## **Temporary Out-of-State Telecommuting**





Section 1 – To be completed by requesting employee							
Employee Name			Employee Job Title				
Employee Dept/Divi	sion		Employee Supervisor				
Requested Out-of-State Telecommuting Dates							
Start date			End date				
Telecommuting Schedule (document start/end times using times in the Pacific Time Zone)							
	Mon	Tue	Wed		Thu	Fri	
Start time							
End time							
Schedule Notes (Alt	ernate Work Schedu	le details should l	pe documented	here if	applicable)		
Street Address of To	emporary Out-of-St	ate Remote Wor	kplace				
Reason(s) for your Out-of-State Telecommuting Request							
Employee Agreeme	nt						
By signing below, I certify that I have read, understand, and agree with the terms outlined in King County's Telecommuting Policy and this request. If my request is approved, I understand that King County will apply							
required employer out-of-state, local, and other taxes or applicable employer and employee deductions when							
out-of-state work exceeds 30 calendar days in a single instance or cumulatively within a calendar year. I							
understand that I should seek professional advice on the potential impacts of all employee taxes and deductions. I understand these taxes and deductions will be effective starting the first pay cycle after out-of-							
state work begins. I agree to comply with all other applicable King County directions and policies, including							
guidelines for computer use, data confidentiality, and security.							
Employee signature				Date			
After completing the	e section above, su	bmit request to	your Superviso	r			

Sectio	in 2 – To be completed by the e	employee's department/division					
Departments may have different levels of required approval signatures to process out-of-state telecommuting requests. Use the section below to document the signatures needed to approve this request in your department/division.							
Employee's Supervisor		Supervisor Signature	Date				
Div. Director/Designee		Div. Director/Designee Signature	Date				
Dept. HR Manager		HR Manager Signature	Date				
Department Determination							
	□ Employee request approved by Department						
	Employee request denied by Department						
	Basis for denial: ☐ Insufficient business justification ☐ Out-of-country request						
	Employee request exceeds 30 days, department is supportive of request, and will seek DHR approval (complete Section 4 below).						
Dept. I	Director/Designee	Department Director/Designee Signature	Date				
<u> </u>							
Section 4 - DHR Determination (if request exceeds 30 days) To be completed by employee's department							
Department-supported requests that exceed 30 days of out-of-state telecommuting require DHR approval. After receiving DHR's determination, check the appropriate box below and return a copy of this completed form to the employee.							
	DHR approval						
	DHR denial						

CC: Approved requests only [Personnel File]