**Telecommuting Evaluation**

*Name Title*

*Department Supervisor*

1. Describe your primary job duties:

2. Describe how your current responsibilities can be adapted to a telecommuting arrangement to better meet business objectives:

3. Requested telecommuting schedule (Specific to days, time and hours):

|  |  |  |
| --- | --- | --- |
| Day | Office Home/Satellite Location | Total Number of Hours |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

4. What responsibilities will you fulfill while telecommuting?

5. How will your telecommuting work be evaluated?

6. What kind of equipment will you need while telecommuting, and how will it be obtained?

7. Do you have satisfactory room and furniture in your home to dedicate to your home office?

Yes No

8. Estimate the approximate importance of the following characteristics of your current job:

***Rating scale 1-5 (1 – Not needed for doing your job, 5 – Essential to doing your job)***

|  |  |  |
| --- | --- | --- |
| **Characteristic** | **Your Rating** | **Supervisor’s Rating** |
| Face-to-face contact |  |  |
| Telephone communication |  |  |
| Clarity of objectives |  |  |
| Autonomy of operation |  |  |
| Ability to control and schedule work flow |  |  |
| In-office reference material |  |  |
| If you supervise others, consider the amount of supervision required of you |  |  |

9. Consider the following characteristics about you as an employee:

***Rating Scale 1 – 5 (1 – Weak, 5 – Strong)***

|  |  |  |
| --- | --- | --- |
| **Characteristic** | **Your rating** | **Supervisor’s Rating** |
| Need for supervision, frequent feedback |  |  |
| Quality of organization and planning skills |  |  |
| Importance of coworkers' input to work function |  |  |
| Discipline regarding work |  |  |
| Reliability concerning work hours |  |  |
| Computer literacy level (do you often need help from more skilled employees?) |  |  |
| Desire/need to be around people |  |  |
| Desire/need for flexibility for any reason |  |  |
| Level of job knowledge |  |  |
| Productivity level |  |  |
| Current quality of work performance/productivity |  |  |

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*Employee Signature Date*

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*Supervisor Signature Date*