**Self-Assessment Form for Teleworkers**

*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 at home. Teleworking arrangements are successful when an employee’s work responsibilities and personal work style is well matched with working at home. This form provides an opportunity to consider whether teleworking will be an effective tool for meeting organizational and personal objectives. Responses to this form will help you and your supervisor to assess if this is a workplace strategy for you.This form must be completed by each person interested in participating in the teleworking program.*

**Teleworking Form for Employees**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Manager: |  |

|  |
| --- |
| **1.** Please describe your current job tasks. |

|  |
| --- |
|  |

**2.** The following two groups of characteristics relate respectively to your work as it can be adapted to teleworking for you as an employee, and for your manager. Please rate each characteristic as high (H), medium (M), or low (L) by checking the appropriate box.

**Work Characteristics as they Relate to Teleworking**

*Please check the following according to your job requirements and characteristics as they relate to teleworking.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Low | Medium | High |
| My job requires face‑to‑face contact with colleagues |  |  |  |
| My duties require telephone communication on a regular basis |  |  |  |
| I am self-directed and comfortable without direct supervision  |  |  |  |
| I can develop a reasonable schedule for completing my work |  |  |  |
| I have access to technology/equipment at home to complete my job |  |  |  |
| My job requires constant interaction with team members |  |  |  |
| I can provide a secure work environment  |  |  |  |
| My work is measurable by meeting job objectives |  |  |  |

**Employee Characteristics**

*Please check the following according to your own characteristics as an employee, and as a teleworker.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Low | Medium | High |
| I can perform efficiently on my own |  |  |  |
| I am experienced and skilled to perform my job |  |  |  |
| I have met or exceeded performance evaluation needs |  |  |  |
| I am organized and can plan accordingly for my work |  |  |  |
| I have good oral and written and communication skills |  |  |  |
| My supervisor and I trust each other |  |  |  |
| My colleagues and I trust each other |  |  |  |
| I understand that teleworking requires flexibility on my part |  |  |  |
| I am comfortable working independently |  |  |  |
| I am comfortable with setting boundaries between work and personal responsibilities |  |  |  |

**3.** Considering the nature of your job, how much would you like to telework?

*To make your selection, put the cursor over the box you want to mark, right click the mouse, and select “Properties.” Under “Default value” in the dialog box mark “Checked”*

|  |  |
| --- | --- |
| [ ]   | Once every two weeks |
| [ ]  | Occasionally for special projects |
| [ ]  | Other: (Please specify)  |

**4.** What kinds of work would you expect to do while teleworking? *(Choose as many as apply)*

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]   | (a) Writing/typing | [ ]  | (f) Research |
| [ ]  | (b) Planning | [ ]  | (g) Preparing reports |
| [ ]  | (c) Data management | [ ]  | (h) Other (please specify) |
| [ ]  | (d) Administrative |
| [ ]  | (e) Reading |
|  |  |

**5.** Do you have a company issued laptop?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | (a) Yes | [ ]  | (b) No |

**6.** Do you have adequate space in your home to dedicate to working?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | (a) Yes | [ ]  | (b) No |

**7.** Are there any distractions/obligations that will make working at home difficult or impossible?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | (a) Yes | [ ]  | (b) No |

**For Supervisor to forward and discuss with HR:**

Do you approve of **COLLEAGUE’S NAME HERE** self-assessment and application for the opportunity to telework?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | (a) Yes | [ ]  | (b) No |

If your answer is no, please explain why:

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Supervisor Signature Date