

**Remote Work Equipment Checklist**

**(to be completed after Remote Work agreement is approved)**

Employee Name:

Job Title:

Department:

Supervisor:

Type of Remote Work (check all that apply) [ ]  Regular [ ]  Ad Hoc

This checklist is designed to ensure that the employee and supervisor understand the remote work policies and procedures. Once completed and signed by employee and supervisor, send to Information and Administrative Technology Services (“IATS”) for review and approval.

1. The employee and supervisor have established a remote work schedule at a remote work site.

 **List schedule:**

1. The following equipment has been issued to the employee and has been documented by the university:

|  |  |
| --- | --- |
| **To be Completed by Employee** | **Employee, complete if known. (If not known, to be completed by IATS.)** |
| **Type of Equipment** | **Check if Requested** | **Make** | **Model** | **Serial Number** | **Issue Date** |
| Computer |[ ]        |       |       |       |
| Monitor |[ ]        |       |       |       |
| Keyboard |[ ]        |       |       |       |
| Mouse |[ ]        |       |       |       |
| Laptop |[ ]        |       |       |       |
| Other |[ ]        |       |       |       |
| Other |[ ]        |       |       |       |
| Other |[ ]        |       |       |       |

1. Policies and procedures for care of equipment issued by the University have been explained and are clearly understood.
2. Policies and procedures covering confidential information and data security have been discussed and are clearly understood.
3. The employee understands that the University may terminate the remote work agreement at any time. The employee further understands that management may terminate the remote work arrangement immediately if the employee’s performance declines or the arrangement fails to support organizational needs.
4. The employee also understands that all equipment issued to him/her by the University is the property of the University and must be returned immediately upon request.

|  |  |
| --- | --- |
| Employee Signature:       | Date:       |
| Supervisor Signature:       | Date:       |
| IATS Signature:       | Date:       |

c: Human Resources