOVERNMENT DOCUMENTS AND EQUIPMENT.

I FURTHER UNDERSTAND THAT THE U.S. GOVERMENT IS ABSOLVED OF ALL RESPONSIBILITY FOR ANY DAMAGES SUSTAINED BY ME AS A RESULT OF PROCESSING JOB-RELATED WORK ON/OFF SITE, USING MY EMPLOYEE-OWNED PERSONAL COMPUTER OR OFF SITE, USING A GOVERNMENT-OWNED PERSONAL COMPUTER.

IT IS AGREED THAT I WILL NOT SEEK COMPENSATION FROM THE U.S. GOVERNMENT FOR THE USE AND/OR DEPRECIATION OF MY EMPLOYEE-OWNED COMPUTER.

EMPLOYEE NAME *(Type or Print)*	SIGNATURE	DATE
APPROVING OFFICIAL *(Type or Print)*	SIGNATURE	DATE
ADP SYSTEMS SECURITY OFFICER *(Type or Print)*	SIGNATURE	DATE

REMARKS

ENG FORM 4958-R, Jan 88