

**Telecommuting Employee / Supervisor Equipment Checklist
(to be completed after telecommuting agreement is approved)**

Employee Name: _____

Job Title: _____

Department: _____

Supervisor: _____

This checklist is designed to ensure that the employee and supervisor understand the telecommuting policies and procedures.

1. The employee and supervisor have established a work schedule for hours/days at a telecommuting site.
List work schedule: _____
2. The following equipment has been issued to the employee and has been documented by the university:

Type of Equipment	Make	Model	Serial Number	Issue Date
Computer				
Monitor				
Keyboard				
Mouse				
Other				
Other				
Other				
Other				

3. Policies and procedures for care of equipment issued by the University/System Office have been explained and are clearly understood.
4. Policies and procedures covering confidential information and data security have been discussed and are clearly understood.
5. Requirements for adequate and safe office space and/or area have been discussed, and the employee certifies those requirements are met.
6. Performance expectations have been defined and are clearly understood.
7. The employee understands that the University may terminate the telecommuting agreement at any time. The employee further understands that management may terminate the telecommuting arrangement immediately if the employee's performance declines or the arrangement fails to support organizational needs.
8. The employee also understands that all equipment issued to him/her by the University is the property of the University and must be returned immediately upon request.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____