



Employee Telework Workspace Certification & Acknowledgment

Purpose: Employee self-certification and accountability for safety, accuracy, and compliance.

A successful teleworker has particular traits, a job suitable for telework, and a telework office that is conducive for work.

Employee Name:	<input type="text"/>	Job Title:	<input type="text"/>				
Department:	<input type="text"/>	Unit:	<input type="text"/>				
Supervisor Name:	<input type="text"/>	Supervisor Email:	<input type="text"/>				
Cell Phone Number:	<input type="text"/>	Telework Days:	Mon	Tue	Wed	Thu	Fri
Duration of Telework Request:	<input type="text"/>	Frequency:	<input type="checkbox"/>	Weekly	Bi-weekly	Monthly	
Designated Telework Location							
Address:							

Workplace Safety Self-Certification: The following checklist is designed to assess the overall safety of your alternate worksite. The checklist is necessary to make you aware of the need for a safe work environment conducive for productive work.

Indicate **Yes** or **No** for each item below.

Adequate lighting, ventilation, temperature, and noise levels	Yes	No
Electrical equipment and cords are free from visible hazards	Yes	No
Phone, power, and extension cords are secured to prevent tripping or damage	Yes	No
Workspace is clean, orderly, and free of excessive combustibles	Yes	No

Employee Acknowledgment

By signing below, I acknowledge and certify that:

- I designate one specific area as my official telework workstation;
- I have completed the telework training;
- I am responsible for maintaining a safe and compliant workspace;
- The institution is not responsible for personal property damage, utilities, home maintenance, or incidental costs;
- Institutional liability for work-related injury or illness is limited to the designated workstation;
- The information provided is accurate and complete;
- Misrepresentation or unsafe conditions may result in revocation of telework privileges and/or disciplinary action.

Employee Signature:

Date: