 **Tele-Eligible Considerations Checklist**

Employee Name

Position No.       Role Title       Working Title       Work Department/Unit

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| **JOB CONSIDERATIONS** | **COMPLETE** |
| Consider the purpose of the position and the nature of work to be performed as described in the classified employee’s or Administrative & Professional faculty member’s job description.  Is it primarily information or service-based? |  |
| Do any of the core/key responsibilities included in the job description require that the work be performed on site?  If Yes, is that a reasonable requirement and approximately how much time is devoted to those responsibilities? |  |
| How much time does the employee spend at the primary work site? |  |
| Does any of the work require ongoing access to equipment, materials, and files that can *only* be accessed at the work site?  If Yes, how much? |  |
| How much time does the employee spend traveling, in meetings, or in the field? |  |
| How much face-to-face contact with colleagues and customers is required? |  |
| How much of the work is portable? |  |
| Is the employee currently assigned a laptop or any other portable media?  If Yes, when and how often is it used? |  |
| How reliant is this position on computer technology to accomplish its objectives? |  |
| Does this position require travel?  If Yes, consider the extent to which travel is required and if the employee is equipped with mobile media during these times. |  |
| Does the nature of the work require that the employee work and resolve routine problems independently? |  |
| **EMPLOYEE CONSIDERATIONS** | **COMPLETE** |
| How often is the supervisor needed to troubleshoot problems, answer questions, or provide direction? Can this direction be provided over the phone or via email? |  |
| Does the employee have the technology, including a computer and remote-access capability, which is required to do work at the alternative work location?  If No, is the agency prepared to provide it? |  |
| Does the employee have a complete understanding of his/her job and performance expectations? |  |
| Is the employee expected to work in a self-directed manner in the management of his/her time and work? |  |
| Does the employee regularly demonstrate that his/her approach to work is organized and dependable? Does the employee regularly meet established deadlines? |  |
| **SUPERVISORY CONSIDERATIONS** | **COMPLETE** |
| Are you and this employee assigned to the same physical location now? |  |
| Would you describe yourself as a “hands-on” supervisor? If so, how much is your style influenced by the nature of the work? |  |
| How is the employee’s work normally monitored to ensure that tasks are being completed? Can this approach work at a distance or be modified for successful telecommuting? |  |
| How do you normally intervene when the employee requests assistance or when you think supervision will improve results? Does this always require face-to-face contact? |  |
| Does anyone else monitor the employee’s work activities if you are absent from the workplace for a day, week, or longer? |  |
| To what degree can your style of supervision/management of the employee’s transition to an online scenario? |  |
| **DECISION** | **COMPLETE** |
| Position is suited for full-time telecommuting assignment.  (Employee works their entire work schedule from the alternate work location(s) documented in the Telecommuting Work Agreement.) |  |
| Position is suited for part-time telecommuting assignment.  (Employee consistently works 32 hours or more per month, typically one to two days per week, from the alternate work location(s) documented in the Telecommuting Work Agreement.) |  |
| Position is NOT eligible for telecommuting. |  |