



STATE OF MONTANA

Supervisor's Checklist for Telework

Department of Corrections

This form must be completed by the teleworker's supervisor prior to allowing the employee to telework.

Printed Name of Teleworker: _____

Printed Name of Supervisor: _____

Date Completed: _____

- Teleworker has read the agency and state telework policy.
- Teleworker has been provided with a schedule of core hours or guidelines for telework hours.
- Performance expectations have been documented, discussed, and are clearly understood. Assignments and due dates are documented.
- A completed "Safety and Security Checklist" approved and included with the telework agreement.
- All computer hardware and software is listed on the agency Hardware/Software Inventory List and included with the telework agreement.
- The teleworker is familiar with this agency's requirements and policies for computer information security.
- Phone and e-mail contact procedures have been clearly defined.
- The teleworker has read and signed the telework agreement prior to actual participation in the program.
- Telework agreement has been submitted to HR for placement in teleworker's personnel file.

Supervisor's Signature

Date: _____

