

## TELEWORK CHECKLIST

Employee Name: \_\_\_\_\_  
 (Last Name, First Name, Middle Initial)

Directorate/Division: \_\_\_\_\_ Branch/Section/Unit: \_\_\_\_\_

Pay Plan/Grade: \_\_\_\_\_ Series-Band: \_\_\_\_\_

Position Title: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Directorate OIC Name/Title: \_\_\_\_\_

**Documents**

	YES	NO	
1.			Employee has received and read a copy of the TMD Telework Policy and SOP.
2.			If the alternative worksite is not a Texas Military facility, the employee has completed the Safety and Security Checklist for Home-based Telework.
3.			Employee has a hand receipt for all government furnished property.
4.			Employee has completed the online telework training and provided a copy of the completion certificate.
5.			Supervisor has completed the online telework training and provided a copy of the completion certificate.

**Government Furnished Property**

	YES	NO	
1.			Computer
2.			Phone
<b>Serial Numbers:</b>			