

Screening Survey-Employee



Each employee interested in participating in COMPANY's teleworking program must complete this screening survey. When you have finished completing this survey, please give it to your supervisor. Your supervisor will complete the second half of this form, the "Supervisor Telework Screening Survey." If your supervisor approves you for teleworking, your supervisor will then share it with your division director who will make the final decision about your ability to telework.

Employee Name _____

Supervisor Name Department _____

1. Please describe your current job tasks.

2. Please rate each of the following characteristics as high (H), medium (M), or low (L) by placing the appropriate letter in each blank.

Your Work Characteristics

Please rate the following according to your existing job requirements and characteristics.

- ___ Amount of face-to-face contact required
- ___ Degree of telephone communications required
- ___ Autonomy of operation
- ___ Ability to control and schedule work flow
- ___ Amount of in-office reference material required

Your Personal Characteristics

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

- ___ Need for supervision, frequent feedback
- ___ Importance of co-workers' input to work function
- ___ Discipline regarding work
- ___ Desire/need to be around people
- ___ Level of job knowledge
- ___ Quality of work



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3. What kinds of work do you expect to do while teleworking? (Select as many as apply.)

- Writing/typing Research
- Word processing Talking on the phone
- Data management/ computer programming Email
- Administrative Field visits
- Reading Thinking/planning
- Other (please specify)

4. Do you have adequate space in your home to dedicate to working?..... Yes No

5. Are there any distractions/obligations that will make working at home difficult or impossible?..... Yes No

If yes, please explain: _____



Screening Survey-Supervisor



If you approve your employee's request to begin teleworking, please complete this questionnaire. Upon completion of the Supervisor Telework Screening Survey, please forward this entire document to your division director.

Supervisor Name _____

Employee Name _____

1. Is this employees' job responsibilities, as they currently exist, or with reasonable modifications, suitable to teleworking on a part-time basis?..... Yes No

Please explain why: _____

2. Please describe the kind of work this employee does: _____

3. Please rate each characteristic as high (H), medium (M), or low (L) by placing the appropriate letter in each blank.

Employee's Work Characteristics

- ___ Amount of face-to-face contact required
- ___ Degree of telephone communications required
- ___ Autonomy of operation
- ___ Ability to control and schedule work flow
- ___ Amount of in-office reference material required

Employee's Personal Characteristics

- ___ Need for supervision, frequent feedback
- ___ Importance of co-workers' input to work function
- ___ Discipline regarding work
- ___ Desire/need to be around people
- ___ Level of job knowledge
- ___ Quality of work



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Screening Survey-Supervisor



3. Supervisor Characteristics

Based on your attitude towards teleworking and work style, please rate the following.

___ Positive attitude toward teleworking

___ Trust employee's ability to telework

___ Ability to establish clear objectives

___ Ability to communicate with employees

4. What criteria do you use to evaluate your employee's work?

(For example: quality of work, quantity of work, timeliness, etc. Please be specific.)

5. What kinds of work would you expect him/her to do while teleworking?

(Select as many as apply.)

___ Writing/typing ___ Research

___ Word-processing ___ Talking on the phone

___ Data management/computer programming ___ Email

___ Administrative ___ Field visits

___ Reading ___ Thinking/planning

___ Other (please specify)



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Screening Survey-Director



One of your employees has requested to become a teleworker. In order to proceed, this employee must have your approval. The employee and supervisor selection surveys presented in this document are intended to help you make the decision to either allow this employee to start teleworking or deny their request. Upon review and with the aid of further discussion with this employee's direct supervisor and with the employee, as necessary, please indicate your decision below and forward this entire document to the COMPANY Telework Coordinator, COORDINATOR NAME by DATE.

I approve _____ (Employees' name) request to telework.

I deny _____ (Employee's name) request to telework.

If a telework request is denied, per COMPANY telework policies, arrangements will be made to discuss this decision with the employee, the employee's supervisor and the HR Manager.

Division Director Name _____

Signature _____



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