

Telework Questionnaire

The following must be provided to DOP&LR, Labor Relations Section when requesting approval of a telecommuting work agreement (TWA) for an employee working outside Alaska:

EE name: _____ EE ID#: _____

Dept/Div: _____ Phone #: _____

TWA Start date: _____ End date: _____

Location of permanent duty station: _____

Location of telecommuting work location (city/state): _____

Scheduled work hours at telecommuting work location:

Full time – 37.5/week

Less than full time – (specify, i.e. 15 hours each week) _____

Intermittent – (Please explain, i.e. full time one week, leave following week)

Will the EE periodically return to work at their permanent duty station location?

Yes No

If Yes, how often and for how long? _____

Has EE been informed that State income taxes, if applicable, may be withheld from their pay while working at the temporary duty station location (this must occur before the agreement will be approved)?

Yes No

Note – All employees working on an approved telecommuting work agreement will be required to submit a timesheet each pay period. The timesheet must reflect all hours worked and note any hours worked at the permanent duty station location.

Submitted by Agency Human Resource Office:

Signature

Date

Printed Name

Title