



# Telework Participant Agreement

The following constitutes a Telework agreement between the Employee named below and Washington State Department of Transportation (WSDOT). This agreement can be canceled at any time at the discretion of the Manager or Supervisor.

Employee Name			Employee ID
Position #	Official Duty Station	Employee Org Code	
Primary Telework City		State (If outside WA, OR, and ID HR Director signature required)	
<b>Telework Frequency - Maximum Days Per Week</b>			
EP0 - Less than one day/adhoc	EP5 - One day per week	EP6 - Two days per week	
EP7 - Three days per week	EP8 - Four days per week	EP9 - Full time	
<p>The supervisor and employee have documented expectations for in office work.</p> <p>I have read, understand and will comply with the following WSDOT Manuals listed below.</p> <p><a href="#">Telework Manual</a></p> <p><a href="#">IT Manual 3017.00 800.00 Telework and Standard IT Equipment</a></p>			

## Term of Agreement

This Agreement shall become effective on the date signed below and shall remain in effect until canceled by either party. The employee and their supervisor will review this Agreement during the employees regularly scheduled performance evaluation. Any changes to this agreement must be in writing and signed by both parties prior to implementation.

## Secure/Confidential Materials

The employee must receive prior employer approval to (1) remove secure/confidential materials from the official workstation, or (2) access secure/confidential information through computers. The employee will take reasonable precautions to secure confidential materials at all times such materials are in the employee's possession or control. The employee agrees to abide by all data security procedures, as described in WSDOT Administrative Policies and the IT Manual.

## Liability for Injuries

If approved for telework, the employee understands that the employee remains liable for injuries to third persons and / or members of employee's family on employee's premises. Employee agrees to defend, indemnify, and hold harmless employer, its affiliates, employees, contractors and agents, from and against any and all claims, demands or injury to persons (including death) or damage to property caused, directly or indirectly, by the services provided herein by employee or by employee's willful misconduct, negligent acts or omissions in the performance of the employee's duties and obligation under this Agreement, except where such claims, demands, or liability arise solely from the gross negligence or willful misconduct of the employer.

## Additional Information and/agreement

For information about WSDOT's Employee Telework Program visit <https://wwwi.wsdot.wa.gov/human-resources/telework>.

<b>Approval Signatures</b>		
Employee's Signature		Date
Supervisor's Name	Supervisor's Signature	Date
<b>Cancellation/Denial Signatures</b>		
Telework Denied		
Supervisor's Name		Supervisor's Signature
Telework canceled per Employee		
Employee Signature		Effective Date
Telework canceled per Supervisor		
Supervisor Signature		Effective Date
Describe reason for cancellation/denial and attach supporting documentation if applicable		
<b>Telework Outside Washington, Idaho and Oregon</b>		
HR Director Signature (Only required if outside WA, ID and OR)		Date
Comments		
<b>Route form to your local Human Resource Consultant</b>		