



## Out-of-State Telework Agreement

Name: \_\_\_\_\_

Approved Start Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_<sup>1</sup>

### Section 1: Employee Information

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Employee ID: \_\_\_\_\_ Job Title: \_\_\_\_\_ PCN: \_\_\_\_\_

Department: \_\_\_\_\_

Division: \_\_\_\_\_

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

### Section 2: Supervisor Information

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Supervisor Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

### Section 3: Telework Arrangement

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

Requested Start Date: \_\_\_\_\_ Requested End Date: \_\_\_\_\_ (max one year)

#### Work Locations:

Office Workplace Address: \_\_\_\_\_

Employee Telework Address: \_\_\_\_\_

Does employee maintain an Alaska residence while teleworking out of state? Yes ☐ No ☐

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

## Section 4: Weekly Work Schedule

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Day	Start Time	End Time	Total Hours	Telework Hours	In-Office Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
<b>Total Weekly Hours</b>					

Schedule comments (if any):

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

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Reason for Request:

- ☐ Family or personal emergency
- ☐ Medical situation (detailed medical information should *not* be provided)
- ☐ The State's best interest (e.g., critical knowledge transfer/training of a new incumbent or completion of a significant project, mission critical work, etc.).
  - ☐ Knowledge Transfer Plan prepared

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

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Equipment	Property Tag Number	Serial Number

## Section 7: Employee Agreement

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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.

I understand that I must coordinate with the Division of Finance regarding out-of-state income tax withholding as outlined in VIII(B)(4) in the Telework Policy.

If my position is represented by a bargaining unit, I understand that concurrence by my bargaining unit representative is required prior to initiating the telework arrangement. I understand that the State and certain unions have Master Letters of Agreement that dictate 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 fully approved up to and including the Office of the Governor, and, if applicable, my union.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Section 8: Supervisor Approval and Commitment**

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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**

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Telework Agreement approved: YES ☐ NO ☐

If not approved, please provide the rejection reason below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name:

Job Title:

## Section 10: Commissioner

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Telework Agreement approved: YES ☐ NO ☐

If not approved, please provide the rejection reason below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_, Commissioner

## Section 11: State Personnel Director, Department of Administration

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Telework Agreement reviewed: YES ☐ NO ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_, State Personnel Director

## Section 12: Office of the Governor

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Telework Agreement approved: YES ☐ NO ☐

Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: Lacey Sanders, Director, Office of Management and Budget

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: Tyson Gallagher, Chief of Staff

Approved Start Date: \_\_\_\_\_ Approved End Date: \_\_\_\_\_ (max one year)

## Section 13: Administrative Notes

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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 ☐ [CODE TELOS]