

Attachment 5

AFR TELECOMMUTING CHECKLIST

(To be completed by the supervisor)

The following checklist is to ensure proper orientation of your teleworker with the policies and procedures of the teleworking program. Questions 4, 5, and 6 may not be applicable to your teleworker, if this is the case, simply state non-applicable or N/A.

NAME OF RESERVIST (TELECOMMUTER): _____

NAME OF SUPERVISOR: _____

Date Completed: _____

(To be completed by telecommuter)

_____ 1. Reservist has read and understood the teleworking guideline instruction and all local policy (if applicable) concerning teleworking.

_____ 2. Reservist received a copy of agreement.

_____ 3. Reservist is issued/not issued government equipment.

_____ 4. Document any equipment issued by the supervisor/approval authority, by placing an X after each applicable item. All Government equipment (hardware and software) must be accounted for on hand receipt.

Check as applicable:	Yes	No	Serial Number
- computer			_____
- modem			_____
- fax machine			_____
- other: _____			_____

_____ 5. Policies and procedures for care of equipment issued by the supervisor/approval authority have been explained and are clearly understood.

_____ 6. Policies and procedures covering classified, secure, or privacy act data have been discussed, and are clearly understood.

_____ 7. Requirements for a safe office space and/or area have been discussed, and the Reservist certifies those requirements are met.

_____ 8. Performance expectations have been discussed and are clearly understood.

_____ 9. Reservist understands that the approval authority may terminate reservist participation at any time, in accordance with supervisor/approval authority established administrative procedures.

_____ 10. Reservist consents to monitoring.

(Reservist's Signature) _____
(Date)

(Supervisor's Signature) _____
(Date)

(Approval Authority's Signature) _____
(Date)