

Department of Health and Human Services  
**Office of Inspector General**



Office of Audit Services

**DATA BRIEF**

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June 2025 | A-05-24-00008

# **Department of Health and Human Services' Hybrid Work Environment as of May 2024**



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
**OFFICE OF INSPECTOR GENERAL**

HHS-OIG Data Brief • June 2025 • A-05-24-00008

## Department of Health and Human Services' Hybrid Work Environment as of May 2024

### Key Takeaways:

- The Office of Human Resources' (OHR's) oversight of HHS's hybrid work environment evolved over time. During our review period, OHR provided an overarching framework for HHS's hybrid work program and shared responsibility with HHS Divisions for oversight functions.
- OHR reported that as of May 2024, more than half of HHS employees had agreements to either routinely telework or work remotely.
- HHS did not have a centralized data source or system for all hybrid work data and used multiple systems and data requests to obtain the information.

### Purpose of This Data Brief

Congress raised concerns regarding the Federal Government's hybrid workforce. Our objective was to describe the Department of Health and Human Services' (HHS's) hybrid workforce environment as of May 2024. Furthermore, as part of this audit, we included an analysis of HHS policies and procedures for its hybrid workforce before, during, and after the COVID-19 public health emergency (PHE) through May 2024.

## BACKGROUND

### Hybrid Work

Historically, hybrid work has been a human capital tool that Federal agencies leveraged to accomplish their missions, especially during times of emergency. Hybrid work was a model used to support a blend of onsite work, telework, remote work, mobile work, or dispersed teams. While these terms are not synonymous, unless otherwise specified we use "hybrid work" throughout this data brief to describe the various arrangements referred to by these

other terms.<sup>1</sup> Remote work and telework were distinct work arrangements with differing statutory frameworks and policy implications. See Appendix B for a glossary of terms at the time of our review.

More than a decade ago, the Telework Enhancement Act of 2010 (the Act) specified roles, responsibilities, and expectations for all Federal executive agencies regarding telework (i.e., hybrid work) policies, employee eligibility and participation, program implementation, and reporting.

On January 20, 2025, President Trump issued a Presidential Memorandum, “Return to In-Person-Work,” directing agencies, as soon as practicable, to take all necessary steps to terminate remote work arrangements and require employees to return to work in person at their respective duty stations on a full-time basis (with exemptions by departments and agencies as they deem necessary).<sup>2</sup>

## **Federal Agencies That Provided Overarching Guidance on Hybrid Work for the Federal Government**

The Office of Management and Budget (OMB) and the Office of Personnel Management (OPM) provided overarching guidance to the Federal Government regarding hybrid work. OMB provided guidance memoranda to the heads of departments and agencies regarding telework policies as part of its role to develop, review, and promulgate executive orders and proclamations. OPM serves as the chief human resources agency and personnel policy manager for the Federal Government. It provided consultation, policy, and guidance on hybrid work. In addition, OPM provided Federal agencies with a technical guide to help contextualize the continued evolution of hybrid work given the increased adoption of these workplace flexibilities as a result of the PHE.<sup>3</sup>

## **The Assistant Secretary for Administration’s Role in Hybrid Work**

The Assistant Secretary for Administration (ASA), an HHS Staff Division, provides leadership for HHS departmental management and sets human resource policy. The Office of Human Resources (OHR), within ASA, leads the development, execution, and management of the human resources program. In coordination with Operating and Staff Divisions (collectively

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<sup>1</sup> “Hybrid work” can refer to various arrangements or a hybrid schedule that can include work from home, remote work, virtual work, telecommuting, flexi-work, or work from anywhere.

<sup>2</sup> Subsequent to our audit, HHS released the following with new hybrid work information and definitions: [HHS Policy Instruction 990-2, HHS Telework](#) (effective Mar. 13, 2025). Accessed on Apr. 1, 2025.

<sup>3</sup> OPM, [2021 Guide to Telework and Remote Work in the Federal Government Leveraging Telework and Remote Work in the Federal Government to Better Meet Our Human Capital Needs and Improve Mission Delivery](#). Accessed on Feb. 3, 2025.

referred to as “Divisions”), OHR provides human resource programs and policies developed to support and enhance HHS’s mission.<sup>4</sup> During our audit period, ASA responsibilities also included oversight of hybrid work.

## Composition of HHS’s Workforce

As of May 2024, HHS employed more than 90,000 Federal employees.<sup>5</sup> Approximately 29,000 of these employees (32 percent) had agreements for routine telework, 18,000 employees (20 percent) had agreements for remote work, and 43,000 employees (48 percent) were not routinely teleworking or working remotely (see Appendix C). Within HHS, there were 17 unions whose collective bargaining agreement requirements may have differed from the HHS hybrid work policy.<sup>6, 7</sup>

### Situational Telework

Telework that is approved on a case-by-case basis, and the hours worked are not part of a previously approved, ongoing, and routine telework schedule.

### Routine Telework

Telework that occurs as part of an ongoing regular schedule.

### Remote Work

An arrangement in which an employee, under a written remote work agreement, is scheduled to perform their work at an alternative worksite and is not expected to perform work at an agency worksite on a regular and recurring basis.

During our audit period, OHR and OPM used six official codes to identify the hybrid work agreement in place, which we used to group employees into three categories: (1) not routinely

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<sup>4</sup> At the time of our review, HHS was composed of the HHS Office of the Secretary and 13 Operating Divisions that had responsibility for administering a wide variety of health and human services and conducting lifesaving research for the Nation. In addition, 14 Staff Divisions within the Office of the Secretary provided leadership, direction, and policy and management guidance.

<sup>5</sup> As of May 2024, there were nearly 600 HHS employees in United States territories and countries outside the United States.

<sup>6</sup> OHR officials reported that collective bargaining agreements covered approximately 37,000 of approximately 90,000 HHS employees.

<sup>7</sup> Oversight of the individual bargaining units for HHS employees varies. HHS’s National Labor and Employee Relations Office oversees agreements on a national level, while Divisions oversee the local-level bargaining agreements.

teleworking or working remotely (which includes situational telework), (2) routinely teleworking, or (3) working remotely.<sup>8</sup>

Prior to 2023, OHR compiled information from Divisions for OHR’s annual reporting of employee participation in telework or remote work to OPM. This reporting showed the PHE impacted the numbers of employees reported as teleworking or working remotely, as shown in Figure 1, and their frequency of participation, as shown in Table 1, both on the next page.<sup>9, 10</sup>

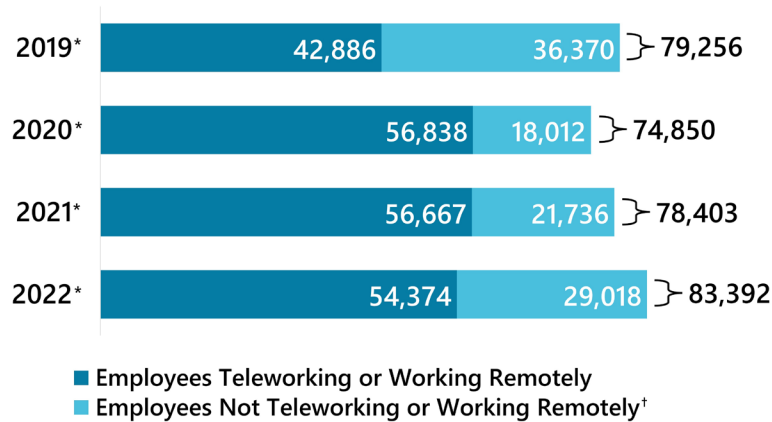
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<sup>8</sup> OPM’s six hybrid work agreement codes, effective since Mar. 7, 2023, were identified within OHR’s Enterprise Human Capital Management (EHCM) system. We grouped these into three categories. For the first category, “Employees not routinely teleworking or working remotely,” we included those three codes representing employees with situational telework agreements, non-teleworkers, and mobile workers. OPM states that the definition of telework does not include any part of work done while on official travel or mobile work. For the second category, “Employees routinely teleworking,” we included those two codes representing employees with frequent routine or periodic routine telework agreements. For the third category, “Employees working remotely,” we included the one code representing employees with remote work agreements.

<sup>9</sup> OPM, [Status of Telework in the Federal Government Report to Congress: Fiscal Year 2019](#); [Status of Telework in the Federal Government Report to Congress: Fiscal Year 2020](#); [Status of Telework in the Federal Government Report to Congress: Fiscal Year 2021](#); and [Status of Telework in the Federal Government Report to Congress: Fiscal Year 2022](#). All accessed on Mar. 18, 2025. OHR provided fiscal years (FYs) 2019, 2021, and 2022 hybrid work data it submitted to OPM that matched data used in OPM’s annual reports. OHR could not provide us with the FY 2020 data it submitted to OPM. OPM’s annual report issued in December 2023, which included FY 2022 data, was the most recently available report at the time of our fieldwork.

