TELEWORK AGREEMENT

This agreement details the terms and conditions of teleworking. Only positions identified as suitable for telework will be considered. Review your position description to confirm eligibility for telework prior to completing this agreement.

☐ New agreement  ☐ Change/update to existing agreement

<table>
<thead>
<tr>
<th>Name</th>
<th>Position number</th>
<th>Employee ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Official duty station</td>
<td></td>
</tr>
<tr>
<td>Telework worksite address</td>
<td>City, State, Zip</td>
<td></td>
</tr>
<tr>
<td>Telework telephone number</td>
<td>Supervisor name</td>
<td></td>
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**FREQUENCY**

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<tbody>
<tr>
<td>☐ Ad Hoc/As Needed (Employee is working from an alternate work location that is typically as needed or less than two days per month)</td>
<td>☐ 1-2 days every two weeks</td>
<td>☐ 3-4 days every two weeks</td>
<td>☐ 5 or more days every two weeks</td>
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**POLICY REVIEW**

Review the policies below and check to indicate you understand and agree to comply.

☐ DOC 830.300 Telework and Alternate Work Sites  
☐ DOC 200.900 Travel Regulations  
☐ DOC 280.100 Acceptable Use of Technology  
☐ DOC 280.310 Information Technology Security  
☐ DOC 280.515 Data Classification and Sharing  
☐ DOC 825.010 Hours of Work, Overtime, and Additional Compensation

**EQUIPMENT INVENTORY**

Document the Department-owned or leased equipment that will be used while teleworking. All issued equipment will comply with the standard equipment list. Additional equipment must be authorized by the Appointing Authority and purchased by the approving division.

<table>
<thead>
<tr>
<th>Item</th>
<th>Inventory tag number</th>
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**SYSTEM ACCESS**

Access will be needed for the following system(s):

☐ Virtual Private Network (VPN) ☐ Skype for Business ☐ Other: _______________________

**WORKSITE**

Describe the dedicated workspace if teleworking at your residence:
TELEWORK AGREEMENT

Initial:  

**I understand and agree to the following:**

- Teleworking is not a right, but a tool the Department uses to accomplish agency work and goals, and to support a healthy work/life balance.
- Teleworking does not change my official duty station and I may be called to the office for training, meetings, or other events.
- A telephone number will be provided where I can be contacted during business hours.
- The supervisor/manager/Appointing Authority may check work progress via telephone, e-mail, Skype, or other available means.
- Personal business will not be conducted at the telework worksite during scheduled work time.
- The worksite will be maintained free of work-related safety and health hazards.
- The alternate work location is subject to an on-site inspection by the supervisor at their discretion.
- Any data, documents, or work products developed while teleworking is the sole property of the Department and the state of Washington.
- Requests for changes to the telework agreement must be submitted to the manager/Appointing Authority.
- A request for cancellation of this agreement or termination by management may occur at any time with 7 days’ written notice, unless incidents of telework abuse, alleged misconduct, or an emergency.

**Initial: Equipment:**

- For technical assistance with Department-owned or leased equipment, software, or network services, the IT Help Desk (360) 725-8383 will be contacted or an IT help ticket will be submitted.
- The Department retains ownership and control of all hardware, software, and data associated with state-supplied equipment and supplies.
- Department-owned or leased equipment is for OFFICIAL USE ONLY. Installation, repair, and maintenance is at the sole discretion and direction of the Department.
- The state does not incur any cost or liability caused from the use, misuse, loss, theft, or destruction of privately owned equipment or resources.
- Information Technology security rules will be adhered to and issued equipment protected from damage, theft, or access by unauthorized individuals.
- Access to and use of sensitive information on state equipment must comply with all Department guidelines. Department computers will only be used for Department business.
- All Department-owned hardware, software, and data will be promptly returned if/when this agreement ends.

I understand and agree to the terms and conditions of the telework policy and this agreement.

**Signature**  
**Date**
I affirm that the employee/contract staff [ ] does / [ ] does not meet the criteria.

<table>
<thead>
<tr>
<th>Supervisor</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**APPOINTING AUTHORITY DECISION**

This agreement is: [ ] Approved [ ] Denied

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
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Reason for denial: ____________________________________________________________

**CANCELLATION OF AGREEMENT**

[ ] This agreement is canceled/terminated.

Reason for cancelation: ________________________________________________________

<table>
<thead>
<tr>
<th>Appointing Authority</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Local Human Resources    **COPY** - Supervisor, Employee/Contract staff