



**OFFICE OF HUMAN RESOURCES
Telework Program
Remote Workplace Self-Certification Checklist**

Name _____ Empl. ID # _____

Title _____ Department _____

Supervisor _____

This checklist is designed to assess the overall safety of your remote workplace and to ensure that you have been properly prepared for teleworking. Upon completion, you should sign and return this form to your supervisor and the Office of Human Resources at askhr@coppin.edu .

I. Describe the workspace in your remote workplace:

II. Telework Policy and Agreements	Please check	
	YES	NO
Have you read Coppin's Teleworking Policy?	<input type="checkbox"/>	<input type="checkbox"/>
Have you discussed your Teleworker Work Schedule with your supervisor?	<input type="checkbox"/>	<input type="checkbox"/>
Have you completed the Teleworker Plan and discussed your performance expectations with your supervisor?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware how to manage confidential and sensitive information outside of the workplace?	<input type="checkbox"/>	<input type="checkbox"/>
How you completed a 'laptop wellness check' with the Information Technology Division, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know how to access VPN, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>

Please check

III. Workspace Environment	YES	NO
Is the workspace free of potential hazards that could cause physical harm (frayed or loose wires, bare conductors, and uneven floor surfaces)?		
Are electrical outlets grounded (3 pronged)? Are the phone lines, electrical cords, and extension wires secured?		
Are the rungs and legs, and wheels of the chair(s) sturdy?		
Is the office space neat, clean, and free of obstructions and combustibles?		
Is there adequate lighting for reading, reviewing work documents, and for use of the computer?		
Is a fire extinguisher easily accessible from the office space?		
Is there a working smoke detector within hearing distance of the workspace?		
Is the area free from distractions?		

I certify that all information contained in this checklist is true and complete to the best of my knowledge. I understand that any erroneous, misleading or fraudulent information is sufficient grounds for my preclusion from teleworking and/or disciplinary action.

Employee Signature

Date

Supervisor Signature

Date

OHR - Telework Program
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