



## Supervisor's Checklist for Telecommuters

This checklist provides general guidance and orientation to department managers and telecommuting candidates.

<b>Name of Telecommuter:</b>	
<b>Name of Supervisor:</b>	
<b>Date Completed:</b>	

	Employee has read the UCSF's telecommuting guidelines.
	Employee has been provided with a schedule of assigned work hours or guidelines for flexing work hours.
	Equipment issued by UCSF is documented.
	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 the employee certifies that those requirements have been met.
	Requirements for the care of equipment 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 UCSF's requirements and techniques for computer information security.
	Phone contact procedures have been clearly defined and unit assistants and receptionists have received training.
	The employee has read and signed the Telecommuter's Agreement 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's Signature

\_\_\_\_\_  
 Date