



State of Alaska Telework Request and Agreement Form

New Agreement:

Renewal Request:

In-State (1 year max):

Out-of-State (1 year max):

Note: Any telework request to work away from a position's official duty station will require an approved Letter of Agreement (LOA) between the State and the union. If the position is not represented by a union, it will require written approval of the department's Commissioner and the State Personnel Director.

Employees teleworking out of state must contact the Division of Finance for further instructions on potential tax withholding.

Employee Information

Name:

Employee ID:

Job Title:

Position # (PCN):

Department:

Division:

Supervisors and Employees: Please fit responses into the form fields below by being as concise as possible. If you truly need more space, include a summary response in the respective form field along with "see attachment for more detail" and include the additional information on an attachment. One attachment per employee and one attachment per supervisor only, please

Telework Request (Information to be Filled out by the Employee and Supervisor as noted).

Reason for Request (*Employee*):

Benefits to agency and employee (*Employee*):

Position's suitability for teleworking as defined in the Telework Policy II.S (Supervisor):

Employee's suitability for teleworking as defined in the Telework Policy II.T (Supervisor):

Telework Agreement (Information to be Filled out by the Employee and Supervisor as noted)

Main Workplace Address (Employee):

Telework Address (Employee):

Home Address (Employee):

Supervisor's Name:

Supervisor's Title:

The employee volunteers to participate in the teleworking program and to follow the applicable guidelines per the Telework Policy. The employer agrees to the employee's participation.

This agreement is effective from _____ to _____ (effective from date is dependent on approval of the request by the Division Director and, if applicable, Commissioner and State Personnel Director; effective to date is not to exceed one year). The employee may request his/her participation in the telework work agreement be terminated by notifying his/her supervisor in writing with 15 calendar days notice. The agency shall arrange for the employee to return to work at the main workplace within a reasonable time after receipt of the written request. Agency management may cancel this agreement and instruct the employee to resume working at the main workplace at any time. If teleworking is out of state, management shall give 15 calendar days notice when cancelling the agreement.

Work Site: The main workplace and the telework address are designated above. The employee agrees to work at the main workplace or teleworking work location and not from another unapproved site.

Dependent Care: The employee will continue to make arrangements for dependent care to the same extent as if the employee was working at the main workplace. However, having a dependent at home will not necessarily prohibit an employee teleworking. Requests will be reviewed on a case-by-case basis.

Work Hours: Standard work hours and location are specified below; they do not reflect any alterations to the standard work hours made outside of this agreement (example: approved alternate workweek agreement, approved reduced workweek, etc.). All pay, leave and travel entitlement will be based on the employee’s main workplace.

Note: Based on necessity of business, the supervisor may require the employee to alternate days and/or report to the main workplace on a scheduled teleworking day.

(Employee to provide information below. Times listed as Alaska Time only)

Work Days	Schedule Start Time	Schedule End Time	Total Hours	Telework Work Hours	Main Workplace Work Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Meal break: A meal break of not less than 30 minutes nor more than one hour will be allowed approximately midway of each shift.

Leave: Employees must obtain supervisory approval before taking leave in accordance with established agency procedures. The employee agrees to follow established procedures for requesting and obtaining approval of leave.

Equipment: The State is not required to provide equipment for the telework location; however, with the approval of the supervisor, the teleworker may be provided State-owned equipment necessary to perform work assignments.

State-owned Equipment to be Provided (Employee):

Equipment	Property Tag Number	Serial Number

Personal Equipment to be Used (Employee):

State provided equipment will be used only by the employee to complete State work. It is not for personal use by the employee or the employee's family members. All use will comply with the SOA OIT policy.

Maintenance of Equipment: Equipment provided by the employer must be protected against damage and unauthorized use. Employer-owned equipment will be serviced and maintained by the employer. Equipment provided by the employee will be at no cost to the employer and will be maintained by the employee. If equipment malfunctions, the employee must notify his/her supervisor immediately. All repairs to State equipment must be conducted at the central workplace or State approved facility. The teleworking employee is responsible for returning malfunctioning equipment to the central workplace for repair. If the malfunction precludes the employee from performing work assignments, the employee will be assigned to a different project or required to return to the main workplace.