<sup>10</sup> Figure 1 and Table 1 are based on OPM data, which have historically been compiled from data provided by Divisions. Although we inquired, OHR officials do not have access to the underlying data used by Divisions and could not confirm how the hybrid work participation data related to the hybrid frequency data.

**Figure 1: HHS Reported Number of Employees Teleworking or Working Remotely by Fiscal Year<sup>11</sup>**



\* Source: OIG analysis of OPM's annual reports, *Status of Telework in the Federal Government Report to Congress*.

† For employees not teleworking or working remotely, OIG calculated the difference between total HHS employees and HHS employees teleworking or working remotely.

**Table 1: HHS Employees' Participation in Hybrid Work by Fiscal Year\***

Fiscal Year	Employees Routinely Teleworking†	Employees Situationally Teleworking	Employees Working Remotely‡
2019**	32,089	13,841	1,610
2020**	45,669	15,931	12,655
2021**	41,870	23,795	-
2022**	42,984	18,211	29,660

\* HHS reported data to OPM. Employees may be under multiple categories. Employees who were counted in a routine telework category may also be counted toward situational telework if they participate in both forms of telework.

† Employees routinely teleworking included those who teleworked at least once during a 2-week period.

‡ OHR did not split out remote work values from other forms of telework to OPM for 2021.

\*\* Source: OIG analysis of OPM's annual reports, *Status of Telework in the Federal Government Report to Congress*.

<sup>11</sup> OHR's annual reporting to OPM uses "telework" in reference to both telework and remote work participation.

## HHS Employee Data Systems and Sources

HHS used a number of sources to collect hybrid work data. HHS sources included the Enterprise Human Capital Management (EHCM) system, HHS's centralized database for personnel actions and administering benefits; time and attendance systems (T&A systems); performance systems; the Electronic Official Personnel Folder; Federal employee surveys; and data calls to Divisions.

## Data Used To Develop This Data Brief

Our primary sources of data for this data brief were: (1) interviews with OHR officials responsible for hybrid work within HHS; (2) surveys of officials at select Divisions responsible for implementation of departmentwide hybrid work policy; (3) EHCM system data as of May 18, 2024; and (4) annual OPM reports to Congress (*Status of Telework in the Federal Government Report to Congress*) for fiscal years (FYs) 2019 through 2022.<sup>12</sup> We also referenced other data to describe hybrid work managed by OHR, including: (1) biweekly (by pay period) reporting to OMB and (2) Federal Employee Viewpoint Survey (FEVS) and HHS pulse survey responses.

As part of our audit, we met with OHR officials to obtain an understanding of hybrid work within HHS, including available data sources; departmentwide policies and procedures issued before, during, and after the PHE through May 2024; and any other guidance provided to the Divisions. We also surveyed select Divisions (which we selected nonstatistically based on their size and mission) to obtain examples of actions taken to implement departmentwide hybrid work policy during our audit period.<sup>13</sup>

In addition, we compared departmentwide hybrid work policies and procedures that were in place to respond to the PHE with those policies and procedures in place during 2019. We determined the extent to which OHR collected information from each Division to oversee departmentwide implementation of hybrid work policies and procedures. We also identified HHS telework and remote work data OHR collected and reported post-PHE.

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<sup>12</sup> As of the time of our fieldwork, OHR was compiling data to submit for the FY 2023 OPM report. According to OHR, due to staff turnover, OHR officials did not retain the FY 2020 data they submitted to OPM. Therefore, we relied on the information included in the FY 2020 OPM report as part of our comparative analysis.

<sup>13</sup> HHS's prior Workplace Flexibilities Program included flexibilities for routine telework, ad-hoc telework, situational telework, and remote work (section 990-1-10 of HHS Policy Instruction 990-1, dated Apr. 22, 2024).

We did not review certain aspects of the hybrid work environment, such as space utilization, as this was covered by other work.<sup>14, 15</sup> We did not analyze the impact or effect of telework or remote work on HHS employee or organizational performance. We also did not independently verify EHCM, OPM, and OMB hybrid work data presented in this data brief.<sup>16</sup> Lastly, this data brief does not examine HHS workforce policies and procedures that changed since May 2024.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A describes our audit scope and methodology.

## RESULTS OF ANALYSIS

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OHR oversaw HHS's hybrid workforce, where more than half of the employees either routinely teleworked or worked remotely as of May 2024. Our analysis showed that Divisions varied in their composition of employees with hybrid work agreements in place to either routinely telework or work remotely. In addition, the data show that the percentage of HHS employees with telework or remote work agreements fluctuated by State. Until the COVID-19 pandemic, HHS had made minimal changes to its workplace flexibilities policies since the passage of the Act in 2010. In response to the PHE and resulting Federal guidance, HHS updated its departmentwide policies twice to address several areas of its hybrid work program, including eligibility for telework, level of performance, and required written agreements.

Our analysis through May 2024 showed that OHR relied on various data systems and sources to remain compliant with increased reporting demands. OHR had begun efforts to improve and centralize its hybrid work data processes. For example, with data system updates in September 2023 and April 2024, OHR had been able to obtain data from more centralized locations and rely less on data calls for reporting. While OHR developed an overarching policy framework for HHS's hybrid work program, it provided HHS Divisions the flexibility to tailor and implement

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<sup>14</sup> The United States Government Accountability Office (GAO) has conducted work covering hybrid work related to the use of Federal space, data reliability for OPM, and information technology challenges. (GAO, "[Federal Telework.](#)" Accessed on Feb. 2, 2025.) GAO also has ongoing work reviewing the extent to which remote work has affected, or may affect, office space use and spending at selected agencies, including HHS.

<sup>15</sup> OMB issued a report on telework and property utilization. ([OMB Report to Congress on Telework and Real Property Utilization.](#) Accessed on Feb. 4, 2025.)

<sup>16</sup> Our initial plan for this work included a two-phase approach. The first phase is captured in this data brief. For the second phase, we had planned to validate the HHS-reported data related to hybrid work for the same time period, as of May 2024. As a result of the Presidential Memorandum, "Return to In-Person-Work," dated Jan. 20, 2025, we have discontinued phase two of planned work on hybrid work data validation.



these policies as appropriate to meet their needs. Divisions were also responsible for conducting oversight of their employees' locality pay, as well as maintaining and updating the related data.<sup>17</sup>

## Overview of HHS's Hybrid Workforce as of May 2024

From our review of OHR's EHCM system data, we determined that more than half of HHS employees had agreements in place to either routinely telework or work remotely.<sup>18</sup> Divisions varied in their percentages of total employees who had agreements in place. For example, the percentages of employees within Divisions with agreements in place to routinely telework ranged from 3 percent to 73 percent, and the percentages of employees with agreements in place to work remotely ranged from 0.2 percent to 61 percent.

See Figure 2 for the composition of HHS's hybrid work agreements as of May 2024 by the hybrid work categories. Appendix C contains a summary of the number of HHS employees by Division and hybrid work status.

According to EHCM, HHS's hybrid workforce included thousands of unique position descriptions for employees with agreements to routinely telework or work remotely, such as grants management specialists and budget analysts.

**Figure 2: Composition of HHS's Hybrid Work Agreements as of May 2024\***

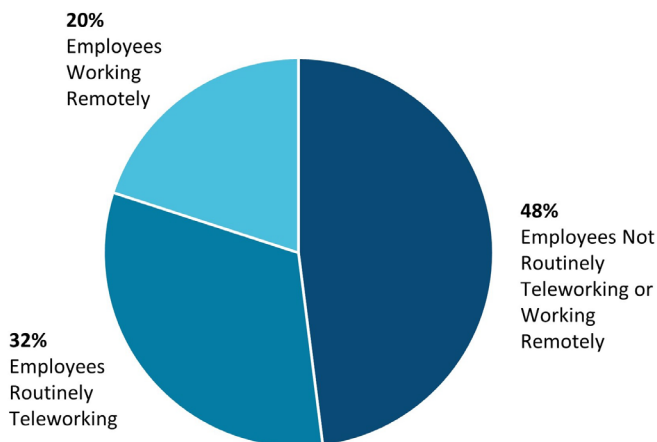


Figure 3 shows the percentage of HHS employees routinely teleworking by the State of their official duty station (i.e., official worksite).<sup>19</sup> Refer to Appendix D for more detailed information.

<sup>17</sup> Locality pay is an amount above the Federal employee's base pay based on a percentage rate that reflects pay levels for non-Federal workers in certain geographic areas as determined by surveys conducted by the U.S. Bureau of Labor Statistics.

