Feasibility Assessment
Telecommuting Policy

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.

Name of Telecommuter: _____

Position Title: _____

Name of Supervisor: _____

Department: _____

Job Assignments and Duties

List the key duties and percentage of time allocated to each duty.

1. _____ % _____
2. _____ % _____
3. _____ % _____
4. _____ % _____
5. _____ % _____

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 College property? ❑ Yes ❑ No

Do key duties require extensive face-to-face contact with supervisors, other employees, clients, or the public on College property? ❑ Yes ❑ No

Do key duties require extensive time in meetings or performing work on College property? ❑ Yes ❑ No

Do security issues require key duties to be conducted on College 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 College property? % _____

The following tasks are typical of employees who telecommute. Indicate the percentage of time spent on appropriate tasks each week for the specified position.

Writing/editing	% _____ each week		Research	% _____ each week
Word processing	% _____ each week		Phone calls	% _____ each week
Data analysis	% _____ each week		Programming	% _____ each week
Administrative	% _____ each week		Email	% _____ each week
Reading	% _____ each week		Travel/visits	% _____ each week
Planning	% _____ each week		Other_____	% _____ each week

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

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

Supervisory Assessment

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

Are you comfortable allowing employees to work largely autonomously? ❑ Yes ❑ No

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

How frequently do you monitor the employee's work performance?

    ❑ Daily ❑ Weekly ❑ Other Intervals

Are you comfortable communicating via email or telephone, as opposed to face-to-face? ❑ Yes ❑ No

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

Can you accurately measure the employee's performance and outcomes? ❑ Yes ❑ No

Can you accurately measure the employee's time worked? ❑ Yes ❑ No

Do you have a backup to monitor work in your absence (short and long term)? ❑ Yes ❑ No

Do you trust that the employee will be productive notwithstanding lack of

   direct supervision? ❑ Yes ❑ No

Based on the above, does the collective weight of 'Yes' answers support the employee

   being a teleworker? ❑ 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 should approve my employee's request to telecommute. ❑ Yes ❑ No

Proposed work schedule:

_____

_____

_____

_____

Comments:

_____

_____

Form 16-281a