

Out-of-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							

Workweek 2	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							
Location							

Workweek 3	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							
Location							

Workweek 4	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							
Location							

Section 5 – Out of State Telework Questions

- As of the beginning of this calendar year, what state were you a resident of?
- How many days have you spent in your current state of residence this year?
- If you moved this year, when did you become a resident of the new state?
- Are you planning to return to the state of Washington? Yes No
If so, date returning:
- In which state(s) are you currently working?
- If you work remotely from multiple states, specify them:
- How many days have you worked in each state, from the beginning of this calendar year, to present?

Section 6 – Justification for Out-of-State Telework

Select all of the following criteria you meet and attach supporting documentation. Justification is required even if renewing an agreement.

I am an active-duty service member of spouse of an active-duty service member and have received orders to relocate to an assignment outside of Washington State.

I provide direct care for a family member that resides outside of Washington state.

I must leave the state to ensure the personal safety and shelter of myself or my immediate household member.

I am a resident of a bordering state (Oregon or Idaho).

I am in a position that is hard to fill and/or I have a specialized skill-set.

I am in a position that must perform work out of state.

I have been approved to telework out-of-state in the past and am seeking to renew my legacy out-of-state telework agreement.
Other

If other, describe:

Section – 7 Communication Standards

Document 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 8 – 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 9 - 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](#). See [OFM State HR Travel Guidance](#) for more information:

Section 10 - 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	Mouse	Keyboard	Mobile phone
Headset	Laptop Stand	1 Monitor	Footrest
Desk	Chair	Webcam	Docking Station

Other, describe:

Section 11 - 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
- Managing Out-of-State Employee Checklist

Section 12 - 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 13 - Telework Expectations

The employee agrees to:

- Get employer approval to work remotely **prior** to working out of state.
- 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. If the employing agency does not use MyPortal, will follow agency process for ensuring correct address is submitted to HR/Payroll.
- Understand tax implications such as adjustment of earnings required for other state taxes or deductions or requirement to file income taxes in new state. State and local tax filing may be required.
- Understand health insurance benefits coverage issues and contact Medical/Dental insurance providers to verify coverage in new state. Contact Benefits Office to change policies if needed.
- 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.
- Understand that approval is for the given time frame and the agreement will be reviewed annually. Continued approval is not guaranteed and may be revoked.
- Read and comply with the requirements of this form and all organization policies listed above.
- Understand agency data privacy, security, and confidentiality requirements. Ensure work is not done on open or public networks when working remotely. Open networks, such as public Wi-Fi in cafes, airports, or other shared spaces, pose a higher risk of unauthorized access and potential data breaches.

The supervisor agrees to:

- Determine if telework is suitable for the position and justify business rationale for approval.
- Coordinate with HR & Payroll **prior** to approving out-of-state work. Work with HR/Payroll to ensure employee home (primary) address is correct in the state HR/Payroll system (HRMS).
- Complete and submit all required forms to HR.
- Consult with our organization's Risk Manager, IT, etc., to validate that work can be done out-of-state.

- Learn the employment laws of the state where the employee will be working. Ensure compliance with local employment laws and regulations
- 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).
- 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 14 - 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 HR representative, affirm that the organization can support this request.

HR Representative Name:

HR Representative Signature:

Date:

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

I, the Payroll representative, affirm that the organization can support this request Payroll

Representative Name:

Payroll Representative Signature:

Date:

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

I, the IT Services representative, affirm that the organization can support this request. IT

Representative Name:

IT Representative 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:

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

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

Section 15 - 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 16 - Supporting Documentation

Please attach the following documents:

- Supporting documentation to justify out-of-state telework
- Employee Equipment Waiver Request Form (if additional equipment is needed)
- Position Description Form
- State-specific Form W-4 for proposed state of residence
- Additional Information, labeled by section, if more space is needed than provided