

Telecommuting Needs Assessment

For use in determining whether the job and assigned duties and the employee's and supervisor's work styles support telecommuting.

Employee Name: _____ Date: _____

Job Title: _____ Position Number: _____

School/Department/Division: _____

Job and Assigned Duties Assessment															
<p>Is the job exempt or non-exempt with regard to the Fair Labor Standards Act (FLSA)? Exempt: _____ Non-exempt: _____</p> <p>If the job is non-exempt and subject to FLSA's overtime requirements, can work hours be accurately determined when the employee is telecommuting? Yes: _____ No: _____</p>															
<p>List the core responsibilities and percentage of time allocated:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">1. _____</td> <td style="width: 20%; text-align: right; padding: 5px;">% Time _____</td> </tr> <tr> <td style="padding: 5px;">2. _____</td> <td style="text-align: right; padding: 5px;">% Time _____</td> </tr> <tr> <td style="padding: 5px;">3. _____</td> <td style="text-align: right; padding: 5px;">% Time _____</td> </tr> <tr> <td style="padding: 5px;">4. _____</td> <td style="text-align: right; padding: 5px;">% Time _____</td> </tr> <tr> <td style="padding: 5px;">5. _____</td> <td style="text-align: right; padding: 5px;">% Time _____</td> </tr> <tr> <td style="padding: 5px;">6. _____</td> <td style="text-align: right; padding: 5px;">% Time _____</td> </tr> <tr> <td style="padding: 5px;">7. _____</td> <td style="text-align: right; padding: 5px;">% Time _____</td> </tr> </table>		1. _____	% Time _____	2. _____	% Time _____	3. _____	% Time _____	4. _____	% Time _____	5. _____	% Time _____	6. _____	% Time _____	7. _____	% Time _____
1. _____	% Time _____														
2. _____	% Time _____														
3. _____	% Time _____														
4. _____	% Time _____														
5. _____	% Time _____														
6. _____	% Time _____														
7. _____	% Time _____														
<p>Do core responsibilities require ongoing access to equipment, materials, and files that can only be accessed on Grounds? Yes: _____ No: _____</p> <p>Do core responsibilities require extensive face-to-face contact with supervisors, other employees, customers, or the public on Grounds? Yes: _____ No: _____</p> <p>Do core responsibilities require time in meetings or performing work on Grounds? Yes: _____ No: _____</p> <p>Do security issues require core responsibilities be conducted on Grounds? Yes: _____ No: _____</p> <p>How reliant is this position on computer technology to accomplish core responsibilities? _____</p> <hr style="border: 0.5px solid black;"/> <p>What percentage of time is required on-Grounds? _____ %</p>															

The following types of work are typical of employees who telecommute. Please check the types of work found in this position? Indicate the number of hours per week spent on these duties.

Writing/Typing	Hours Per Week: _____	Research	Hours Per Week: _____
Word Processing	Hours Per Week: _____	Talking on the Phone	Hours Per Week: _____
Data Analysis Mgmt	Hours Per Week: _____	Computer Programming	Hours Per Week: _____
Administrative Duties	Hours Per Week: _____	Email	Hours Per Week: _____
Reading	Hours Per Week: _____	Field Visits/Travel	Hours Per Week: _____
Thinking/Planning	Hours Per Week: _____	Data Analysis	Hours Per Week: _____

Total Number of Hours Spent During the Week on These Types of Work: _____

Can the time spent on the above types of work support telecommuting? Yes: _____ No: _____

Can you rearrange the position's duties (performed on the same day) to support telecommuting? Yes: _____ No: _____

How much time would you want the employee to telecommute? _____

One Day Per Week: _____	Once Every Two Weeks: _____
Two Days Per Week: _____	Occasionally for a Special Project: _____
Three Days Per Week: _____	Other: _____

Do the current assigned duties support telework? _____

Do you need to add additional duties to support telework? _____

Employee Assessment

Can the employee work in a self-directed manner in managing his/her work and time?

Does the employee have a complete understanding of his/her job and performance expectations? Yes ____ No ____

Does the employee regularly demonstrate that his/her approach to work is organized and dependable? Yes ____ No ____

Does he/she regularly meet deadlines? Yes ____ No ____

Do you need to resolve issues for the employee? Yes ____ No ____ Can direction be provided by phone? Yes ____ No ____

Does the employee desire/need to be around co-workers? Yes ____ No ____

Are there any known potential distractions at home (e.g., interruptions due to dependent care)? Yes ____ No ____

Does the employee have the technology, including computer and remote-access capability, to work from home?
Yes ____ No ____

Do you know if the employee has a suitable workspace at home? Yes ____ No ____

Can the employee's performance at home be measured? Yes ____ No ____

Does this assessment support the employee being a teleworker? Yes ____ No ____

Supervisory Assessment

Does your supervisory/managerial style support telecommuting?

Would you describe yourself as a "hands-on" supervisor? Yes ___ No ___

Do you provide solutions when requested for assistance? Yes ___ No ___

Do you monitor the employee's work? Routinely ___ Occasionally ___ Infrequently ___

Do you prefer face-to-face communications with you employees? Yes ___ No ___

Are you able to establish clear objectives? Yes ___ No ___

Can you accurately measure the employee's work output? Yes ___ No ___ Time worked? Yes ___ No ___

Do you have a backup to monitor work in your absence – for a day, week, or longer? Yes ___ No ___

Do you trust in your employee's ability to telework? Yes ___ No ___

Do you have a positive attitude towards teleworking? Yes ___ No ___

Does this assessment support the employee being allowed to telework? Yes ___ No ___

Decision (please check)

The position's core responsibilities support telecommuting? Yes ___ No ___

The employee meets the criteria to be a teleworker? Yes ___ No ___

My management style supports telework? Yes ___ No ___

My organization supports telework? Yes ___ No ___

I should allow my employee to telecommute? Yes ___ No ___

Proposed telework schedule: _____

Comments: