**Mobile Work Agreement**

|  |  |
| --- | --- |
| ***Related Policy:*** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***About this form:*** This form is used to document approval/denial, or recension of mobile work.   * *Employee:* Complete this form together with your supervisor. * *Supervisor:* Review, make determination as appropriate, and forward to your division head. * *Division head:* Review, make determination as appropriate, and distribute.   A copy of the signed agreement should be kept by the supervisor and employee. | | | | | | | |
| **General Information** | | | | | | | |
| New  Renewal | | Is the mobile mode primarily teleworking?  Yes  No | | | | | |
| Begin Date: | | End Date: | | | | | |
|  | |  | | | | | |
| **Employee Information** | | | | | | | |
| First Name: | | | Last Name: | | | | |
| Job Title: | | | Work Phone: | | | | Division: |
| Official Duty Address : | | | | | | | |
|  | | | | | | | |
| **Mobile Work Schedule** | | | | | | | |
| **Days:** | **Start/End Times:** | | | **Mobile Work Frequency: Telework Frequency:** | | | |
| Monday  Tuesday  Wednesday  Thursday  Friday | Work Hours:  Work Hours:  Work Hours:  Work Hours:  Work Hours: | | | Once a month  One day a week  One day every two weeks  Two days a week  Three days a week  Four days a week  Five days a week  Other: | | Once a month  One day a week  One day every two weeks  Two days a week  Three days a week  Four days a week  Five days a week  Other: | |
|  | | | | | | | |
| **Telework Worksite** | | | | | | | |
| Address: | | | Phone: | | Number of round trip miles to official duty station:       miles | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mobile Worksite(s)** *Indicate the top three locations the employee may work* | | | |
| Address:  Address:  Address: | Phone:  Phone:  Phone: | | |
| **Equipment Inventory located at non-agency locations** | | | |
| List owned or leased equipment that will be used at the worksite. All items provided by the agency will remain the property of the agency and must be returned to ten agency upon request. | | | |
| **Item** | | | **Inventory Tag Number** |
| Click here to enter text. | | |  |
| Click here to enter text. | | |  |
| Click here to enter text. | | |  |
| Click here to enter text. | | |  |
|  | | | |
| **System Access and Software** | | | |
| Avaya One-X Communicator | Mobile.wa.gov | Remote SharePoint | |
| Virtual Private Network (VPN) | Skype for Business | Other Click here to enter text. | |
|  | | | |
| **Technical Assistance** | | | |
| For technical assistance [who should be contacted and how? | | | |
| **Tasks and Measures (optional)** | | | |
| In general, the employee will perform the following tasks when mobile working: Click here to enter text. | | | |
| Productivity Measures (Use this section to document any check-in/follow-up mechanisms being put in place to ensure the work is getting accomplished): Click here to enter text. | | | |
|  | | | |
| **Signatures** | | | |
| The supervisor and employee affirm the following criteria are met:   * The agency has determined that the position qualifies for mobile work. * The supervisor has determined there is minimal need for specialized materials or equipment, or its use can be scheduled to permit mobile work. * The employee is qualified to participate in mobile work. * The equipment and tools needed to perform the work at the same quality standard, is available in a mobile location. | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Supervisor** | | | | | |
| Approved | | Denied/Rescinded | Reason for denial/recension Click here to enter text. | | |
| Signature |  | | | Date: |  |
|  |  | | |  |  |
| **Employee** | | | | | |
| ***I understand and agree to the terms and conditions of this agreement.*** | | | | | |
| Signature |  | | | Date: |  |
|  |  | | |  |  |
| **Approving Authority** | | | | | |
| Approved | | Denied/Rescinded | Reason for denial/recension Click here to enter text. | | |
| Signature |  | | | Date: |  |
|  |  | | |  |  |