

Telework Agreement Attachment A

Employee Name: _____

State-owned or leased equipment has been issued to the employee and has been documented by the agency:

| Issued | Date | Serial Number | Tag Number |
|---------------|-------------|----------------------|-------------------|
| Computer | _____ | _____ | _____ |
| Fax machine | _____ | _____ | _____ |
| Printer/Fax | _____ | _____ | _____ |
| File cabinet | _____ | _____ | _____ |
| Scanner | _____ | _____ | _____ |
| Other (list) | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Supervisor Signature

Date

Employee Signature

Date