**U.S. FISH AND WILDLIFE SERVICE**
**SUPERVISOR - EMPLOYEE ORIENTATION CHECKLIST**

The following checklist is designed to ensure that your Flexiplace employee is properly oriented to the policies and procedures of the Program. Questions 4, 5, and 6 may not be applicable to your Flexiplace employee. If this is the case, simply state nonapplicable or n/a.

Name/Telephone # of Flexiplace Employee _____

Name/Telephone # of Immediate Supervisor _____

| | Date Completed |
|---|---|
| 1. Employee has read 226 FW 4 Flexible Workplace, that outlines policies and procedures of the Program. | _____ |
| 2. Employee has been provided a schedule of core hours. | _____ |
| 3. Employee has been issued/has not been issued equipment. | _____ |
| 4. Equipment issued by the agency is documented. | _____ |

| Check as applicable: | Yes | No |
|---|---|---|
| Computer | ☐ | ☐ |
| Modem | ☐ | ☐ |
| Fax machine | ☐ | ☐ |
| Telephone | ☐ | ☐ |
| Desk | ☐ | ☐ |
| Chair | ☐ | ☐ |
| Other _____ | ☐ | ☐ |

| | |
|---|---|
| 5. Policies and procedures for care of equipment issued by the Service have been explained and are clearly understood. | _____ |
| 6. Polices and procedures covering secure or privacy act data have been discussed and are clearly understood. | _____ |
| 7. Requirements for an adequate and safe office space and/or area have been discussed, and the employee certifies those requirements are met. | _____ |
| 8. Performance expectations have been discussed and are clearly understood. | _____ |
| 9. Employee understands that the supervisor may terminate employee's participation at any time, in accordance with established administrative procedures and union negotiated agreements. | _____ |

_____ Supervisor's Signature/Date

_____ Employee's Signature/Date