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. | | | | | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 | |  |  |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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:**

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