

TELEWORK SELECTION SURVEY



PERIMETER
CONNECTS
options @ the center

Telework is a workplace strategy that can involve working from home or another location on a full- or part-time basis. Teleworking can be a productive scheduling practice for many employees although it may not be feasible for employees whose job duties and home environment may not be conducive to working away from the office. Teleworking arrangements are successful when an employee's work responsibilities and personal work style is well matched with working away from the office.

This questionnaire provides an opportunity to consider whether teleworking will be an effective tool for meeting organizational and personal objectives. Responses to this questionnaire will help you and your supervisor to assess if teleworking can work for you. Print this questionnaire out for by each person interested in participating in the telework program.

| | |
|---------------------------------|--|
| Name: | |
| Title / position: | |
| Department: | |
| Supervisor: | |
| Email: | |
| Date submitted: | |
| Proposed telework site address: | |

SECTION 1: ADMINISTRATIVE QUALIFICATIONS

| Administrative Questions | Employee Response | Manager Response |
|---|--|--|
| Has the employee in question completed _____ month/years probationary period? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| On the most recent employee evaluation form, has this employee identified as "Meeting Expectations" or better? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Do you understand and agree that teleworking is a privilege, not a right; that not all employees may be eligible to telework due to tasks and / or workstyle; and that permission to telework may be revoked at any time by the supervisor? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Employee is not eligible to telework at this time if any answer above is "no."

SECTION 2: EMPLOYEE CHARACTERISTICS

| Rate the employee's... | Employee Response | Manager Response |
|---|--|--|
| Level of self-motivation | <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High | <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High |
| Level of job knowledge | <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High | <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High |
| Quality of work | <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High | <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High |
| Ability to work well without constant supervision | <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High | <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High |
| Discipline regarding work | <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High | <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High |
| Amount of weekly face-to-face contact required | <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High | <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High |
| Ability to control schedule and work flow | <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High | <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High |
| Amount of in-office reference material required | <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High | <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High |

SECTION 3: TASKS

Certain tasks, such as those requiring a high degree of focus, are more conducive to teleworking than others. What kinds of work would you expect to do while teleworking? (Select all that apply.)

| | | |
|---|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Drawing / designing / using CAD | <input type="checkbox"/> Researching |
| <input type="checkbox"/> Administrative tasks | <input type="checkbox"/> Phone or email correspondence | <input type="checkbox"/> Software management / development |
| <input type="checkbox"/> Clerical services | <input type="checkbox"/> Planning | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Computer programming | <input type="checkbox"/> Preparing reports | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Data management | <input type="checkbox"/> Reading | |

Of the projects you typically work on, which do you feel would be best suited to telework? List below.

SECTION 4: TELEWORK OFFICE

Given the amount of telework you want to do, and the kinds of work you would do while teleworking, what equipment / services would you need, and which of those do you currently have?

| | Need | Have |
|-------------------------------------|--------------------------|--------------------------|
| Computer | <input type="checkbox"/> | <input type="checkbox"/> |
| Printer | <input type="checkbox"/> | <input type="checkbox"/> |
| Scanner/Fax | <input type="checkbox"/> | <input type="checkbox"/> |
| Desk, filing space, other furniture | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Are there any distractions or obligations that will make working at home difficult or impossible?

Yes No

Has the employee submitted the Safety Checklist for the proposed telework office?

Yes No

SECTION 5: SCHEDULE

Given the nature of your job, how much would you want to telework?

- | | | |
|---|--|--|
| <input type="checkbox"/> Once every two weeks | <input type="checkbox"/> Once a week | <input type="checkbox"/> Two days a week |
| <input type="checkbox"/> Three days a weeks | <input type="checkbox"/> Occasionally for special projects | <input type="checkbox"/> Other _____ |

Which day(s) would you want to telework?

- | | | |
|-----------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Other _____ |
- Varies by week based on project and office needs

What are your proposed telework work hours?

_____ am - _____ pm

Are you willing and able to share your workspace with another staff member on your planned absences?

- Yes No Need more information