**TELECOMMUTING APPLICATION AND AGREEMENT**

**Purpose – Telecommuting is a voluntary work alternative that may be appropriate for some employees and some types of work. The success of telecommuting is dependent on it being a mutually beneficial arrangement for the AGENCY NAME and for the employee.**

**Application**

**Name:**       **Job title:**

**Division/Section:**       **While telecommuting phone #:**

**Proposed alternative work site is:**       **Address:**

**Miles from official station:**       **Telecommuting** **day of the week:**

**Proposed term of telecommuting to begin**       **and end** **June 30.**

**Describe how telecommuting is beneficial to you and to the AGENCY NAME.**

1. **Describe the types of work you propose to do at the alternative worksite.**
2. **Are there any special circumstances that should be considered?**

**Agreement**

I,       agree to:

1. Read the **AGENCY NAME** Telecommuting Policy and abide by its provisions.
2. Keep my supervisor informed of progress on assignments worked on at the alternative work site and any problems which may be experienced while telecommuting. I will be in contact with my supervisor to ensure they are informed       (method/frequency).
3. The regular telecommuting day will be      . Working hours on this day will be       to      .
4. Be in the **AGENCY NAME** office on the following days and times:      .
5. Comply with agency provisions regarding work hours, overtime compensation (if applicable), the use of vacation, sick, and other leave and comply with normal office reporting procedures.
6. Be available to my supervisor, co-workers, customers, and the public during telecommuting hours via telephone, phone messaging, and email throughout the day.
7. Structure my time so that it does not interfere with the business needs of the **AGENCY NAME** and allows for attendance at required meetings.
8. Stay current on the **AGENCY NAME** events, information, and business documents by accessing email and phone messaging throughout the day as I would when working in the office.
9. During work hours, I will not be responsible for childcare, dependent adult care, or other duties that are not ordinarily part of my assigned job responsibilities.
10. During work hours, I will not engage in outside activities including, but not limited to, work related to other jobs, operating a personal business, or participating in community organizations, or club activities.
11. Be responsible for needed equipment and furniture necessary to complete my job duties while telecommuting.
12. Use equipment and supplies furnished by the agency only by authorized persons for official state business as specified in RCW 42.52.160.
13. Be responsible for the security of information, documents, and records in my possession or used during telecommuting.
14. Post my telecommuting days and hours on the on-line calendar and update my phone message at work.
15. Continue working if an office closure or emergency excuses other employees from working and work can proceed at the alternate worksite.
16. Promptly notify my supervisor of any emergency or other issue that causes me to be unavailable on the telecommuting day.
17. Maintain safe working conditions and practice appropriate safety habits at the alternative worksite. Immediately notify my supervisor of any injury incurred while telecommuting.

I understand that this Telecommuting Agreement must be signed and approved prior to me beginning to telecommute. I also understand that a telecommuting arrangement may be terminated at any time, with one day’s notice, by me, my supervisor, or the agency director.

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Employee Signature Date

**Supervisor**

The supervisor agrees to:

1. Ensure the employee abides by the agreement at all times.
2. Ensure employee demonstrates sustained good performance on a continual basis.
3. Ensure the employee continually demonstrates the ability to work independently and productively.
4. Terminate the telecommuting arrangement at anytime it becomes detrimental to the productivity of the work group, information sharing, or reduces the agency’s organizational efficiency.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is authorized to begin a mutually beneficial program Employee Name

of telecommuting for the period beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and ending June 30, \_\_\_\_\_\_\_\_\_.

month/day/year year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Approved Disapproved

Supervisor’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Approved Disapproved

Agency Director’s Signature Date