

**Attachment A**

**SELF-ASSESSMENT FOR PARTICIPATION  
IN THE TELEWORK PROGRAM**

Employee Name:	Job Title:	
Department/Division/Section:		BU Code
Work Address:	Phone Number:	
Remote Work Site Address:	Phone Number:	
Supervisor's Name:	Supervisor's Job Title:	

1. Briefly describe your current job responsibilities. (Use additional sheets if necessary).
2. Please read each of the following job characteristics and then rate each according to your current job requirements. If there is a high requirement for this aspect of your job, then mark an "x" in High. If it has little importance, mark an "x" in the Low column.

Job Requirements	HIGH	LOW
1. Ability to control and schedule workflow		
2. Clear and understandable work assignment objectives		
3. Work autonomy		
4. Concentration required		
5. PC or computer work		
6. Amount of face-to-face public contact required		
7. Amount of communications required		
8. Amount of in-office reference material required		
9. Security and privacy of information		
10. Quality and quantity of work are measurable		

3. How will teleworking assist you in meeting the goals and needs of your work unit and the department, and benefit the State?

Employee's Initials \_\_\_\_\_

State Telework Program Guidelines – January 2023

4. How often would you want to telework? (Check only one)

- About once every 2 weeks
- About once a week
- Two days a week
- Three or four days a week
- Occasionally for special projects
- Other (please explain): \_\_\_\_\_

5. What kind of work would you expect to do while teleworking? (Check as many as applicable and provide approximate percentage of time for each.)

Tasks	Percentage of Time
<input type="checkbox"/> Writing	
<input type="checkbox"/> Preparing reports	
<input type="checkbox"/> Data management/computer programming	
<input type="checkbox"/> Reading	
<input type="checkbox"/> Field visits/meetings	
<input type="checkbox"/> Planning/organizing	
<input type="checkbox"/> Administrative support work	
<input type="checkbox"/> Evaluation/research/analysis	
<input type="checkbox"/> Other (please specify)	

6. Describe the work space at your remote work site that you intend to dedicate to performing your work.

7. Do you have a State-issued laptop or computer?

- Yes
  - Laptop
  - Computer
- No

8. What distractions or obligations might make working at home difficult? What are your plans for handling these distractions/obligations?

Employee's Initials \_\_\_\_\_

9. Supervisor's Comments:

Please provide your assessment of this employee's ability to telework, including the need for supervision and frequent feedback, organization and planning skills, and level of self-discipline to complete work.

Please provide an assessment of how this department and the State will benefit if this employee teleworks.

Approved                       Disapproved

Conditions for approval: (costs, equipment, core hours, etc.)

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

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Employee's Initials \_\_\_\_\_