

**AIR NATIONAL GUARD TELECOMMUTING
SUPERVISOR AND TELECOMMUTER CHECKLIST**

The prescribing directive is ANGI 36-8001. The proponent agency is ANG/DPFS.

DATE COMPLETED (YYYYMMDD)

The following checklist is to ensure proper orientation of your telecommuter with the policies and procedures of the telecommuting program. Questions 4., 5., and 6. may not be applicable to telecommuter. If this is the case, simply state non-applicable or N/A.

NAME OF TELECOMMUTER

NAME OF SUPERVISOR

1. Telecommuter has read and understands ANGI 36-8001 and all local policies concerning telecommuting.

2. Telecommuter received a copy of agreement.

3. Telecommuter is/is not issued government equipment.

4. Document any equipment issued by the supervisor/approval authority, by placing an X after each applicable item. All Government equipment and software must be accounted for, by serial number, on had receipt.

Check as Applicable

- | | | | | |
|------------------------|--------------------------|-----|--------------------------|----|
| a. Computer | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| b. Modem | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| c. Fax Machine | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| d. Telephone | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| e. Other (State) _____ | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

5. Policies and procedures for care of equipment issued by the supervisor/approval authority have been explained and are clearly understood.

6. Policies and procedures covering classified, secure, or privacy act data have been discussed, and are clearly understood.

7. Requirements for a safe office space and/or area have been discussed, and the telecommuter certifies those requirements are met.

8. Performance expectations have been discussed and are clearly understood.

9. Telecommuter understands that the supervisor/approval authority may terminate member participation at any time, in accordance with supervisor/approval authority and established administrative procedures.

REMARKS

TELECOMMUTER SIGNATURE

DATE (YYYYMMDD)

SUPERVISOR SIGNATURE

DATE (YYYYMMDD)