**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 **YES** answers support telecommuting? Yes No

**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

**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:**