

SUPERVISOR - EMPLOYEE CHECKLIST

Employee Name

Supervisor Name

The following checklist is designed to ensure that the teleworker and supervisor are properly oriented to the policies and procedures of the Telework Program. Questions 4, 5, and 6 may not be applicable to the telework employee. If this is the case, state non-applicable or N. A.

ITEM	DATE	
1. Employee/Supervisor has read DLA Telework Policy and Procedure		
2. Employee has been provided with a schedule of work hours.		
3. Employee <input type="checkbox"/> has <input type="checkbox"/> has not been issued government furnished equipment. (If equipment has been issued, complete items 4 and 5 below. If not, enter N. A. in the date block and skip to item 6.		
4. Equipment issued by DLA is documented and properly received. Check as applicable:	YES	NO
Computer		
Modem		
Fax machine		
Telephone		
Other		
5. Policies and procedures for care of equipment issued by the Agency have been explained and are clearly understood.	DATE	
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 and conduct expectations have been discussed and are understood.		
9. Employee understands that the supervisor may terminate employee participation, in accordance with established administrative procedures and union-negotiated agreements.		
10. Employee has participated in training.		
11. Supervisor has participated in training.		
12. Telework Agreement has been completed and signed.		
EMPLOYEE'S SIGNATURE	DATE	
SUPERVISOR'S SIGNATURE	DATE	

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