**UCSB Supervisor's Checklist for**

**Telecommuters and Remote Workers**

This checklist provides general guidance and orientation to department managers and telecommuters and remote workers.

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| Name of Employee |  |
| Name of Supervisor |  |
| Start Date of Agreement |  |

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| --- | --- |
|  | Employee has read and signed the UCSB telecommuter/remote worker agreement.  |
|  | Employee has been provided with a schedule of assigned work hours or guidelines for flexing work hours. |
|  | Equipment issued to the employee is documented on the UCSB Receipt of University Equipment form.  |
|  | Requirements for the care of equipment assigned to the employee have been discussed. |
|  | 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 he/she will comply with those requirements. |
|  | The employee has been advised that it is management’s right to modify or end the agreement. |
|  | The employee is familiar with the University’s information security requirements and procedures. |
|  | Phone contact procedures have been clearly defined with the employee. Unit assistants and receptionists have received training.  |
|  | The employee has been advised that responsibility for understanding the tax and insurance implications for telecommuting rest with the employee. |

I confirm that the checklist items have been discussed with the employee:

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Supervisor’s Signature Date