



State of Alaska
In-State Telework Agreement

Name:

Approved Start Date: _____ **Expiration Date:** _____ ¹

Section 1: Employee Information

Employee ID: _____ Job Title: _____ PCN: _____

Department: _____

Division: _____

Does the employee currently hold permanent status? Yes ☐ No ☐

Section 2: Supervisor Information

Supervisor Name: _____ Job Title: _____

Section 3: Telework Arrangement

Requested dates for the Telework Agreement (TWA) (may not exceed one year):

Requested Start Date: _____ Requested End Date: _____ (max one year)

Is this telework arrangement 100% remote? Yes ☐ No ☐ [If yes, Code: TEL100]

Is the telework hybrid (meaning a combination of in-office and telework from an approved location)?
Yes ☐ No ☐

If hybrid, what is the overall percentage of time spent teleworking?

- ☐ Employee teleworks up to **20%** of the time, following a hybrid in-office/at-home schedule (e.g., teleworks one day per week and is in-office four days per week). [Code: TEL20]
- ☐ Employee teleworks up to **40%** of the time, following a hybrid in-office/at-home schedule (e.g., teleworks two days per week and is in-office three days per week). [Code: TEL40]
- ☐ Employee teleworks up to **60%** of the time, following a hybrid in-office/at-home schedule (e.g., teleworks three days per week and is in-office two days per week). [Code: TEL60]
- ☐ Employee teleworks up to **80%** of the time, following a hybrid in-office/at-home schedule (e.g., teleworks four days per week and is in-office one day per week). [Code: TEL80]

¹ **Administrative Note:** These are the approved start and end dates of the TWA and are entered into IRIS HRM.

Work Locations:

Office Workplace Address:

Employee Telework Address:

Section 4: Weekly Work Schedule

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

Schedule comments (if any):

Section 5: Telework Documentation (to be completed by the employee and supervisor)

Reason for Request:

Benefits to agency and employee:

Position's suitability for teleworking:

Is the position description up to date and accurate? Yes ☐ No ☐

Duties to be Performed:

Method of Assessing Performance:

Section 6: State-Provided Equipment

Equipment	Property Tag Number	Serial Number

Section 7: Employee Agreement

I understand that as a public employee, I am held to the high ethical standards established by the Alaska Executive Branch Ethics Act and my sworn duty to serve the people of Alaska.

I acknowledge and agree to comply with the terms outlined in this Telework Agreement (TWA), as well as all provisions of the Telework Policy. I understand that participation in telework is voluntary and may be discontinued by me, provided I give 15 calendar days' written notice.

I recognize that management reserves the right to initiate, modify, suspend, or terminate this agreement at its discretion. Additionally, I understand that my supervisor may suspend this agreement if it is determined that telework is being used to enable child or dependent care. Failure to adhere to the terms of this Agreement or the Telework Policy may result in termination of the agreement and/or other appropriate disciplinary action.

I understand that I am expected to remain accessible via email, telephone, or other approved online communication (e.g., Microsoft Teams) tools during the work hours specified in this

Agreement. I am required to answer my assigned work phone number or respond to messages in a timely manner unless I have an approved absence during my scheduled work hours.

If my position is represented by a bargaining unit, I understand that concurrence by my union may be required prior to initiating the telework arrangement. I understand that the State and certain unions have Master Letters of Agreement that dictate certain terms and conditions of my telework.

By signing below, I confirm that I have read and understood the terms of this Agreement, any applicable agreement with my union, and the State Telework Policy. I also acknowledge that this agreement is not considered final until it has been approved by my Supervisor, Division Director, and, if applicable, my union.

Employee Signature: _____ Date: _____

Section 8: Supervisor Approval and Commitment

My signature certifies that I understand and will ensure compliance with the provisions of the Telework Policy and this Agreement.

Supervisor Signature: _____ Date: _____

Name: _____ Title: _____

Section 9: Division Director or Agency Head or Commissioner's Designee

Telework Agreement approved: YES ☐ NO ☐

If not approved, please provide the rejection reason below:

Signature: _____ Date: _____

Name: _____ Job Title: _____

Approved Start Date: _____ Approved End Date: _____ (max one year)

Section 10: Administrative Notes

TWA subject to union Master Letter of Agreement: YES ☐ NO ☐

If yes, signed Telework Sign-up Form submitted to DOP SharePoint? YES ☐ NO ☐

Entered into IRIS HRM: YES ☐ NO ☐