

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 Name: _____
Position Title: _____
Name of Supervisor: _____
Department/Unit: _____

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 type of tasks support telecommuting? Yes No
If not, can you rearrange the position's duties (performed on the same day) to support telecommuting? Yes No

Employee Assessment

This section will help you determine if the position's key duties lend themselves to telecommuting.

Do key duties require ongoing access to equipment, materials, and files that can only be accessed on University property? Yes No
Do key duties require extensive face-to-face contact with supervisors, other employees, clients, or the public on Saint Francis University's property? Yes No
Do key duties require extensive time in meetings or performing work on Saint Francis University's property? Yes No
Do security issues require key duties to be conducted on Saint Francis University's property? Yes No

If you answered 'Yes' to any of the above questions, telecommuting might not be appropriate.

How reliant is this position on computer technology to accomplish key duties? _____

What percentage of time is required on Saint Francis University's property? _____ %

How frequently would you want the employee to telecommute?
 One day per week Two days per week Three days per week
 Once every two weeks Occasionally/special project
Other: _____

Do you need to add additional duties to support telecommuting? Yes No

Employee 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the employee regularly demonstrate that his or her approach to work is organized and dependable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the employee highly productive? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the employee regularly meet deadlines? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can the employee work independently and without constant supervision? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can direction be provided by the phone? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the employee need/desire to be around coworkers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any known potential distractions at home (e.g., interruptions due to dependent care)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can the employee work in an environment with little structure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the employee have the technology, including computer, appropriate software, and remote access capability, to work from home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the employee have a suitable workspace at home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can the employee's performance at home be measured? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Based on the above, does the collective weight of Yes answers support the employee being a teleworker? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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Supervisory Assessment

This section will help you determine if your managerial/supervisory style supports telecommuting.

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|---|------------------------------|-----------------------------|
| Are you comfortable allowing this employee to work largely autonomously? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you provide solutions when requested for assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How frequently do you monitor the employee's work performance?
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other Intervals | | |
| Are you comfortable communicating via email or telephone, as opposed to face-to-face? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you able to establish clear objectives? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can you accurately measure the employee's performance and outcomes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can you accurately measure the employee's time worked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a backup to monitor work in your absence (short and long term)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you trust that the employee will be productive notwithstanding lack of direct supervision? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Based on the above, does the collective weight of 'Yes' answers support the employee being a teleworker?? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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Decision

Summarize your answers from the above assessment sections.

- | | | |
|---|------------------------------|-----------------------------|
| The position's key duties support telecommuting. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The employee meets the criteria to be a telecommuter. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My management/supervision style supports telecommuting. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My department supports telecommuting. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I should approve my employee's request to telecommute. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Proposed work schedule:

Comments: _____