

**Telecommuting 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. Once completed and signed by employee and supervisor, send to Information and Administrative Technology Services (“IATS”) for review and approval.

1. The employee and supervisor have established a work schedule for hours/days at a telecommuting site.

List schedule:

1. The following equipment has been issued to the employee and has been documented by the university:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **To be Completed by Employee** | | **To be Completed by IATS** | | | |
| **Type of Equipment** | **Check if Requested** | **Make** | **Model** | **Serial Number** | **Issue Date** |
| Computer |  |  |  |  |  |
| Monitor |  |  |  |  |  |
| Keyboard |  |  |  |  |  |
| Mouse |  |  |  |  |  |
| Laptop |  |  |  |  |  |
| Other |  |  |  |  |  |
| Other |  |  |  |  |  |
| Other |  |  |  |  |  |

1. Policies and procedures for care of equipment issued by the University have been explained and are clearly understood.
2. Policies and procedures covering confidential information and data security have been discussed and are clearly understood.
3. 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.
4. 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.

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| --- | --- |
| Employee Signature: | Date: |
| Supervisor Signature: | Date: |
| IATS Signature: | Date: |