

Supervisory - Employee Checkout List

The following checklist is designed to ensure that your flexiplace/telecommuting employee is properly oriented to the policies and procedures of the telecommuting program. Questions 4, 5, and 6 may not be applicable to your flexiplace employee. If this is the case, simply state non-applicable or N/A.

Name of Telecommuting Employee: _____

Name of Immediate Supervisor: _____

1. Employee has read guidelines outlining policies and procedures of the Telecommuting program. Yes No

2. Employee (has been issued/has not been issued) equipment.
(Please circle one)

3. Equipment issued by the agency is documented. Yes No

Check as applicable:

- computer Yes No
- modem Yes No
- fax machine Yes No
- telephone Yes No
- desk Yes No
- chair Yes No
- other- _____ Yes No

4. Policies and procedures for care of equipment issued by the agency have been explained and are clearly understood. Yes No

5. Policies and procedures covering classified, secure, or privacy act data have been discussed and are clearly understood. Yes No

6. Requirements for an adequate and safe office space and/or area have been discussed, and the employee certifies those requirements are met. Yes No

7. Performance expectations have been discussed and are clearly understood. Yes No

8. Employee understands that the supervisor may terminate employee participation at any time in accordance with established administrative procedures and union negotiated agreements. Yes No

Supervisor Signature

Date

Employee Signature

Date