<sup>18</sup> At the time of our fieldwork, hybrid work data were available through HHS's EHCM system. EHCM was the best available data source that OHR had for hybrid work without conducting Division data calls. For all HHS employees, OHR extracted and provided us the hybrid work-related data available from the EHCM system as of May 18, 2024. We summarized data extracted from EHCM for presentation purposes but did not independently verify the accuracy of data within EHCM. We excluded employees working outside the 50 States and the District of Columbia, as well as employees with duplicate records who worked in multiple Divisions.

<sup>19</sup> An official duty station generally is where employees regularly perform their duties as determined by the agency.

Map of the United States showing the percentage of the population aged 65 and over by state. The map uses four shades of blue to represent different percentage ranges. A legend on the right side of the map provides the key for these ranges.

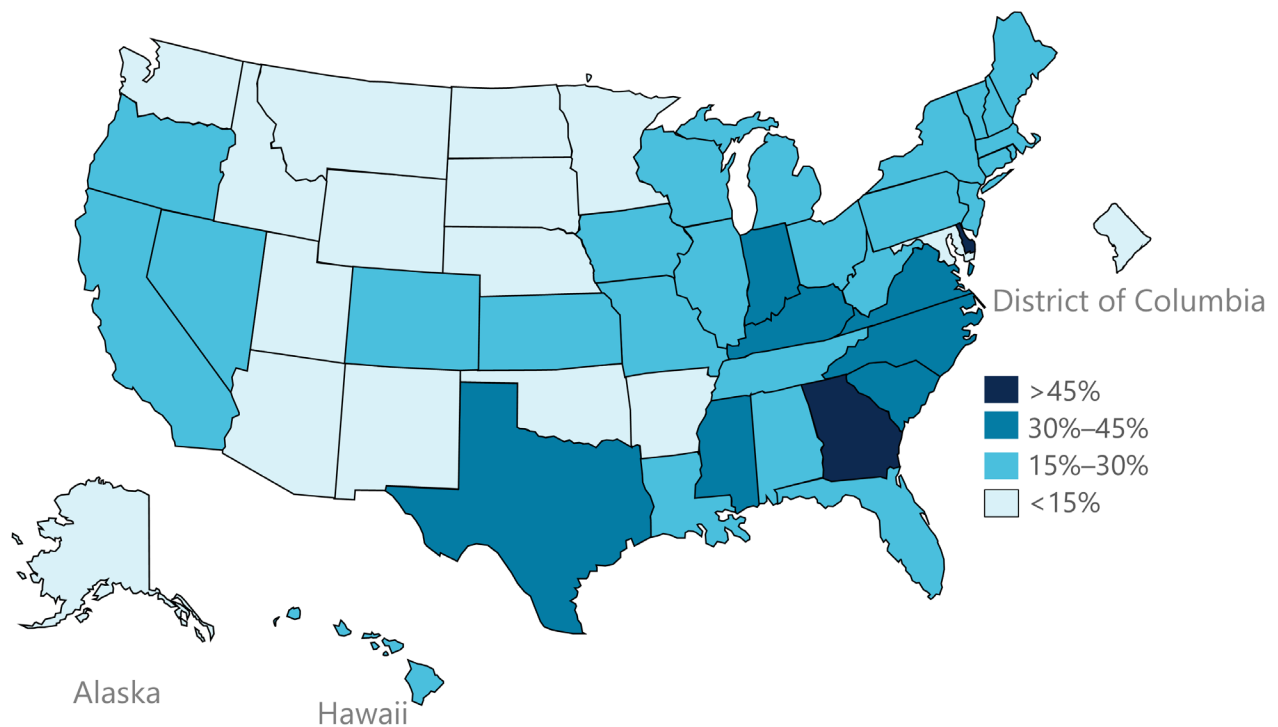
Percentage Range	States
>45%	Alaska, Missouri
30%–45%	California, Washington, New York, Massachusetts, Maryland, Delaware, Pennsylvania, Ohio, Illinois, Indiana, Michigan, Wisconsin, Minnesota, Kansas, Nebraska, Oklahoma, Texas, Louisiana, Arkansas, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina, Virginia, West Virginia, Kentucky, Tennessee, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina, Virginia, West Virginia, Kentucky, Tennessee
15%–30%	Idaho, Montana, Wyoming, Utah, Arizona, New Mexico, Nevada, Oregon, California, Washington, Oregon, California, Nevada, Arizona, New Mexico, Texas, Louisiana, Arkansas, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina, Virginia, West Virginia, Kentucky, Tennessee, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina, Virginia, West Virginia, Kentucky, Tennessee
<15%	Montana, Wyoming, Utah, Arizona, New Mexico, Nevada, Oregon, California, Washington, Oregon, California, Nevada, Arizona, New Mexico, Texas, Louisiana, Arkansas, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina, Virginia, West Virginia, Kentucky, Tennessee, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina, Virginia, West Virginia, Kentucky, Tennessee

As of May 2024, approximately 29,000 employees within HHS had agreements to routinely telework. Alaska, Missouri, and the District of Columbia had more than 45 percent of their HHS workforce identified as having agreements to routinely telework. These States and the District of Columbia represented more than 2,000 of the approximately 90,000 employees (about 3 percent of total HHS employees) identified within EHCM. The remaining 48 States had 45 percent or less of their HHS employees with agreements to routinely telework, which represented approximately 27,000 employees.

Figure 4 on the next page shows the percentage of HHS employees that worked remotely by State. EHCM data identified that, as of May 2024, 20 percent of HHS employees across the 50 States and the District of Columbia had agreements to work remotely.<sup>20</sup>

*Data Brief: Department of Health and Human Services' Hybrid Work Environment (A-05-24-00008)*

**Figure 4: HHS Employees Working Remotely by State as of May 2024\***



\* Source: OIG’s analysis of HHS’s EHCM system data as of May 2024.

As of May 2024, approximately 18,000 employees within HHS had agreements to work remotely. The percentage varied by the State of their official duty station.<sup>21</sup> There were two States, Delaware (47 percent) and Georgia (58 percent), where more than 45 percent of HHS employees were working remotely.<sup>22</sup> These two States represented more than 6,000 of the approximately 90,000 HHS employees (about 7 percent of all HHS employees) based on EHCM data. The remaining 48 States and the District of Columbia had 45 percent or less of their HHS employees with agreements to work remotely, which represented approximately 12,000 HHS employees.

As of May 2024, almost half of HHS employees (approximately 43,000 employees) did not have agreements to routinely telework or work remotely. There were 10 States where more than

<sup>21</sup> The official duty station is generally the alternative worksite to which the employee is assigned or approved to work (e.g., an employee’s residence or other approved work location).

<sup>22</sup> As of May 2024, Delaware had 96 employees, of whom 45 were remote. The majority of remote workers in Georgia, as of May 2024, worked for the Centers for Disease Control and Prevention (CDC) within HHS. CDC reported that its percentage of remote workers (64 percent, or 5,578 of the 8,763 CDC employees working in Georgia) was due to CDC’s posture at the time that allowed for local remote agreements for employees living within 50 miles of its campus. CDC stated during our audit that it anticipated the number of remote agreements would decrease after adopting the 2024 HHS workplace flexibility policy.

75 percent of the HHS employees in that State did not have agreements to routinely telework or work remotely.

## **HHS's Hybrid Work Policies and Procedures Before, During, and After the Public Health Emergency Through May 2024**

Federal law requires that each executive agency establish a policy under which eligible agency professionals may participate in teleworking programs to the maximum extent possible without diminished employee performance.<sup>23</sup> Before the PHE, guidance was issued through the enactment of the Act, which required agencies to develop policies related to hybrid work.<sup>24</sup> OHR issued an HHS-wide telework policy in 2011 reflecting the requirements of the Act.<sup>25</sup> During the PHE in 2020 and 2021, HHS followed OMB- and OPM-issued guidance, including offering maximum use of telework flexibilities. These changes due to the PHE largely impacted HHS's workplace flexibility guidance and policies that were enacted since the passage of the Act in 2010. OHR updated the HHS-wide workplace flexibility policy in 2022 after OPM issued its 2021 updated guidance.<sup>26, 27</sup> After the PHE, OHR further updated the HHS-wide workplace flexibility policy in 2024, primarily to align policy with the OMB M-23-15 memo expecting agencies to foster a meaningful workplace presence.<sup>28, 29</sup> HHS's 2024 policy included additional responsibilities for HHS agencies, including determining HHS employee positions that require onsite presence and ensuring that HHS Divisions monitor organizational health. According to OHR officials, even before the 2024 update, onsite presence was important and monitored on a quarterly basis. The 2024 updates were added to align with OMB M-23-15. Table 2 on the next page identifies a summary of changes in HHS's hybrid work policy before, during, and after the PHE through May 2024.

