



Flexible Work Arrangement Suitability Assessment

Date Completed	
Supervisor Name	
Employee Name	
Department/CSD	
Position Title	
Type of Flexible Work Arrangement	<input type="checkbox"/> Telework <input type="checkbox"/> Flexible Schedule

Section 1: Business Need

1	Does this flexible work arrangement serve the best interests of the university?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2	Would a flexible work arrangement enhance, maintain, or diminish operational efficiencies?	<input type="checkbox"/> Enhance	<input type="checkbox"/> Maintain	<input type="checkbox"/> Diminish
3	Does the addition of flexible work arrangement(s) enhance the productivity of the department and the employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Notes:

Section 2: Position Suitability

1	Does the position require ongoing access to equipment, materials, and files that can only be accessed on campus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Does the position require extensive face-to-face contact with students, supervisors, other employees, or the public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Does the position require extensive time in meetings or on collaborative efforts within the department or other CSDs/departments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Does the position have job duties that requires presence on campus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Notes:

Section 3: Employee Suitability

1	Are there concerns with the employee's performance history (including disciplinary action)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Does the employee possess appropriate time management and organizational skills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Does the employee have the necessary computer skills to complete their required job functions outside of the office or normal business hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Does the employee understand their role and expectations, and require little supervision to complete their tasks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Can the employee's performance in a flexible work setting be measured and evaluated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Is the employee able to initiate tasks on their own and considered to be a self-starter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Does the employee consistently meet deadlines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Notes:

Section 4: Supervisory Approach

1	Are you comfortable allowing this employee to work with less direct oversight?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	How frequently do you monitor the employee's work performance?	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Other
3	Are you comfortable communicating virtually with the employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Have you been successful in establishing clear objectives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Can you accurately measure the employee's performance, outcomes, and time worked in a flexible work setting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Do you trust the employee will be productive without continuous supervision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How will performance be monitored and evaluated?

Notes:

Section 5: Team Effectiveness

1	Do team members frequently work on detailed and complex projects that require collaboration and partnership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Does an employee's work location or hours impact teamwork processes and efficiency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Can the team sustain engagement?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4	Does the team possess resiliency to maintain trust and a strong team morale in the face of challenges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Would the team support and embrace a work environment with a combination of flexible work arrangements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Notes:

Summary

Based on the collective responses to the assessment questions, do you recommend this position be considered for a flexible work arrangement? If no, please indicate the primary business reason/suitability factor below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Business Need
 Position Suitability
 Employee Suitability
 Supervisory Approach
 Team Effectiveness

Notes:

If Telework

Is there a maximum % of time or number of days feasible for telework? If yes, please specify.	<input type="checkbox"/> Yes, _____	<input type="checkbox"/> No
Does the department have the appropriate equipment and resources to support a telework arrangement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If Flexible Schedule

Is there a maximum % of time or number of days feasible for a flexible schedule? If yes, please specify.	<input type="checkbox"/> Yes, _____	<input type="checkbox"/> No
Does the department have the appropriate equipment and resources to support a flexible schedule arrangement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No