

## Telework Technology/Equipment Checklist

**Employee Name:**

TECHNOLOGY/EQUIPMENT <i>(Indicate all that apply)</i>	REQUIREMENT <i>(Y or N)</i>	OWNERSHIP: DEPARTMENT OR EMPLOYEE <i>(Dept or E)</i>
<b>1. COMPUTER EQUIPMENT</b>		
a. LAPTOP		
b. DESKTOP (PC)		
c. TABLET/IPAD		
d. OTHER:		
<b>2. ACCESS</b>		
a. VPN ACCOUNT (RDP)		
b. OTHER		
<b>3. CONNECTIVITY</b>		
a. MOBILE (Ex. 4G Hotspot)		
b. BROADBAND (local Internet Provider)		
c. WiFi		
<b>4. REQUIRED ACCESS CAPABILITIES</b>		
a. SHARED DRIVES (e.g., H or S Drive)		
b. EMAIL		
c. TELECONFERENCE (WebEx)		
d. OTHER APPLICATIONS		
<b>5. OTHER EQUIPMENT/SUPPLIES</b>		
a. COPIER		
b. SCANNER		
c. PRINTER		
d. FAX MACHINE		
e. CELL PHONE		
f. PAPER SUPPLIES		
g. OTHER:		