

Telework Supervisor's Checklist



| Teleworker Name | |
|-------------------------|--|
| | |
| Department | |
| | |
| Supervisor/ Telemanager | |

| Item | Date Completed | Supervisor Initials |
|--|-------------------|------------------------|
| Employee has read orientation documents, taken the Telework Training and read the County's Telework Policies. | | |
| Employee has been provided with a schedule of core schedule or guidelines for telework hours. | | |
| Equipment (if any) issued by the County is documented and requirements for care are acknowledged | | |
| Performance expectations have been discussed and are clearly understood. Assignments and due dates are documented. | | |
| Requirements for adequate and safe office space at home have been reviewed with the employee, and employee certifies that those requirements have been met. | | |
| The employee is familiar with the County requirements and expectations for computer information security and has received a copy of and has read the County Information Security Requirements and Guidelines. | | |
| Phone contact procedures have been clearly defined. | | |
| The Teleworker Agreement is finalized and on file. | | |
| The employee has been provided with Telework time code information. | | |

This checklist is included as a model and should be tailored to an individual department's needs. The checklist should be utilized by the Telework Supervisor/Manager to ensure teleworkers are properly oriented as to the County's Telework Program prior to teleworking.