

## Interim Telework Security Addendum

A completed Telework Security Addendum must accompany all Telework proposal requests.

Employee name:	Title:	Work phone number
Division and unit	Supervisor/Manager	
Telework Address	Telework contact phone number	

Is this your residence?  Yes  No If No, describe the type of facility (i.e.: Regional Office):

\_\_\_\_\_

Describe the specific location (room/area) within the telework address where you will perform your job duties:

Will adequate safeguards be in place at the proposed telework location to prohibit the unauthorized access of confidential and restricted data?  Yes  No

If Yes, describe:

List below the equipment, including any computers or storage devices, necessary for you to perform the full range of duties required of your position while teleworking and indicate if such equipment has been issued to you. Only those employees who have valid Agency-provided tokens and VPN software installed on their state-assigned laptop or other equipment approved by both the teleworkers' agency and the Department of Administrative Services, Bureau of Enterprise Systems and Technology are eligible to telework.

Equipment Item	Inventory Tag #

1. Will you be printing any documents while at your telework address?.....  Yes  No  
If Yes, describe these documents:

2. Will you require paper documents to perform your job function? .....  Yes  No  
If Yes, describe what they are:

3. How will you protect the laptop or computer screen from inadvertently being viewed by unauthorized individuals?

4. How will you secure the laptop or computer when it is not in use?

**Acknowledgement**

I acknowledge that the information above is true and accurate. Further, should any of the conditions indicated above change, I agree that I will immediately notify my supervisor/manager. Finally, it is understood that with notice, the Agency has the right to perform inspections during normal business hours to confirm the conditions described above.

\_\_\_\_\_  
Employee Name (print)

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Employee signature

**For Use by Information Technology Security Manager or Data Security Office (DSO)**

Based on the information presented above:

- I recommend that the employee's telecommuting proposal continue to **be considered**.
- I recommend that the employee's telecommuting proposal **be denied unless the following technology changes are made as summarized below:**

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Information Technology Security Manager or  
DSO reviewer name (print)

\_\_\_\_\_  
Signature of Information Technology Security  
Manager or DSO reviewer

\_\_\_\_\_  
Date

The following signature must be obtained  
when equipment is being used other than  
"valid agency-provided VPN tokens and  
software" and/or a "state-assigned laptop":

\_\_\_\_\_  
Signature of DAS, BEST

\_\_\_\_\_  
Date