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<sup>23</sup> P.L. No. 106-346 § 359.

<sup>24</sup> P.L. No. 111-292, 124 Stat. 3165 (2010), codified primarily at chapter 65 of Title 5, United States Code.

<sup>25</sup> HHS Policy Instruction 990-1.2: Telework Policy (issue date: Nov. 18, 2011).

<sup>26</sup> HHS Policy Instruction 990-1, Workplace Flexibilities (effective date: Feb. 9, 2022; revised Mar. 22, 2022) updated from HHS Policy Instruction 990-1.2: Telework Policy (issue date: Nov. 18, 2011).

<sup>27</sup> OPM, [2021 Guide to Telework and Remote Work in the Federal Government: Leveraging Telework and Remote Work in the Federal Government to Better Meet Our Human Capital Needs and Improve Mission Delivery](#). Accessed on Feb. 3, 2025.

<sup>28</sup> HHS Policy Instruction 990-1, Workplace Flexibilities (effective date: Apr. 22, 2024; revised Apr. 22, 2024) updated from HHS Policy Instruction 990-1, Workplace Flexibilities (effective date: Feb. 9, 2022; revised Mar. 22, 2022). Subsequent to our audit, [HHS Policy Instruction 990-2, HHS Telework](#) was issued (effective date: Mar. 13, 2025). Accessed on Apr. 1, 2025.

<sup>29</sup> OMB, [Memorandum M-23-15: Measuring, Monitoring, and Improving Organizational Health and Organizational Performance in the Context of Evolving Agency Work Environments](#). Accessed on Mar. 17, 2025.

**Table 2: Updates to HHS’s Hybrid Work Policy**

	HHS Policy 2011	HHS Policy 2022	HHS Policy 2024
<b>Established Policy Title</b>	HHS Policy Instruction 990-1.2: Telework Policy	HHS Policy Instruction 990-1, Workplace Flexibilities	Same as 2022 policy.
<b>Eligibility<sup>30</sup></b>	Participation in telework programs is not an entitlement but should be based on sound business and performance management principles.	Flexibilities offered for each position depend on limits imposed by law or regulations, the nature of work, and the ability to complete the activity at an alternative worksite.	Same as 2022 policy.
<b>Disqualifying Disciplinary Actions</b>	An employee may not telework when the employee has been officially disciplined for disqualifying events. <sup>31</sup>	Same as 2011 policy.	Same as 2011 policy.
<b>Performance</b>	An employee must maintain fully successful level or better.	An employee must have a performance plan in place and be performing at least at fully successful level, and participation is not expected to diminish organizational performance.	Eligibility may be revoked if an employee’s performance falls below fully successful level; the agreement must be terminated if the employee demonstrates continued diminished performance.
<b>Written Agreement</b>	A written agreement between the employee and a manager is required.	A written agreement between the employee and the agency is required unless the employee is covered under a collective bargaining agreement.	Same as 2022 policy.
<b>Review of Written Agreements</b>	Agreements must be reviewed at regular intervals.	Supervisor responsibilities include ensuring that employees renew their agreement annually.	Agreements must be reviewed annually. Supervisor responsibilities include reviewing, discussing, and updating agreements annually.
<b>Training Frequency</b>	One-time training.	Annual training.	Same as 2022 policy.
<b>Maintaining Records</b>	Divisions are responsible for maintaining signed agreements and other records required for program evaluation and reporting. No time period is referenced for length of record retention.	Generally, all records created in a given year must be retained for a total of 3 years.	Generally, all records created each year must be retained until replaced or canceled, or 1 year after the end of the employee's participation in the program, whichever is sooner.

<sup>30</sup> The 2011 HHS policy referred to “100% telework” in place of “remote work” and defined “telework” as performing work at a place other than the employee’s official duty station. The 2022 and 2024 HHS policies defined “telework” and “remote work” as workplace flexibilities.

<sup>31</sup> In the 2011, 2022, and 2024 policies, an employee may not telework when the employee has been officially disciplined for being absent without permission for more than 5 days in a calendar year or when an employee has been officially disciplined for viewing, downloading, or exchanging pornography on a Federal Government computer or while performing official Federal Government duties.

HHS hybrid work policy updates from April 2024 incorporated the use of official terms (e.g., “telework” and “remote” versus “local remote”), aligned terminology with OPM’s definitions, set parameters of telework, and defined mobile work.<sup>32</sup>

In addition to policy updates, after the PHE, OHR made updates to EHCM and T&A systems. These updates, discussed later in this data brief, were based on OPM-issued guidance during the PHE on three new data elements.<sup>33</sup>

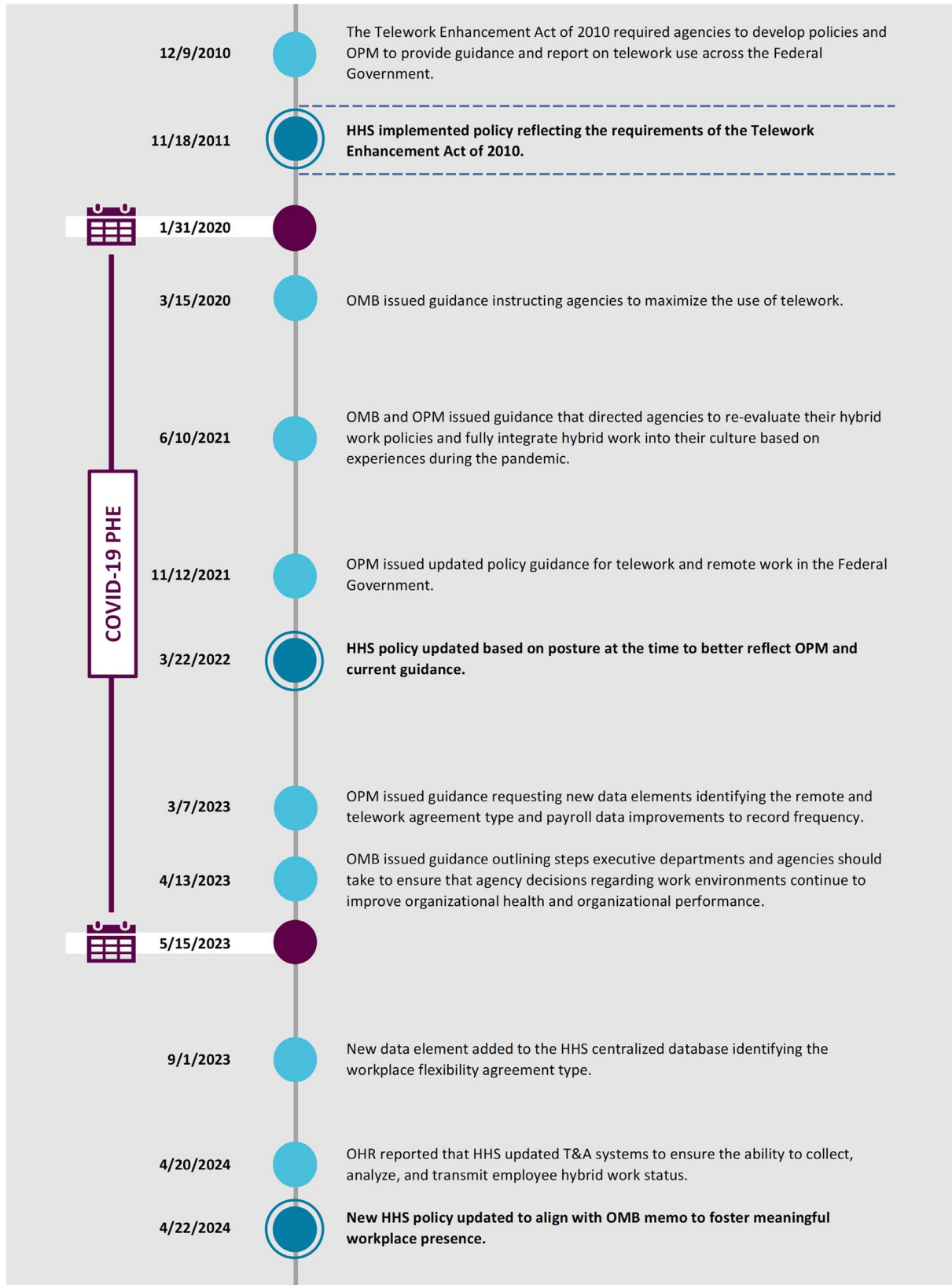
See Figure 5 on the next page for a timeline of events that influenced HHS’s hybrid work policy and procedures as of May 2024.

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<sup>32</sup> Mobile work was characterized by routine and regular travel to conduct work in customer or other worksites as opposed to a single authorized alternative worksite.

<sup>33</sup> OPM, [Memorandum for Heads of Executive Departments and Agencies: Remote/Telework Enhancements to Enterprise Human Resources Integration Data Files](#). Accessed on Mar. 17, 2025.

**Figure 5: Timeline of Events Influencing HHS’s Hybrid Work Policy and Procedures in Effect Through April 2024**



## HHS's Hybrid Work Data Collection and Reporting Environment

OHR did not have a centralized electronic system or direct access to the data within HHS to collect all necessary hybrid work data and instead used a variety of methods and sources (e.g., multiple electronic systems) to obtain hybrid work data for the more than 90,000 employees across the United States. OHR used data calls as the main source for collecting hybrid work data to respond to the OMB and OPM reporting requirements. With updates in September 2023 and April 2024 in HHS data systems, OHR was able to obtain data from more centralized locations and relied less on data calls from Divisions for reporting.

### *Collection and Reporting of Employee Data Before and During the Public Health Emergency*

OHR stated in April 2024 that since 2010, its data collection has transformed from an entirely manual process (i.e., disseminating spreadsheets throughout HHS and requesting responses) to a hybrid style of data collection with several Divisions reporting using Division-specific automated systems and manual processes.

HHS Divisions vary on how they store hybrid work data and hybrid work agreements.<sup>34</sup> When OHR made data calls to Divisions regarding hybrid work, many Divisions used their own systems or manual processes to respond to the request. Specifically, one Division acknowledged issues in responding to OHR's data calls and specifically stated the relevant systems used did not interface with one another. Therefore, the Division needed to implement a reconciliation process to identify data discrepancies between systems and resolve the discrepancies manually.

In addition, for reporting, the Act mandated that OPM provide an annual report to Congress addressing telework program outcomes for each Executive agency. OHR is responsible for collecting the HHS data for the annual OPM report on employee telework eligibility and frequency for both HHS-wide and Division-level data. To meet OPM's deadline for providing its annual report, OHR made data requests to the Divisions and set due dates that allowed for the consolidation and reporting of information.<sup>35</sup> Divisions used different data sources to respond, including the T&A system or other Division-specific internal systems.

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<sup>34</sup> Some hybrid work agreements are kept in paper records, and some may be kept and tracked electronically within a data system internal to the Division. For example, one Division established one system to track its hybrid work agreements while another Division used several different internal systems to do so.

<sup>35</sup> OPM allowed approximately 2 months for agencies to provide responses to its data request template.



## *Collection and Reporting of Employee Data After the Public Health Emergency*

After the PHE, OHR worked to improve hybrid work data collection. For example, in September 2023 (in response to the updated March 2023 OPM requirements), OHR added a new field in EHCM that identified the type of hybrid work agreement for each employee.<sup>36</sup> In addition, in 2023, OHR requested that Divisions update the existing employee position eligibility field in EHCM.<sup>37</sup>

While OHR could retrieve data centrally for HHS through EHCM, the data was limited regarding hybrid work (e.g., data only indicated yes or no for eligibility to telework and did not indicate the actual number of days employees teleworked), and it was the individual Division's responsibility to update the hybrid work information in EHCM, such as employee position eligibility and hybrid agreement type. Therefore, OHR relied on the Divisions to provide applicable and accurate hybrid work data that could be retrieved centrally. For example, the OHR official responsible for the collection of data for the annual reporting to OPM stated that their office had conducted limited validation of the aggregate data and primarily relied on the Divisions to validate the data prior to submitting it to OHR.

HHS had three T&A systems at the time of our fieldwork.<sup>38</sup> OHR reported that all three T&A systems were being updated to aid OHR's ability to collect, analyze, and transmit employee work status (e.g., hybrid work) as part of HHS's required reporting. In response to the updated March 2023 OPM requirements, OHR implemented updates to its T&A system in April 2024 that facilitated reporting an employee's telework and remote work status and hours.<sup>39</sup> After those updates, OHR no longer relied on data calls to the Divisions for time and

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<sup>36</sup> The hybrid work agreement types included a code for employees with mobile work agreements and remote work agreements, but we did not find a separate designation to identify employees assigned to remote work as a reasonable accommodation.

<sup>37</sup> OHR had not reviewed the accuracy of the EHCM data regarding hybrid work but was leading a workgroup (made up of representatives across the Divisions) to review and clean up the data.

<sup>38</sup> Two T&A systems were owned and operated separately by two Divisions, and OHR could not access these systems directly. OHR maintained the remaining T&A system the rest of the HHS Divisions used. With the exception of one Division's T&A system, the systems were not designed to collect and reflect actual data but were exception-based systems (which focus on exceptions to predetermined values).

<sup>39</sup> OPM required two data elements related to remote work instances and hours in a pay period that, once implemented, would ensure that telework and remote work data associated with payroll was captured correctly. Agencies were directed to work with payroll providers to begin reporting remote work separately from telework through the new data elements in FY 2024. OPM, [Memorandum for Heads of Executive Departments and Agencies: Remote/Telework Enhancements to Enterprise Human Resources Integration Data Files](#) and OPM, [Memorandum for the President's Management Council and Chief Human Capital Officers: Agency Telework and Remote Work Data Reporting in the Office of Personnel Management Enterprise Human Resources Integration \(EHRI\) System](#). Accessed on Mar. 17, 2025.

attendance information. Instead, OHR began collecting data directly from the three T&A systems and submitted this information to HHS's payroll service provider.

Beginning with the pay period ending on July 29, 2023, OMB requested data related to employees' onsite presence on a biweekly basis (by pay period). OHR stated in February 2024 that it reports biweekly to OMB on the total number of HHS employees nationally, the number of employees in telework status, and the percentage of in-office presence based on that data. Each pay period, OMB collected data such as total number of employees and employee payroll hours directly from the Department's payroll service provider and provided a file to OHR for review. OHR used a departmentwide team to validate the file from OMB and then returned the file to OMB. Prior to the T&A systems update in April 2024 that facilitated reporting of employees' telework and remote work status and hours to the Department's payroll service provider, OHR relied on Divisions to provide the total number of employees who teleworked during the pay period<sup>40</sup> and the total number of regular hours coded as telework for OMB biweekly reporting.<sup>41, 42</sup> The Divisions we surveyed stated that they used multiple systems to respond to this request from OHR. Using OMB's biweekly reporting, we determined that OHR reported an average of at least 50 percent in-person onsite hours for full-time employees (including remote workers) during two biweekly periods in February and March 2024.<sup>43</sup>

In addition, OHR stated in September 2024 that plans were underway to procure a new T&A system for HHS to improve employee experience, reduce manual processing, give access to real-time data, and integrate within a broader human resource system. According to OHR, all HHS Divisions will use the new integrated human capital platform, which will replace the current three T&A systems. OHR officials expected that acquisition to full deployment would take 3 years.

## **HHS's Hybrid Workplace Oversight Environment**

OHR developed an overarching framework, through HHS-wide hybrid work policies, that allowed HHS Divisions flexibility to tailor and implement as appropriate to meet their mission needs. OHR shared responsibility with the Divisions for oversight functions. Along with hybrid

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<sup>40</sup> This excluded remote and fully onsite employees.

<sup>41</sup> This excluded hours for remote employees and hours for those employees who were ineligible to telework or work remotely.

<sup>42</sup> We did not independently verify OMB hybrid work data, including timekeeping data, presented in this data brief.

<sup>43</sup> To calculate the average percentage, we used the last two biweekly periods (Feb. 11 through Mar. 9, 2024) available at the time the OMB biweekly reporting was provided to us. For these reporting periods, OHR's reporting instructions stated that OHR used EHCM to identify the total number of employees on board at the end of the pay period and calculated the total number of regular payroll hours for each pay period by multiplying the number of full-time employees by 80 hours. OHR then calculated the percentage of hours performed in person (i.e., onsite) for all full-time employees.

work requirements identified in the Act, part of the Divisions' shared responsibilities included oversight of locality pay and the administration of the minimum in-office days requirement exceptions. OHR used the results of employee surveys to help inform the development and modification of a wide assortment of initiatives, policies, and procedures that affect employees' worklife.

### *Oversight Framework*

The Act requires Federal agencies, including HHS, to determine eligibility for all employees of the agency to participate in telework, ensure that training is provided, ensure that telework does not diminish employee performance, and require a written agreement, among other requirements.<sup>44</sup> During our audit, OHR was responsible for the oversight of the nine human resources (HR) centers throughout HHS, although the centers' direct line of reporting is to the Divisions and not OHR. Divisions have the flexibility to establish specific internal policies to implement hybrid work.

Given this broad flexibility, OHR deferred responsibility to the Divisions for managing certain hybrid work-related items such as: (1) classifying which employee positions need to be onsite, (2) maintaining and updating hybrid work agreements and hybrid work data, and (3) identifying and processing personnel actions that may impact telework eligibility. For example, a Division stated it had positions where employees could not telework or work remotely because the positions required laboratory work and administrative tasks that needed to be performed onsite due to the need of physical access to records or onsite security. OHR also deferred responsibility to the supervisor and Division's HR center to take action, as appropriate, when an employee: (1) could not complete official duties offsite, (2) did not meet the terms of the written agreement for workplace flexibilities, (3) did not have a written hybrid work agreement in place and was teleworking or working remotely, or (4) did not complete the required hybrid work-related training.

To carry out its oversight, OHR officials stated they created a department-level audit program that reviews Divisions' HR centers' programs, including workplace flexibilities, on a recurring basis. Examples include audits reviewing whether activities complied with Federal laws, regulations, and HHS policies. OHR officials told us they have used the results of these audits to identify and communicate best practices HHS-wide. In addition, OHR reported using information from the audits to rectify problems found at the Divisions and to identify systemic HHS-wide issues that need to be addressed related to the effectiveness, efficiency, and compliance of HR programs.

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<sup>44</sup> 5 U.S.C. §§ 6502(a), 6502(b), and 6503(a).

## *Oversight of Locality Pay for HHS Employees*

HHS civilian employees include Title 5 employees<sup>45</sup> as well as individuals employed under Title 21, Title 38, and Title 42, which are special pay authorities used to recruit and retain employees in certain occupations within HHS.<sup>46</sup> Each pay authority has different regulations and standards for the application of locality pay. See Appendix E for the number of HHS employees that OHR reported by pay authority as of May 2024 and for more information regarding locality pay and HHS pay authorities. General Schedule (GS) Federal employees under the Title 5 pay authority may receive locality pay.<sup>47, 48</sup>

Divisions have shared responsibility with OHR to conduct oversight of locality pay for HHS employees. The location of the employee's official duty station (i.e., official worksite), which is associated with the application of locality pay, may be affected by hybrid work arrangements.<sup>49</sup> Federal regulations require locality pay to be terminated on the date an employee's official worksite is no longer in the locality pay area.<sup>50, 51, 52</sup>

OHR established procedures for oversight of locality pay requirements through its HHS-wide hybrid work policy, including the establishment of responsibilities for both the employee and

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<sup>45</sup> 5 U.S.C. chapter 53.

<sup>46</sup> 21 U.S.C. § 379d-3a, 38 U.S.C. chapter 74, 42 U.S.C. § 282(b)(22), 42 U.S.C. § 284c(b).

<sup>47</sup> 5 U.S.C. § 5304.

<sup>48</sup> GS employees are the primary employees who receive locality pay, but a few non-GS positions also receive locality pay. Non-GS employees eligible for locality pay are administrative law judges, administrative appeals judges, members of Boards of Contract Appeals, and certain Senior Executive Service (including Senior Level and Scientific and Professional) employees. (OPM, [Memorandum for Heads of Executive Departments and Agencies: Continuation of Locality Payments for Non-General Schedule Employees](#). Accessed on Feb. 3, 2025.)

<sup>49</sup> 5 CFR § 531.604(b).

<sup>50</sup> 5 CFR § 531.609(c).

<sup>51</sup> Except as otherwise provided, the official worksite is the location of an employee's position of record where the employee regularly performs work duties (5 CFR § 531.604(b)(1)). An agency must document an employee's official worksite on an employee's Notification of Personnel Action (Standard Form 50 or equivalent) (5 CFR § 531.605(a)(3)).

<sup>52</sup> There may be situations when the locality pay area entitlement is not terminated when an employee's worksite changes. For example, during a pandemic, an agency may issue an evacuation order and identify the employee's home as their safe haven working location. Similarly, during a catastrophic event that disrupts agency operations and results in the invocation of an agency's Continuity of Operations Plan, an employee may be directed to report to an alternate work location, which could be their home. These situations are not true "telework" arrangements as they are not triggered by participation in a telework agreement (indeed, the employee's position may not generally be eligible for telework) (5 CFR § 550.409(a) and 5 U.S.C. § 6504(d)(2)).

supervisor for any changes in locality pay. OHR deferred to the Divisions to identify and process personnel actions that may impact locality pay. The employee's official worksite or duty station is identified in EHCM. According to an OHR official, OHR had requested each HR center to: (1) review each employee's file and ensure that the locality pay is accurate based on the employee's hybrid work status and (2) make any necessary adjustments and certify everything is correct. According to an OHR official, OHR sent out unscheduled spot check emails for HR centers to ensure the accuracy of locality pay information. In addition, as part of an OPM data call, Divisions were asked whether any corrections were required to locality pay areas. Two Divisions identified one employee each who was not in the right locality pay area and made needed corrections.

### *Administration of the Minimum In-Office Days Requirement Exceptions*

During the audit, Federal regulations stated that if an employee is scheduled to work at least twice each biweekly pay period on a regular and recurring basis at the regular worksite for the employee's position of record (twice-in-a-pay-period standard), the regular worksite (where the employee's work activities are based) is the employee's official worksite. If an employee covered by a telework agreement does not meet the twice-in-a-pay-period standard, the employee's official worksite is the location of the employee's telework site (i.e., typically the employee's residence). Federal regulations allowed for an authorized agency official to make an exception to the twice-in-a-pay-period standard for the location of position of record for employees covered by a telework agreement in appropriate situations of a temporary nature.

Divisions have shared responsibility with OHR to monitor compliance with the twice-in-a-pay-period standard for employees. OHR had established procedures through its HHS-wide hybrid work policy for the determination of the official worksite, and it is the HR centers' and Divisions' responsibility to ensure that each employee's benefits align with the employee's official worksite in accordance with Federal requirements. OHR reported that the Division HR centers are responsible for ensuring that exceptions to the twice-in-a-pay-period standard for locality pay considerations are applied appropriately. Exceptions are approved by the Divisions. For example, one Division stated that it may grant an exception to the twice-in-a-pay-period standard under limited or temporary circumstances, when supervisors approve, for an employee temporarily recovering from an injury or other medical condition but expected to return to a normal telework schedule upon recovery. These decisions are made on a case-by-case basis with no formal process or records repository. The Division also indicated that there is a separate process for remote work as a reasonable accommodation.

During our audit period, OHR did not track those exceptions to the twice-in-a-pay-period standard, as HHS did not have a centralized data system that could identify an employee who had been granted an exception or describe that exception. To obtain that detailed information, OHR would have had to issue a data call to each Division.

## Obtaining Feedback Through Employee Surveys

During our audit period, OHR used the results of employee surveys, including the FEVS and pulse surveys, to help inform the development and modification of a wide assortment of initiatives, policies, and procedures that affect employees' worklife.<sup>53</sup> OHR managed the administration of OPM's FEVS across the entire Department. In response to the PHE, the FEVS questions changed from being about satisfaction with the telework program to how the organization supported employees and whether telework was needed and available to employees.

The responses to these updated questions in the 2021 FEVS helped OHR in developing the HHS policy for re-entry to the workplace in 2022. OHR reported that after seeing the results of the 2022 FEVS and the change in employees working remotely who were not doing so before the PHE, OHR wanted to make sure the 2024 workplace flexibilities policy allowed for flexibility.

To complement the FEVS, OHR also periodically conducted HHS pulse surveys.<sup>54</sup> Pulse surveys conducted in the spring and fall of 2023 included hybrid work questions such as job satisfaction with being physically present and telework frequency. See Figure 6 for published results from the fall 2023 survey indicating that respondents' top reason for wanting to return to the workplace was to have more opportunities to network with colleagues.

**Figure 6: Example of Results From HHS Pulse Survey Where Employees Identified Benefits of Returning to the Workplace\***



\* Source: HHS Pulse Survey Fall 2023 Results.

Responses to the FEVS and HHS pulse surveys provided employee thoughts on workplace flexibility practices that could be shared with HHS leadership.

<sup>53</sup> FEVS collected Federal employees' perceptions regarding topics including their work experiences, their agency, and leadership.

<sup>54</sup> HHS pulse surveys were structured similarly to FEVS in being available to almost all HHS employees who were employed by a specific cutoff date; however, they were shorter than FEVS and results were available sooner. The HHS pulse surveys' questions changed over time and sometimes involved questions regarding hybrid work.

## CONCLUSION

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OHR's oversight of HHS's hybrid work environment evolved over time. Although the underlying data had not been validated, OHR reported that as of May 2024, more than half of HHS employees had agreements to either routinely telework (32 percent) or work remotely (20 percent), whereas approximately 48 percent of HHS employees had no such agreements. The data also showed that the number of HHS employees with each of the hybrid work agreement types varied by State.

Our analysis of HHS's hybrid work policies and procedures before, during, and after the PHE identified that the PHE had largely impacted HHS's workplace flexibility guidance, resulting in multiple updates in the HHS-wide hybrid work policies, as well as a number of updates to data systems and collection procedures. HHS did not have a centralized data source or system for all hybrid work data and used multiple systems and data requests to obtain the information. Updates in data systems, such as EHCM and the T&A systems, and collection processes centralized more hybrid work data. The updates have allowed OHR to update its reporting processes to begin relying less on data calls, which historically were the main source for data collection for OPM and OMB reporting given the limited centralized data access.

OHR developed an overarching framework, through HHS-wide hybrid work policies, that allowed HHS Divisions flexibility to tailor and implement policies as appropriate to meet their needs. OHR shared responsibility with HHS Divisions for oversight functions, such as the oversight of locality pay. OHR used the results of employee surveys to help inform HHS leadership and guide the development of policies impacting hybrid work.

This information was current when we conducted our interviews of OHR officials (as of December 2024). As such, this data brief does not examine HHS workforce policies and procedures that have changed since May 2024 and does not include recommendations.

We provided ASA with a draft of this data brief on April 15, 2025, for review. ASA notified us that it did not have any comments.

## APPENDIX A: AUDIT SCOPE AND METHODOLOGY

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### SCOPE

Our audit covered identification of OHR's post-PHE actions and trends related to hybrid work for HHS employees.<sup>55</sup> In addition, we reviewed HHS hybrid work policies and procedures for HHS employees before, during, and after the PHE. This included identifying the timeline of HHS's hybrid work policies and procedures since January 2019 and hybrid work data collected from passage of the Act through the most current available data (as of May 2024).

We did not review certain aspects of the hybrid work environment, such as space utilization, as this was covered by other work.<sup>56</sup> We also did not analyze the impact or effect of telework or remote work on HHS employee and organizational performance or independently verify EHCM, OPM, and OMB hybrid work data presented in this data brief. Lastly, this data brief does not examine HHS workforce policies and procedures that changed since May 2024.

### METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal and agency requirements;
- met with OHR officials to obtain an understanding of hybrid work within HHS; available data sources; HHS-wide hybrid work policies and procedures issued before, during, and after the PHE; and any other related guidance provided to the Divisions;
- reviewed HHS-wide hybrid work policies and procedures and identified how policies changed since before the PHE;
- determined what information and hybrid work-related data OHR collected to oversee HHS-wide implementation of hybrid work policies and procedures;
- surveyed officials at select Divisions, selected nonstatistically based on size and mission, to obtain an understanding of guidance issued and examples of actions taken to implement HHS-wide hybrid work policy;

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<sup>55</sup> Although the Federal COVID-19 PHE declaration ended on May 11, 2023, OPM did not remove the COVID-19 Governmentwide operating status providing maximum telework flexibilities until May 15, 2023.

<sup>56</sup> GAO has conducted work covering hybrid work related to the use of Federal space, data reliability for OPM, and information technology challenges. (GAO, "[Federal Telework.](#)" Accessed on Feb. 4, 2025.)



- analyzed and summarized the data obtained and OHR interview responses to describe the overall hybrid work environment within HHS; and
- discussed the results of our audit with HHS officials.

We provided ASA with a draft of this data brief on April 15, 2025, for review. ASA notified us that it did not have any comments.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

## APPENDIX B: GLOSSARY OF TERMS<sup>57</sup>

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**Agency Worksite**—An official Federal agency location where work activities are based; generally considered a centralized location of an employee’s assigned organization. The term “regular worksite” is also used to describe an agency worksite.

**Alternative Worksite**—Generally considered an employee’s approved telework site, or, for a remote worker, the approved remote site (e.g., an employee’s residence).

**Collective Bargaining Agreement**—A negotiated written agreement between an employer and a union composed of workers that governs certain terms and conditions of workers’ employment.

**Dispersed Team**—A team that is not based in the same location. The team members may be spread across various cities, time zones, or even nations.

**Flexi-work**—A flexible schedule allowing employees to work outside traditional hours.

**Frequent Routine Telework Agreement**—A written telework agreement that occurs as part of an ongoing regular schedule of 3 or more days per pay period, but not every workday (e.g., remote work).

**General Schedule**—A schedule of annual rates of basic pay, consisting of 15 grades designated GS-1 through GS-15, consecutively, with 10 rates of pay for each such grade.<sup>58</sup>

**Hybrid Work**—A flexible work model that supports a blend of onsite (in-office) work, telework, remote work, mobile work, and/or dispersed teams.

**Mobile Work**—Work that is characterized by routine and regular travel to conduct work in customer or other worksites as opposed to a single authorized alternative worksite. Examples of mobile work include site audits, site inspections, investigations, property management, and work performed while commuting, traveling between worksites, or on temporary duty.<sup>59</sup>

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<sup>57</sup> The terms and definitions in this glossary come from various sources, including Federal statutes and OPM guidance. They may not be the same across all sources. The terms and definitions expressed here are for the purposes of this data brief only and were in place during our audit.

<sup>58</sup> 5 U.S.C. § 5332(a).

<sup>59</sup> Mobile workers are not teleworkers or remote workers, even if they perform some work at their home or alternative worksite, and are not subject to policies covering telework and remote work.

**Mobile Work Agreement**—A written agreement supporting work that is characterized by routine and regular travel to customer or other worksites, as opposed to a single authorized alternative worksite.

**Non-teleworker**—An employee who is ineligible or who chooses to not participate in the agency’s telework program.

**Official Worksite**—The agency worksite for most employees, including teleworkers. For a remote worker, the official worksite is the alternative worksite to which the agency and the employee agreed (e.g., the employee’s residence). The official worksite is generally the location of an employee’s duty station as documented on an employee’s Standard Form 50.<sup>60</sup>

**Periodic Routine Telework Agreement**—A written telework agreement that occurs as part of an ongoing regular schedule 1–2 days per pay period.

**Remote Work**—An arrangement in which an employee, under a written remote work agreement, is scheduled to work at an alternative worksite and is not expected to work at an agency worksite on a regular and recurring basis. A remote worker’s official worksite may be within or outside the local commuting area of an agency worksite.

**Remote Work Agreement**—A written agreement in which an employee is scheduled to work at an alternative worksite and is not expected to report to an agency worksite on a regular and recurring basis. A remote work agreement requires a change in duty station from the agency worksite to the alternative worksite (e.g., an employee’s residence).

**Routine Telework**—Telework that occurs as part of an ongoing regular schedule.

**Situational Telework**—Telework that is approved on a case-by-case basis in which the hours worked are not part of a previously approved, ongoing, and routine telework schedule. Examples of situational telework include telework as a result of inclement weather or special work assignments. Situational telework is sometimes also referred to as “episodic,” “intermittent,” “unscheduled,” or “ad-hoc telework.”

**Situational Telework Agreement**—A written telework agreement that is approved on a case-by-case basis in which the hours worked are not part of a previously approved, ongoing, and regular telework schedule.

**Telecommuting**—Working at home by the use of an electronic linkup with a central office.

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<sup>60</sup> The Standard Form 50 is the Notification of Personnel Action.

**Telework**—An arrangement in which an employee performs the duties and responsibilities of such employee’s position, and other authorized activities, from an approved worksite other than the location from which the employee would otherwise work.<sup>61</sup>

**Virtual Work**—Work using technology and digital tools to perform tasks.

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<sup>61</sup> OPM guidance states that the definition of “telework” does not include any part of work done while on official travel or mobile work.

## APPENDIX C: HHS EMPLOYEES' HYBRID WORK AGREEMENT STATUS BY DIVISION AS OF MAY 2024\*

Division	Number of Employees With Agreements for Routine Telework	Number of Employees With Agreements for Remote Work	Number of Employees Without Agreements for Routine Telework or Remote Work	Total Number of HHS Employees
Administration for Children and Families	942	242	803	1,987
Administration for Community Living	99	20	121	240
Administration for Strategic Preparedness and Response	304	160	4,708	5,172
Agency for Healthcare Research and Quality	168	91	41	300
Agency for Toxic Substances and Disease Registry	35	86	34	155
Centers for Disease Control and Prevention	2,613	7,520	2,236	12,369
Centers for Medicare & Medicaid Services	4,437	1,800	296	6,533
Health Resources and Services Administration	1,908	641	69	2,618
Indian Health Service	409	323	13,011	13,743
National Institutes of Health <sup>†</sup>	7,224	5,647	7,791	20,662
Office of the Secretary <sup>‡</sup>	2,631	1,321	1,781	5,733
Substance Abuse and Mental Health Administration	334	479	74	887
U.S. Food and Drug Administration	8,064	39	12,268	20,371
<b>Total HHS Employees</b>	<b>29,168</b>	<b>18,369</b>	<b>43,233</b>	<b>90,770</b>

\* Source: OIG's analysis of HHS's EHCM system data as of May 2024.

