

MDNG Telework Implementation Checklist

(To be filled out by the Approving Supervisor)

Name of Employee _____

Name of Supervisor _____

Name of Designated Approving Authority (DAA) _____

Date	Initials		
_____	_____	Employee	Submit a Telework Plan and Application for approval
_____	_____	Employee	Complete a Self-certification Safety Checklist
_____	_____	Employee	Complete a Telework Agreement
_____	_____	Supervisor	Review MDNG Telework Policy and Guide
_____	_____	Supervisor	Review MDNG Telework Position and Employee Suitability
_____	_____	Supervisor	Attend telework training as required
_____	_____	Supervisor	Review and recommend positions for telework suitability
_____	_____	Supervisor	Review and recommend personnel for telework suitability
_____	_____	Supervisor	Ensure that employee completed Information Assurance Training
_____	_____	Supervisor	Recommend approval/disapproval of the telework arrangement
_____	_____	DAA	Review MDNG Telework Policy and Guide
_____	_____	DAA	Determine suitability of positions for telework
_____	_____	DAA	Determine suitability of employees for telework
_____	_____	DAA	Evaluation of Supervisors to determine eligibility
_____	_____	DAA	Review and approve Telework Package (forward to HRO)
_____	_____	HRO	Review and approve Telework Package

Directors, Managers, Supervisors and Employees must follow-up annually on Telework Progress to determine the success of each Telework arrangement! Be prepared to measure the success of the telework arrangement. Please forward copies of this checklist to the HRO, Attn: Agency Telework Coordinator.