SAMPLE CHECKOFF BLANK

DHMH EMPLOYEE FAMILY PLAN – SUPERVISOR CHECK-OFF

1. Name:_____
Last First Middle Initial

2. Department:_____

3. Main contact number:_____

4. Secondary contact number:_____

5. Travel time to work from home:

   a. Primary route:_____

   b. Secondary route:_____

6. Please check the following that apply:

Type of Plan	Yes	No	N/A
Child Care			
Elder care			
Pet Care			
Home food and water plan			

I _____ verify that I have the above family plans in place..