APPROPRIATE ADMINISTRATOR'S CHECKLIST FOR TELECOMMUTERS

HUMAN RESOURCES FORM

Human Resources | One Washington Square | San José, CA 95192-0046 | 408-924-2250 408-924-1701 (fax)

EMPLOYEE INFORMATION	
Name of Telecommuter:	Date:
Name of Appropriate Administrator:	
Division/Department:	

The Administrator and Telecommuter agree that the following has been done:

1. The employee has read the University's Telecommuting policy.
2. The Administrator has reviewed the appropriateness of a telecommuting arrangement for the employee, and has approved that the employee may telecommute.
3. The Telecommuting Agreement has been explained to the Telecommuter, work hours and effective date have been filled in, and both the employee and Administrator have signed.
4. Equipment issued by the University has been documented on Appendix A: Equipment List and the Telecommuter has verified that s/he has homeowners/renters insurance to cover equipment items in the event of damage, theft, or loss.
5. Appendix B Safety Checklist has been signed by the employee and the Administrator.
6. Copies of the Telecommuting Agreement and all Appendices have been forwarded to Human Resources for review prior to implementation.
7. Performance expectations have been discussed and are clearly understood. Assignments and due dates are documented and on file with the Administrator and employee.
8. Requirements for care of equipment assigned to the employee have been discussed and are clearly understood.
9. The employee is familiar with the University's requirements and techniques for computer information security. The Telecommuter agrees to protect University information from unauthorized disclosure or damage and will comply with federal, state, and University rules, policies and procedures regarding disclosure of public and official records.
10. Telephone contact procedures have been clearly defined and unit support staff have received information on how and when to reach the Telecommuter.

I certify that all conditions are met:

Appropriate Administrator Signature: _____ Date: _____

Telecommuter Signature: _____ Date: _____