

WORK FROM HOME REQUEST FORM

Employment Network (EN) staff who wish to work outside a secure area must document that the alternate workstation meets the requirements to protect personally identifiable information (PII), whether the alternate workstation is a residence or another site outside of a Ticketholder service location per Part IV, Section 8.D of the Ticket Program Agreement (TPA). Social Security does not routinely consider a private residence a secure area or duty station. A “secure area” or “secure duty station” can be defined as either of the following, unless Social Security expressly states otherwise: (1) An EN or Provider Affiliate official Ticketholder service location that is in an established business office in a commercial setting, or (2) A location within Social Security, or other Federal or State controlled premises.

Social Security requires all EN staff who wish to establish an alternate workstation to submit this form and receive approval from Social Security before conducting business at the location outlined in the request. Social Security reserves the right to request pictures of the alternate workstation before making a decision.

EN Name:

PID:

Alternate Workstation Address:

City:

State:

ZIP:

Provide a brief description of the alternate workstation, including an explanation of the safeguards to protect PII.

Will you meet Ticketholders at the alternate workstation? If elsewhere, where and how will you protect PII in this location?

When PII is involved, how will you communicate with Ticketholders?

When PII is involved, how will you communicate with other EN staff?

How will you maintain

Ticketholders’ files?

Hardcopy/ Paper files

Electronic files

Both (electronic & hardcopy files)

If you will maintain hardcopy files:

Where will the hardcopy files be stored?

Who will have access to where hardcopy files will be kept?

How will you dispose of the hardcopy files?

Who will have access to the discarded hardcopy files?

If you will maintain electronic files:

Will you use cloud-based storage? If so, what cloud provider(s)?

How will you protect electronic files?

Who will have access to the computer where the electronic files will be kept?

Who will have access to the area where the computer will be kept?

The employee who will conduct business at the alternate workstation must complete and sign the form before submitting it to the Program Contact or Signatory Authority for signature. Once signed, the form will no longer be editable. By signing this form, you agree that all information provided is accurate and complete to the best of your knowledge. Please submit this form to ENST by email at ENService@ssa.gov for approval. Forms will be processed in a timely manner in the order they are received.

Employee Name:

Phone Number:

Signature: _____ **Date:**

Signatory Authority or Program Contact Name:

Signature: _____ **Date:**

Social Security reserves the right to conduct either announced or unannounced on-site or virtual reviews of any approved alternate workstation. These reviews will consist of, but are not limited to, assessment of the ENs' documentation and in-house procedures for protection of confidential information and adherence to the terms and conditions of the TPA.