Department of Corrections
WASHINGTON STATE

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 Effective date: _____

Name (Last, First)	Position number	Employee ID
Title	Official duty station	
Telework worksite address	City, State, Zip	
Telework telephone number	Supervisor name	

FREQUENCY					
EP0 ☐ <1 day per week/ad hoc (Working from an alternate work location less than one day per week or on occasion)	EP5 ☐ 1 day per week	EP6 ☐ 2 days per week	EP7 ☐ 3 days per week	EP8 ☐ 4 days per week	EP9 ☐ Near/full-time

POLICY AND TELEWORK AGREEMENT	
Initial	**I understand and agree to the following:**
	I have reviewed and agree to comply with DOC 830.300 Mobility, Telework, and Alternate Worksites.
	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 the official duty station of my position 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, Teams, or other available means.
	The worksite will be maintained free of work-related safety and health hazards.
	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.
	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.

EQUIPMENT INVENTORY

Document equipment that is Department-owned and assigned by the IT Department that will be used while teleworking. All issued equipment will comply with the standard equipment list. Additional equipment must be requested by submitting an IT Service Request for the type of equipment needed and purchased with the approving division funds and authorized by the Appointing Authority.

Item	Inventory tag number (use N/A for items with no tag number)

SYSTEM ACCESS

Access needed for: ☐ Virtual Private Network ☐ Teams ☐ Other: _____

EMPLOYEE/CONTRACT STAFF ACKNOWLEDGEMENT

I understand and agree to the terms and conditions of the telework policy and this agreement. I have attached DOC 03-241 Telework Safety Assessment to this request.

Signature _____ Date _____

SUPERVISOR DECISION

I affirm that the employee/contract staff ☐ does / ☐ does not meet the criteria.

Supervisor _____ Signature _____ Date _____

APPOINTING AUTHORITY DECISION

This agreement is: ☐ Approved ☐ Denied

Name _____ Signature _____ Date _____

Reason for denial: _____

CANCELLATION OF AGREEMENT

☐ This agreement is canceled/terminated.

Reason for cancelation: _____

Appointing Authority _____ Signature _____ Date _____

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