To be completed by the employee and discussed with Department Head/Supervisor to determine employee’s

compatibility for telework currently.

|  |  |
| --- | --- |
| Employee Name: |  |
| Department Head/Supervisor: |  |
| **Personal Characteristics:** |
| **With “1” being LOW and “5” being HIGH, indicate the degree to which the following****characteristics apply to you:****Staff Supervisor** |
| Ability to organize time well, i.e., self-discipline, productive, punctual |  |  |
| Ability to work independently with minimal feedback from peers or supervisor |  |  |
| Ease in resolving significant business issues over the phone |  |  |
| Ability to work off site without feeling socially of professionally detached |  |  |
| How has your performance been over the past year*?* |  |  |
| **Job Tasks:** |  |  |
| **What would be your primary job tasks while teleworking?** |
| Writing | Phone Calls | Data Entry | Field Visits |
| Accounting | Planning | Administrative | Reading/Research |
| Programming | Other: |  |
| **Communications:** |
| **If you have many incoming calls, which of the following is available to you at the office.** |
| Voice mail | Paging |
| **Are you able to get access to the necessary connections at home to perform your job tasks?** |
| City of Mankato Cell Phone Coverage |  |
| Conference Calls |  |
| Texting |  |
| Fax Send |  |
| Fax Receive |  |
| Network Connection* Speed Test must be run and verified with IT staff
* The Internet connection speed can be verified using [www.speedtest.net](http://www.speedtest.net/).
* Provide a screenshot of the speed test to supervisor at the time of the request, showing both download and upload speeds.
 |  |

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| **Customers/Clients:** |
| **How would you maintain customer/client contact while teleworking?** Check all that apply |
| **Internal Customers External Customers** |
| Phone |  |  |
| Fax |  |  |
| E-mail |  |  |
| Texting |  |  |
| In-person |  |  |
| **Home Flexibility:** |
| **Are you able to create a secure area in the home where work will not be misplaced or handled by family members?** |  |
| **Can you ensure minimal interruption during any core hours you need to be available?** |  |
| **Are there people at home relying on you for care?** |  |
| **If so, what provisions have you made for handling those responsibilities as well as your work responsibilities:** |  |
| **Is your home schedule flexible enough to allow you to make up time lost to uncontrollable interruptions?** |  |
| **If you worked from home, would you be able to come to the office on short notice if necessary?** |  |
| **Survey Section:** (Note – This section will not affect your ability to telework. The questions are merely for data collection purposes) |
| **How often would you like to telework?** |  |
| **What is the distance of your roundtrip commute to work each day?** |  |
| **What is the roundtrip length of time you spend commuting to work each day?** |  |
| **Equipment Needs:** |
| **Please indicate which of the following equipment/services you already have at home and in the office. Also indicate which items you believe would be needed to successfully telework.** |
| **Have at Home Have at Office Need** |
| Computer |  |  |  |
| Remote Printing |  |  |  |
| Software\* (specify below) |  |  |  |
| Voice Mail |  |  |  |
| Cell Phone |  |  |  |
| E-Mail |  |  |  |
| Fax Mail |  |  |  |

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| --- |
| **Equipment Needs (continue)** |
| **Have at Home Have at Office Need** |
| Conference Calling |  |  |  |
| Call Forwarding |  |  |  |
| Other (please specify) |  |  |  |
| \*Please list software needs below: |
|  |

**As a Department Head/supervisor, I have determined that the employee is:**

**Compatible with telework at this time.**

**Not Compatible with telework at this time.**

**Comments Related to Compatibility or Non-Compatibility:**

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| --- |
|  |
| Department Head/Supervisor Signature: |  |
| Employee Signature: |  |
| Department Director: |  |
| Director of HR: |  |
| City Manager: |  |