

Telecommuter Self-Assessment

The purpose of this assessment is to allow you to consider the impact telecommuting may have on you personally and professionally. It will still be necessary for your supervisor to assess your job responsibilities, as well as the resources of the department, to determine if telecommuting is an option. Completion of this assessment does not represent a guarantee that your request will be granted.

Employee Name: _____ Date: _____

Position Title: _____ School/Department/Division: _____

Personal Traits/Preferences

Please indicate if the following statements apply to you:

Strongly Agree		---		Strongly Disagree		
1	2	3	4	5		
						I enjoy working independently.
						I like to think through and resolve problems by myself.
						I manage my schedule effectively.
						I like to organize and plan.
						I am a self-disciplined person.
						I am able and willing to handle administrative tasks.
						I can balance attention between major objectives and small details.
						I do not need regular interaction with people.
						I can work effectively with little or no feedback from others.
						Working from home is as motivating and challenging as working in the office.
						I have strong verbal and written communication skills.
						I can pace myself to avoid both overworking and wasting time.

Job Appropriateness

Strongly Agree		---			Strongly Disagree		
1	2	3	4	5	My job:		
					requires minimal face-to-face interaction.		
					involves many responsibilities that can be accomplished by phone or email.		
					has responsibilities that can be measured and monitored.		
					affords me the flexibility to manage my work as I see most appropriate.		
					does not require frequent in-person interaction with colleagues, customers, or others.		
					involves co-workers who are supportive and collaborative.		

Home Office Space/Environment

Strongly Agree		---			Strongly Disagree		
1	2	3	4	5	I have a space in my home office that:		
					has an adequate amount of work space for my current needs.		
					has an adequate amount of storage space.		
					has adequate lighting.		
					has sufficient ventilation.		
					has a safe number of electrical circuits.		
					is quiet enough to allow me to concentrate.		
					provides appropriate separation from home/family distractions.		
					is a pleasant and comfortable space I'd enjoy working in.		
					is a reasonable distance from needed business services.		
					has no zoning or lease restrictions that preclude telecommuting.		
					has homeowners or renters insurance to protect business equipment.		

Support from Others

Strongly Agree		---			Strongly Disagree	My family/roommate(s):
1	2	3	4	5		
						is/are supportive of my desire to telecommute and will react positively.
						is/are willing to minimize distractions and interruptions.
						will not require child or elder care from me during work hours.
						can accept my need to focus on work during business hours.
						relationship has no conflicts that would be distracting.

Assessment

Review your answers to the above questions in considering whether you believe you are a good candidate for a telecommuting arrangement. You should pay particular attention to any answers you selected a 3, 4 or 5 on as they may be an indication that you, your position, or your home environment aren't a good fit for telecommuting.

Based on the Self Assessment, I would like to be considered for telecommuting: Yes ___ No ___

If "Yes", I would be interested in telecommuting ___ number of day(s) a week.

Comments: