

# In-State Telework Agreement Form

OFFICE USE ONLY

Approved

Denied

## Section 1 - Employee Information

Last Name:

First Name:

Job Title:

Personnel Number:

Division/Program:

Work Phone:

Type of Request:

New Request

Renewal

Begin Date:

End Date (if applicable):

## Section 2 - Worksite Information

Please list the **city, state and zip code** you are requesting to work from, including telework and in-office work. Start with the location you are requesting to work from most frequently.

Worksite 1:

Worksite 2:

Worksite 3:

Worksite 4:

## Section 3 - Telework Frequency

Please select one of the following options to indicate the amount you would like to telework:

Less than one day per week/ad hoc (<20%) \*

One day per week (20-39%)

Two days per week (40-50%)

Three days per week (51-75%)

Four days per week (76-90%)

Near full-time remote (91-100%)

\* If less than one day per week/ad hoc, describe:

## Section 4 - Telework Schedule

Please indicate the days and hours you plan to work, including telework and in-office work. Select which location you will be working from on which days on the "location" rows using 1, 2, 3, or 4. Only complete Workweek 1 if your schedule is same each week, or 1 and 2 if your schedule is bi-weekly.

Workweek 1	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							
Location							

<b>Workweek 2</b>	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
Start Time							
End Time							
Location							

<b>Workweek 3</b>	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
Start Time							
End Time							
Location							

<b>Workweek 4</b>	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
Start Time							
End Time							
Location							

## Section 5 - Communication Standards

Document in the comment box below any agreement between the employee and supervisor regarding communication expectations. Address specifics regarding check-ins, virtual meeting participation, and methods of communication that the employee is expected to respond to.

## Section 6 - Tasks and Measures

Select one of the following options:

Option 1: The employee will perform all the position's tasks and essential functions as listed on the attached Position Description Form.

Option 2: The employee has specific tasks that they cannot perform while teleworking. If this option is selected, the employee cannot telework full-time and will need to report in-person to perform those tasks.

If option 2 is selected, describe:

## Section 7 - Travel Expectations

The employee should work with their supervisor to answer the following questions:

Will the employee be required to travel to their official duty station or a different location?

Yes

No

If so, describe the travel expectations, including frequency of travel and amount of notice the employer will provide before the employee is expected to travel.

Will the organization cover the employee's travel expenses? Yes No

If yes, describe the reason, justification, and specific circumstances in which travel will be reimbursed. This must follow [RCW 42.52 Ethics in Public Service](#), and [SAAM Chapter 10](#).

## Section 8 - Equipment Inventory

All employer-provided items remain the property of the organization and must be returned to the organization immediately upon request. Teleworking will not result in duplication of equipment. For technical support, contact your agency's Help Desk.

All organization-owned equipment that will be used while teleworking must be documented below. Please note that you (the employee) should complete an Employee Equipment Waiver Request Form if you need additional equipment that is not currently in your possession.

Laptop  
Headset  
Desk

Mouse  
Laptop Stand  
Chair

Keyboard  
Monitor(s)  
Webcam

Mobile phone  
Footrest  
Docking Station  
Other\*

\* If other, describe:

## **Section 9 - Policies and Procedures Acknowledgement**

The employee has read and agreed to comply with the following policies and procedures:

- Telework Policy
- Telework Provisions of Collective Bargaining Agreement (if applicable)
- Employee Equipment Waiver Request Form
- Mobile Device Policy
- Overtime, Exchange Time and Compensation Policy
- Ethics Policy
- Disclosure of Public Records Policy
- Records Management Policy
- Preservation of Documents Related to Litigation Policy
- Acceptable Use – Networks and Computer Systems Policy
- IT Security Policy
- Remote Access Policy
- Electronic Data Security Policy
- Other relevant policies and procedures
- Telework Ergonomic Checklist for Employees and Supervisors

## **Section 10 - Telework Safety Checklist**

The employee has assessed their telework station and confirms the following:

- The workspace is away from noise and distractions.
- There is adequate temperature, lighting and ventilation for the workspace.
- A fire extinguisher is located nearby.
- First aid supplies are readily accessible and adequate.
- The office space, hallways, aisles, stairs and doorways are free of flammable materials, slip or trip hazards and obstructions, permitting visibility, movement and emergency egress.
- You have an evacuation plan, so you know what to do in an emergency event.
- All electrical equipment is adequate for office equipment, utilizes surge protection and is in good condition without exposed or damaged wiring.
- Permanent extension cords or daisy chained surge protectors are not used.
- Work surface and chairs are ergonomically correct.
- Files, data, materials and equipment are in a secure place that can be protected from damage, theft and misuse.

## **Section 11 - Telework Expectations**

**The employee agrees to:**

- Ensure the primary address is correct in the state HR/Payroll system (HRMS) by logging into MyPortal and updating as needed. Changes in MyPortal will automatically be made in HRMS.
- Work remotely with same quality as when on-site and maintain level of service for internal and external customers.
- Report to on-site location on telework day, upon request.
- Ensure the telework station is safe and ergonomically compatible.
- File incident report for injuries at telework station.
- Maintain confidentiality in public workspaces.

- Only use organization equipment. If personal equipment is used, the employee may be required to surrender it as part of an investigation.
- For travel requests, maintain compliance with ethics in public service (RCW 42.52 and SAAM).
- Handle original documents according to regulations (WAC 434-615-020 and RCW 40.14).
- Understand that the employer can cancel telework agreements at any time, with notice.
- Read and comply with the requirements of this form and all organization policies listed above.

### **The supervisor agrees to:**

- Determine if telework is suitable for the position and justify business rationale for approval.
- Work with HR to ensure employee home (primary) address is correct in the state HR/Payroll system (HRMS).
- Complete and submit all required forms to HR.
- Establish clear expectations for the employee's work hours, availability and productivity.
- Create clear communication channels and expectations for how the employee will communicate with their colleagues and supervisor.
- Develop a plan to monitor the telework arrangement and measure costs and/or organization benefit. Review at least once per year with the employee.
- Provide that the employee has the necessary IT equipment and internet connection.
- Ensure that employee handles original documents according to regulations (WAC 434-15-020 and RCW 40.14).
- Give advanced notice if the employee must report on-site during a telework day and offer an alternative telework day option.
- For travel requests, maintain compliance with ethics in public service (RCW 42.52 and SAAM).
- Read and comply with the requirements of this form and all organizational policies listed above.

## **Section 12 - Signatures**

**I, the employee, understand and agree to the terms and conditions of this agreement.**

Employee name:

Employee Signature:

Date:

*Please type your full name in the signature fields. Do not use E-sign features or insert signature images.*

**I, the supervisor, affirm that the employee does meet all the noted criteria.**

Supervisor's Name:

Supervisor's Signature:

Date:

*Please type your full name in the signature fields. Do not use E-sign features or insert signature images.*

**I, the appointing authority, agree that the employee does meet all the noted criteria.**

Appointing Authority's Name:

Appointing Authority's Signature:

Date:

If this request is denied or revoked, describe the reasons below.

### **Section 13 - Next Telework Agreement Form Review Date**

This Telework Agreement Form will be reviewed at least one year from the date the form is signed by the Appointing Authority above. If changes to the terms of this agreement are made, a new form must be completed and reviewed. Please note that employers reserve the right to cancel, or change telework agreements with sufficient notice.

Next Review Date:

### **Section 14 - Supporting Documentation**

Please attach the following documents:

- Employee Equipment Waiver Request Form (if additional equipment is needed)
- Position Description Form
- Additional Information, labeled by section, if more space is needed than provided