

TELEWORK REQUEST REVIEW & ASSESSMENT

After reviewing the employee's Telework Self-Assessment form, please complete the following in preparation for your upcoming conversation with your employee regarding their telework request. Together, the assessments and your conversation with the employee will help you determine the feasibility of telework arrangement for their position and the responsibilities associated with that position.

EMPLOYEE INFORMATION:		
Supervisor's Name:	Job Title:	Date Request Rec'd:
Employee Name:	Job Title:	Position No.:
Department:	Division/Section:	BU Code
Work Address:		Phone Number:
Remote Work Site Address:		Phone Number:

GENERAL:	Yes	No
Is the employee currently serving a probationary period? If yes, the employee is not suitable for telework.		
Has the employee consistently met or exceeded performance expectations?		
Does the employee's work and/or work performance require training and monitoring or require close supervision for improvement? If yes, the employee is not suitable for telework.		
Is the employee reliable and dependable?		
Can the employee manage their work and time independently?		
Is the employee's request for telework mainly to address dependent care issues? If yes, the employee is not suitable for telework as telework is not designed to be a replacement for appropriate dependent care.		
Has the employee completed the required training on the Telework Program? If yes, date completed:		

JOB RELATED:
Are the job duties and responsibilities suitable for telework?
Are there any job duties and/or responsibilities that cannot be performed remotely? If so, please list and provide an explanation as to when/how the duty/activity will be completed.

What are the performance expectations for this employee?
Will there be any difference in the performance expectations while the employee is working remotely? If yes, please describe in detail.
How do you currently measure the employee's work performance and productivity when working in the office?
How do you plan to measure the employee's work performance and productivity while the employee is working remotely? Please detail the performance metric you will use.
What are the expectations you will require of your employee while teleworking (e.g., how often to check-in on status of work assignments/performance, how to contact/meet with employee, etc.)

OPERATIONAL:	Yes	No
Is the position public facing?		
What hours?		
If yes, will the telework arrangement impact office coverage during normal business hours?		
Are there enough staff to rotate coverage?		

What impact will this employee's telework arrangement have on other members of the team?

EQUIPMENT:	Yes	No
Does the employee have the needed equipment and dedicated safe workspace at the remote work site to perform work?		
Has the employee provided a copy of the Telework Safety Checklist (Attachment C)?		
Is the employee required to access equipment, materials, and files that can only be accessed on site? If yes, provide an explanation as to when/how this will be accomplished if the employee is allowed to telework.		

Supervisor's Acknowledgement:

I certify that I have completed the required training on the Telework Program. I have reviewed the employee's Telework Self-Assessment form and have made an assessment that the employee is suitable not suitable for telework.

Should the employee's productivity decline and/or measures determining productivity not be met by the employee listed above, I shall discuss updated productivity measures and/or employee telework eligibility with the Department's Telework Coordinator.

Print Name:	Signature:	Date:
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Department's Telework Coordinator Acknowledgement:

I am in agreement with the supervisor's assessment. I certify that I, the above supervisor, and employee have attended the required training on the Telework Program.

Should the Employee's Supervisor inform me that the employee is not meeting productivity measures, I shall participate in a discussion with the Employee's Supervisor to discuss updated productivity measures and/or the employee's telework eligibility.

Print Name:	Signature:	Date:
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