

SUPERVISORY - EMPLOYEE CHECKOUT LIST

AGENCY _____

NAME OF FLEXIPLACE EMPLOYEE _____

NAME OF IMMEDIATE SUPERVISOR _____

The following checklist is designed to ensure that your flexiplace employee is properly oriented to the policies and procedures of the Flexiplace 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.

ITEM	DATE COMPLETED																								
1. Employee/Supervisor have read agency policy and procedures of the program.																									
2. Employee has been provided with a schedule or core hours.																									
3. Employee has been issued/has not been issued equipment. <i>(If no equipment has been issued, please mark n/a and go to question no. 6.)</i>																									
4. Equipment issued by the agency is documented. <u>Check as applicable:</u> <table style="margin-left: 40px; border: none;"> <tr> <td></td> <td style="text-align: center;"><u>Yes</u></td> <td style="text-align: center;"><u>No</u></td> </tr> <tr> <td>a) computer</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>b) modem</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>c) fax machine</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>d) telephone</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>e) desk</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>f) chair</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>g) other _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		<u>Yes</u>	<u>No</u>	a) computer	_____	_____	b) modem	_____	_____	c) fax machine	_____	_____	d) telephone	_____	_____	e) desk	_____	_____	f) chair	_____	_____	g) other _____	_____	_____	
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e) desk	_____	_____																							
f) chair	_____	_____																							
g) other _____	_____	_____																							
5. Policies and procedures for care of equipment issued by the agency have been explained and are clearly understood.																									
6. Policies and procedures covering classified, secure, or privacy act data have been discussed, and are clearly understood.																									
7. Requirements for an adequate and safe office space and/or area have been discussed, and the employee certifies those requirements are met.																									
8. Performance expectations have been discussed and are clearly understood.																									
9. Employee understands that the supervisor may terminate employee participation at any time, in accordance with established administrative procedures and union negotiated agreements.																									
10. Employee/Supervisor have participated in training.																									

SUPERVISOR'S SIGNATURE _____

EMPLOYEE'S SIGNATURE _____