SUPERVISORY AND EMPLOYEE CHECKLIST

Name of teleworker: _____

Name of supervisor: _____

Date completed: _____

1. Teleworker has read guidelines outlining policies and procedures of the program. ◯ Yes ◯ No

2. Teleworker has been provided with a schedule of core hours. ◯ Yes ◯ No

3. Teleworker will need to access DOD computer systems or e-mail systems and has received guidance and approval from M09B3. ◯ Yes ◯ No

4. Equipment issued by BUMED articulated below: ◯ Yes ◯ No

- computer _____
(Plant Property Number)

- other (list) _____
(Plant Property Number)

_____
(Plant Property Number)

_____
M09B3's Signature Date

5. Policies and procedures for care of equipment issued by BUMED have been explained and are clearly understood. ◯ Yes ◯ No

6. Policies and procedures covering classified, secure, or privacy act data have been discussed, and are clearly understood. ◯ Yes ◯ No

7. Requirements for an adequate and safe office space and/or area have been discussed, and the employee certifies those requirements are met. ◯ Yes ◯ No

8. Performance expectations have been discussed and are clearly understood. ◯ Yes ◯ No

9. Teleworker understands that the supervisor may terminate employee participation at any time, in accordance with established administrative procedures and union negotiated agreements. ◯ Yes ◯ No

10. Teleworker has reviewed the telework Web site in paragraph 10 of the basic instruction and requested assistance from the BUMED Telework Coordinator for any unresolved issues/concerns. ◯ Yes ◯ No

_____ _____
Supervisor's Signature Date Employee's Signature Date

_____
Assistand Deputy Chief's Signature Date

PLEASE RETURN A COPY OF THIS FORM TO THE BUMED TELEWORK COORDINATOR.