

## Telecommuting Feasibility Assessment

This document is used to help the supervisor determine the feasibility of a particular position and/or employee to be engaged in a telecommuting agreement. The document will also assess the employee's and supervisor's work styles and determine if the styles would support a telecommuting arrangement.

Staff Member: \_\_\_\_\_  
 Position Title: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Department: \_\_\_\_\_

**Job Assignments and Duties** – List the key duties and percentage of time allocated to each duty.

- |    |  |   |
|----|--|---|
| 1. |  | % |
| 2. |  | % |
| 3. |  | % |
| 4. |  | % |
| 5. |  | % |

Can the time spent on the above duties support telecommuting?	Yes	No
If not, can position's duties be rearranged to support telecommuting?	Yes	No

**Employee Assessment** - *This section will help you determine if the position's key duties lend themselves to telecommuting. If you answer Yes to any of the questions below, telecommuting may not be appropriate.*

Do key duties require:

- |                                                                                        |     |    |
|----------------------------------------------------------------------------------------|-----|----|
| • ongoing access to equipment, materials, and files that can only be accessed on site? | Yes | No |
| • extensive face-to-face contact with others on site?                                  | Yes | No |
| • extensive time in meetings or performing work on site?                               | Yes | No |
| • security issues on site?                                                             | Yes | No |
| • computer technology to accomplish your work?                                         | Yes | No |
| • you to be on site? If yes, what is the percentage of time required?      %           | Yes | No |

**Supervisor Assessment** – *This section will help you determine if the employee can work in a self-directed manner in managing his or her work and time.*

Does the employee:

- |                                                                                  |     |    |
|----------------------------------------------------------------------------------|-----|----|
| • have a complete understanding of his or her job and performance expectations?  | Yes | No |
| • regularly demonstrate his or her approach to work as organized and dependable? | Yes | No |
| • demonstrate a high level of productivity?                                      | Yes | No |
| • regularly meet deadlines?                                                      | Yes | No |
| • work independently and without constant supervision?                           | Yes | No |
| • need or desire to be around coworkers?                                         | Yes | No |
| • have potential distractions at home that would interfere with telecommuting?   | Yes | No |
| • need structure in his or her environment?                                      | Yes | No |
| • have the necessary technology to work from home?                               | Yes | No |
| • have a suitable workspace at home?                                             | Yes | No |
| • perform measurable work that can be assessed?                                  | Yes | No |

Based on the above, does the collective weight of <b>YES</b> answers support telecommuting?	Yes	No
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**Supervisory Assessment** – *this section will help you determine if your managerial/supervisory style supports telecommuting.*

Are you comfortable:

- |                                                                              |     |    |
|------------------------------------------------------------------------------|-----|----|
| • allowing this employee to work largely autonomously?                       | Yes | No |
| • providing solutions when requested for assistance?                         | Yes | No |
| • communicating by email or telephone?                                       | Yes | No |
| • establishing clear objectives?                                             | Yes | No |
| • accurately measuring the employee’s time worked, performance and outcomes? | Yes | No |
| • that the employee will be productive without direct supervision?           | Yes | No |
| • assigning a supervisor in your absence to monitor employee’s work?         | Yes | No |

How frequently do you monitor employee’s work performance?

\_\_\_\_\_ Daily          \_\_\_\_\_ Weekly          \_\_\_\_\_ Other intervals

Based on the above, does the collective weight of **YES** answers support telecommuting?          Yes          No

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**Decision** – *Summarize your answers from the above assessment sections.*

The position’s key duties support telecommuting.	Yes	No
The employee meets the criteria to be a telecommuter.	Yes	No
My management/supervision style supports telecommuting.	Yes	No
My department supports telecommuting.	Yes	No
I approve my employee’s request to telecommute.	Yes	No

How frequently do you want the employee to telecommute?

\_\_\_\_\_ day(s) per week          \_\_\_\_\_ Once every two weeks          \_\_\_\_\_ Occasionally/special project

**Proposed work schedule:**

**Comments:**

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