Costs: The employer will not be responsible for operating costs, home maintenance, personal cell/home telephone expenses, Internet fees/rates, or any other incidental costs (e.g., utilities), associated with the use of the employee's residence. The employee does not waive entitlement to reimbursement for authorized expenses incurred while conducting official business for the employer.

Liability: The state is not responsible for loss, damage, repair, replacement, or wear of personal property or equipment. The employee will be liable for any loss or damage to State property. The State retains the right to inspect the worksite. Generally, no additional equipment will be provided to employees to work at alternative work sites. Any exceptions must be approved by the employee's Director or Department ADA Coordinator, in consultation with the Office of Information Technology, when appropriate.

The employee shall return all State equipment in good working condition, normal wear and tear excluded. The employee is responsible for notifying their supervisor immediately, within 24 hours, of any damage, theft or loss of any issued State property and will be liable for that loss. In the event of theft of the equipment, the employee shall be responsible for reporting the theft to local law enforcement and providing a copy of that report to their Division Director.

Verification of Home Safety: In signing this agreement, the employee verifies that the telework work location provides work space that is free from safety and fire hazards.

Work Assignments: The employee will meet with the supervisor to receive assignments and to review completed work at least once a week. The employee will complete all assigned work according to procedures mutually agreed upon with the supervisor.

Work Plan: Provide a description of the duties to be performed and how work products and output will be assessed for performance.

Duties to be Performed *(Supervisor):*

Method of Assessing Performance *(Supervisor):*

Evaluation: The evaluation of the employee's job performance will be based on established standards. Performance must remain satisfactory to remain a teleworker.

Employee Approval

I agree to abide by this Work Agreement and all requirements of the Teleworking Policy. I understand that teleworking is voluntary, and I may stop teleworking at any time with 15 calendar days written notice.

I understand that management has the right to initiate, amend, terminate or suspend this agreement at any time. I understand that my supervisor can suspend this agreement if it is being used to enable child/dependent care. I understand that failure to comply with the provisions of this Agreement and the Teleworking Policy may result in termination of the agreement, and/or other appropriate disciplinary action.

I understand that I am required to be available by email, phone, or other online technology during the work hours established in this Work Agreement and that I am required to answer the work phone number assigned to me or respond to voicemail timely unless I have a pre-approved absence.

I understand that if my position is represented by a union and the telework location is outside my official duty station that an approved Letter of Agreement is required BEFORE I can begin the telework arrangement. This agreement is contingent upon a LOA being approved between the State and my union and could result in a change of salary schedule. I understand that if a LOA is not approved this agreement will be considered cancelled.

I understand that if teleworking out-of-state that I am required to submit the appropriate state tax paperwork to the Division of Finance BEFORE I can begin the telework arrangement.

I understand that regardless of my work location, as a public employee I am bound by the high standards set forth in the Alaska Executive Branch Ethics Act and my oath to serve Alaskans. Signing below I confirm that I understand the nature of this agreement and confirm all statements listed above. I also understand that this agreement is not finalized until it is approved by my Supervisor, Division Director, and, if applicable, Commissioner.

Employee Signature: _____ Date: _____

Employee: Any attachments? Yes No

Supervisor Approval

Has the position description been reviewed for accuracy? Yes No

Does the employee currently hold permanent status? Yes No

Request approved: YES NO

If the request is for the employee to work outside of their official duty station a LOA must be approved by the employee’s union before they can start the telework arrangement. Work with the Human Resource Business Partner to get the required LOA processed.

If not approved, please provide the rejection reason below:

My approval certifies that I understand and will ensure compliance with the provisions of the Agreement.

Supervisor Signature: _____ Date: _____

Name: _____ Title: _____

Phone: _____ Supervisor: Any attachments? Yes No

Division Director Approval

Request approved: YES NO

If not approved, please provide the rejection reason below:

Signature: _____ Date: _____

Name: _____

Out of State Request Approvals

For any out of state requests you must contact your Human Resource Business Partner and the Division of Finance to make sure all required Telework Policy, Letter of Agreement, and Tax Forms are followed/submitted.

Commissioner Approval

Request approved: YES NO

If not approved, please provide the rejection reason below:

Signature: _____ Date: _____

Name: _____

State Personnel Director

Request approved: YES NO

If not approved, please provide the rejection reason below:

Signature: _____ Date: _____

Name: _____

cc: Human Resource Business Partner