

# Paperless Desk Audit Form

Employee Name

Position Title

Department

Supervisor Name

Audit Date

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## Job Duties

List the primary job duties performed:

Describe changes in duties since last audit (if any):

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## Work Environment

Is remote work performed?

List primary paperless tools/software used:

Describe challenges in maintaining a paperless environment:

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## Auditor's Comments

Comments/Recommendations:

Auditor Name

Date of Completion

