

**Delta College
Telecommuting Agreement**

Supervisor's Checklist for Telecommuters

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

Name of Telecommuter: _____

Name of Supervisor: _____

Date Completed: _____

- Employee has been provided with a schedule of assigned work hours or guidelines for flexing work hours.
- Equipment issued by Delta College is documented.
- Performance expectations have been discussed and are clearly understood.
- 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 (home safety checklist for telecommuters).
- 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 Delta College's requirements and techniques for computer information security.
- Phone and other contact procedures have been clearly defined.
- 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

Employee's Signature

Date