

## DEPARTMENT OF CHILD SUPPORT SERVICES

**SUPERVISOR'S CHECKLIST**

ASD 065 (NEW. 2/2020)

**Teleworker Information**

Name		Unit/Branch/Division
Telework Location (Street Address, City, Zip Code)		
Contact Phone Number	E-mail Address	Supervisor/Manager Name
Telework Schedule: (Check One)	Casual	Regular

**All of the following items must be checked off as completed before the employee begins teleworking:**

Employee and Supervisor have read and agree to abide by the provisions of the Department of Child Support Services (DCSS) Telework Program Policy.

Employee and Supervisor have read and agree to the state Telework and Remote Access Security Standard.

You have documented DCSS issued telework equipment.

The employee has received, and clearly understands the requirements for care of DCSS equipment.

The employee is familiar with requirements pertaining to the security and confidentiality of data and information.

Performance expectations have been discussed and are clearly understood.

Phone contact procedures have been clearly defined

Any necessary remote access forms have been completed and approved.

Print Supervisor's Name:

Supervisor's Signature:

Date: