Supervisor's Checklist for Telecommuter's

This checklist provides general guidance and orientation to supervisors and telecommuting candidates.

Name of Telecommuter:			
Name of Supervisor:			
Date Completed:			
	Employee has read College procedure <u>2492-Telecommuting Guidelines</u> .		
	Employee has been provided with a schedule of assigned work hours or guidelines		
	for flexing work hours.		
	College technology equipment ¹ and software issued by the College is documented on the Receipt of College Equipment form.		
	Performance expectations have been discussed and are clearly understood.		
	Requirements for adequate and safe office space at alternative worksite have been reviewed with the employee and the employee certifies that those requirements		
	have been met on the <u>Alternative Worksite Safety Checklist for Telecommuters</u> form.		
	Requirements for the care of college technology equipment and software assigned to the employee have been discussed and are clearly understood.		
	Requirements for establishing or for suspending telecommuting have been discussed and are clearly understood.		
	The employee is familiar with the College's Use of Computers/College Computing		
	and Information Systems procedure.		
	Phone contact procedures have been clearly defined and unit assistants and/or		
	receptionists have received training.		
	The employee has read and signed the <u>Telecommuter's Agreement</u> form prior to actual participation in the program.		
	The responsibility for understanding the tax and insurance implications for		
	telecommuting rest with the employee.		
I have read, understood, and complied with the above terms:			
Supervisor Signature		Date	
Employee Signature			Date
Approved by Management Council 5/5/08; 3/11/20 (minor revision)			

¹ College technology equipment is defined as a computer and/or a printer that has gone through the appropriate approvals.