

**CITY OF TUMWATER
EMERGENCY REMOTE WORK**

City of Tumwater
Department Director/Supervisor/Remote Worker Policy Checklist

Name of Remote Worker _____

Name of Supervisor _____

Name of Department Director _____

Completed	Date
1. Remote worker has read the orientation documents and the City's Emergency Remote Work Policy.	_____
2. Remote worker has been provided with a schedule of core hours or guidelines for flexing work hours.	_____
3. Equipment issued by the City is documented. Equipment is to be used only for City work and remains the property of the City. At the end of the agreement, it is to be returned to the City.	_____
4. Performance expectations have been discussed and are clearly understood. Assignments and due dates are documented.	_____
5. Requirements for adequate and safe office space at the alternate workplace have been reviewed with the remote worker and the remote worker certifies that those requirements have been met.	_____
6. Requirements for care of assigned City equipment have been discussed with the remote worker and are clearly understood.	_____
7. The remote worker understands all steps that need to be taken to provide for computer information security and will ensure that they are taken.	_____
8. Phone contact procedures have been clearly defined and any affected support staff have received necessary training.	_____
9. The remote worker has read and signed the Remote Work Agreement.	_____