**Instructions:** In support of [Executive Order 16-07: Building a Modern Work Environment](http://www.governor.wa.gov/sites/default/files/exe_order/eo_16-07.pdf),complete this form and submit it to [WAmodernwork@ofm.wa.gov](mailto:WAmodernwork@ofm.wa.gov) by January 31, 2019.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **My agency has aligned internal policies to reflect the EO’s expectation for culture change.** | | | | | Choose One |
| **Briefly describe the policies that you have aligned, those you are expecting to review and the dates for implementation.** | | | | | |
|  | | | | | |
| **My agency is providing training to its employees to aid in this culture change.** | | | | | Choose One |
| **Briefly describe the trainings provided, or expected to provide, and dates for implementation.** | | | | | |
|  | | | | | |
| **My agency is actively working toward creating a modern work environment.** | | | | | Choose One |
| **Briefly describe the actions you are taking or are planning to take for implementing a modern work environment.** | | | | | |
|  | | | | | |
| **Briefly describe your agency’s mobility strategy. This may include mobile technology adoption, performance management, communication strategies, education and training, internal website with guidance, etc.** | | | | | |
|  | | | | | |
| **Successes, Lessons Learned and Additional Comments (Optional)** | | | | | Choose One |
| **Share any success stories from 2018 related to this initiative.** | | | | | |
|  | | | | | |
| **Share any lessons learned from 2018 related to this initiative.** | | | | | |
|  | | | | | |
| **Share additional comments that could provide insight into your agency’s efforts.** | | | | | |
|  | | | | | |
| **List any guidance, training, tools or general recommendations you may have for the Workplace Strategy Council to consider for your agency to be successful in this transformation.** | | | | | |
|  | | | | | |
| **Certification** | | | | | |
| **I hereby certify that my agency is actively working on implementing the Governor’s Executive Order.** | | | | | |
| **Agency Director Signature** | |  | | Date: | |
| **Printed Name and Title** |  | | | | |
| **Agency Name:** | | | **Contact Person:** | | |
| **Phone Number:** | | | **E-Mail Address**: | | |