<sup>†</sup> According to OHR officials, the National Institutes of Health includes the Advanced Research Projects Agency for Health Operating Division's employees.

<sup>‡</sup> Comprises multiple Staff Divisions.

## APPENDIX D: HHS EMPLOYEES' HYBRID WORK AGREEMENT STATUS BY STATE AS OF MAY 2024\*

State + DC	Number of HHS Employees	Number of Employees With Agreements for Routine Telework <sup>†</sup>	Number of Employees With Agreements for Remote Work <sup>†</sup>	Number of Employees Without Agreements for Routine Telework or Remote Work <sup>**</sup>
Alabama	227	38	74	115
Alaska	119	54	12	53
Arizona	4,467	151	130	4,186
Arkansas	493	193	17	283
California	2,353	745	504	1,104
Colorado	948	298	227	423
Connecticut	202	25	50	127
Delaware	96	12	45	39
District of Columbia	4,321	2,040	632	1,649
Florida	1,605	308	464	833
Georgia	10,290	2,544	5,958	1,788
Hawaii	93	10	20	63
Idaho	86	14	11	61
Illinois	830	358	192	280
Indiana	137	34	54	49
Iowa	107	17	27	63
Kansas	320	114	48	158
Kentucky	135	23	53	59
Louisiana	239	72	63	104
Maine	95	14	28	53
Maryland	40,515	17,857	5,685	16,973
Massachusetts	823	281	137	405
Michigan	439	93	111	235
Minnesota	828	93	70	665
Mississippi	84	10	33	41
Missouri	532	246	87	199
Montana	1,138	39	90	1,009
Nebraska	93	11	9	73

State + DC	Number of HHS Employees	Number of Employees With Agreements for Routine Telework <sup>†</sup>	Number of Employees With Agreements for Remote Work <sup>‡</sup>	Number of Employees Without Agreements for Routine Telework or Remote Work <sup>**</sup>
Nevada	150	13	30	107
New Hampshire	90	11	24	55
New Jersey	528	145	126	257
New Mexico	3,383	76	57	3,250
New York	1,290	488	259	543
North Carolina	1,404	220	451	733
North Dakota	385	5	7	373
Ohio	944	401	231	312
Oklahoma	1,750	62	65	1,623
Oregon	381	42	71	268
Pennsylvania	1,293	364	341	588
Rhode Island	88	15	25	48
South Carolina	293	35	108	150
South Dakota	1,344	47	65	1,232
Tennessee	399	115	112	172
Texas	1,637	478	514	645
Utah	190	15	28	147
Vermont	56	9	15	32
Virginia	1,846	427	700	719
Washington	963	325	127	511
West Virginia	464	132	136	196
Wisconsin	183	46	40	97
Wyoming	94	3	6	85
<b>Total HHS Employees</b>	<b>90,770</b>	<b>29,168</b>	<b>18,369</b>	<b>43,233</b>

\* Source: OIG's analysis of HHS's EHCM system data as of May 2024.

<sup>†</sup> Employees included were coded with "frequent routine telework agreement" (TF) and "periodic routine telework agreement" (TP) in the hybrid work agreement type.

<sup>‡</sup> Employees included were coded with "remote work agreement" (RW) in the hybrid work agreement type.

<sup>\*\*</sup> Employees included were coded with "situational telework" (TS), "mobile work" (MW), and "non-teleworker" (NN) in the hybrid work agreement type.

## APPENDIX E: HHS PAY AUTHORITIES AND LOCALITY PAY

**Number of HHS Employees by Pay Authority as of May 2024\***

HHS Employee Pay Authority	Number of HHS Employees	Percentage of Total Employees
General Schedule (GS) (Title 5)	73,192	81%
Federal Wage System (FWS) (Title 5)	1,646	2%
Senior Executive Service (SES) or equivalent (Title 5)	539	1%
Other Title 5 employees	3,136	3%
Special pay authorities (Titles 21, 38, and 42)	12,257	13%
<b>Total HHS Employees</b>	<b>90,770</b>	

\* Source: HHS's EHCM system data as of May 2024. This table does not include employees working in locations outside the 50 States and the District of Columbia, employees with multiple positions in HHS, or U.S. Public Health Service Commissioned Corps professionals who supervise HHS employees.

The primary pay authorities for employees hired under Title 5 (Title 5 employees) in HHS include: (1) the GS classification and pay authority that covers the majority of civilian Federal employees in professional, technical, and administrative positions; (2) the FWS that covers trade, craft, and laboring employees who are paid by the hour; and (3) the SES, which is an employment system that applies to any positions that are classified above GS-15 and involve executive management and high policy-making responsibilities.<sup>62</sup> Additional Title 5 positions classified above GS-15 (i.e., SES-equivalent employees) include senior-level positions based on non-executive duties and responsibilities and scientific and professional positions. Other Title 5 employees include administrative law judges, experts and consultants, advisory committee members, and other miscellaneous specialized employees.<sup>63</sup>

GS Federal employees may receive locality pay, or an amount above the employee's base pay, based on their official duty station's geographic location.<sup>64</sup> Locality pay is typically based on a percentage of base pay. Generally, GS employees are the primary employees who receive locality pay, but a few non-GS positions also receive locality pay.<sup>65</sup> FWS and SES pay authorities have differing locality pay circumstances. Employees covered by the FWS are paid a prevailing

<sup>62</sup> 5 U.S.C. subchapter III, 5 CFR § 531, 5 U.S.C. subchapter IV, 5 CFR § 532, 5 U.S.C. subchapter VIII, 5 CFR § 534.

<sup>63</sup> 5 U.S.C. § 5372, 5 U.S.C. § 3109.

<sup>64</sup> 5 U.S.C. § 5304, 5 CFR § 531.604.

<sup>65</sup> Non-GS employees eligible for locality pay are limited to administrative law judges, administrative appeals judges, members of Boards of Contract Appeals, and certain SES (including senior level and scientific and professional) employees. (OPM, [Memorandum for Heads of Executive Departments and Agencies: Continuation of Locality Payments for Non-General Schedule Employees](#). Accessed on Feb. 3, 2025.)



wage comparable to private-sector rates in each local wage area.<sup>66</sup> Locality pay may not be received by employees paid under the SES and other Title 5 positions classified above GS-15, except in certain cases, because pay is typically a set or performance-based amount. The other Title 5 positions are compensated under various pay plans that generally do not consider locality pay. The majority of these positions are Advisory Committee members. Special pay under Titles 21, 38, or 42 does not include locality pay and generally consists of base pay, market pay, and performance pay or is an annual rate set by the Division.<sup>67</sup>

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<sup>66</sup> “Wage area” means the geographic area within which a single set of regular wage schedules is applied uniformly by Federal installations to covered occupations (5 CFR § 532.201).

<sup>67</sup> 21 U.S.C. § 379(b), 38 U.S.C. § 7431, 42 U.S.C. § 282(b)(22).

# Report Fraud, Waste, and Abuse

OIG Hotline Operations accepts tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement in HHS programs. Hotline tips are incredibly valuable, and we appreciate your efforts to help us stamp out fraud, waste, and abuse.



**TIPS.HHS.GOV**

**Phone: 1-800-447-8477**

**TTY: 1-800-377-4950**

## Who Can Report?

Anyone who suspects fraud, waste, and abuse should report their concerns to the OIG Hotline. OIG addresses complaints about misconduct and mismanagement in HHS programs, fraudulent claims submitted to Federal health care programs such as Medicare, abuse or neglect in nursing homes, and many more. [Learn more about complaints OIG investigates.](#)

## How Does It Help?

Every complaint helps OIG carry out its mission of overseeing HHS programs and protecting the individuals they serve. By reporting your concerns to the OIG Hotline, you help us safeguard taxpayer dollars and ensure the success of our oversight efforts.

## Who Is Protected?

Anyone may request confidentiality. The Privacy Act, the Inspector General Act of 1978, and other applicable laws protect complainants. The Inspector General Act states that the Inspector General shall not disclose the identity of an HHS employee who reports an allegation or provides information without the employee's consent, unless the Inspector General determines that disclosure is unavoidable during the investigation. By law, Federal employees may not take or threaten to take a personnel action because of [whistleblowing](#) or the exercise of a lawful appeal, complaint, or grievance right. Non-HHS employees who report allegations may also specifically request confidentiality.

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