

TELECOMMUTING EVALUATION CHECKLIST/PROCEDURE

The employee and his/her supervisor will jointly complete the following procedural questions to determine whether completion of Form 5225-F1 is appropriate.

**Determine if the Employee's duties are consistent with telecommuting.**     Yes     No

- Yes     No    Are the Employee's job description(s) and duties of a type that may be performed in an alternative location?
- Yes     No    Do these duties constitute a significant portion of the Employee's work?
- Yes     No    Will the Employee's duties allow the Employee to work at least one entire shift at the alternative location?
- Yes     No    Can the duties be performed without ongoing supervisory oversight or with only predictable, periodic oversight?
- Yes     No    Can the confidentiality requirements of the Employee's position be met in an alternative location?
- Yes     No    Can the quality of the Employee's performance remain equal, or be superior to, the Employee's quality of performance at his or her regular work site?
- Yes     No    Can the quantity of the Employee's performance remain equal, or be superior to, the quantity of performance at his or her regular work site?

**Determine if the Employee is an appropriate candidate for telecommuting.**     Yes     No

- Yes     No    Does the Employee have consistently high levels of productivity?
- Yes     No    Is the Employee's performance consistently of high quality?
- Yes     No    Does the Employee work well without supervision or with only limited supervision?
- Yes     No    Has the Employee completed their six (6) month probationary period and demonstrated consistent attendance?
- Yes     No    Is the Employee's record clear of undue disciplinary actions or concerns?
- Yes     No    Does the Employee communicate well with supervisors regarding work duties?
- Yes     No    Does the Employee have appropriate dependent-care arrangements in place?

**Determine if the proposed Telecommuting Site is appropriate.**  Yes  No

Yes  No Does the proposed Telecommuting Site have adequate space to permit completion of the Employee's assigned duties?

Yes  No Is the proposed Telecommuting Site safe and ergonomically suitable given the Employee's physical limitations or requirements?

Yes  No Does the Employee currently have equipment (e.g., updated computer equipment and software) sufficient to allow the Employee to complete assigned duties at the required productivity levels and consistent with confidentiality and security requirements?

Yes  No Does the Employee currently have equipment (e.g., computer, software, , telephone, and internet bandwidth) sufficient to allow the Employee to regularly communicate with supervisors, co-workers and clients in multiple formats including video conferencing?

Yes  No Has telecommuter's computing environment been configured to support a dedicated, password-protected desktop and login?

**Determined the number of telecommuting days appropriate for the Employee (not normally to exceed sixty percent (60%) of the scheduled work days, unless an exception is approved by the Superintendent).**  Yes  No

**Determined the work hours of each telecommuting day making sure that non-exempt employees do not go into overtime status and include their required lunch and other breaks**  Yes  No

**Determined appropriate productivity expectations and measurements for the Employee's duties.**  Yes  No

**Created a plan of supervision, including times and means of communication between the Employee and his or her supervisor.**  Yes  No

**Discussed the Employee Telecommuting Agreement (Form 5225-F) with the Employee.**  Yes  No

**Completed and sign Telecommuting Agreement (Form 5225-F).**  Yes  No

**Included the telecommuting agreement form 5225-F in the Employee's electronic file.**  Yes  No

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