Telecommuting Feasibility Assessment

For use in determining whether the employee's and supervisor's work styles support a telecommuting arrangement and if the department is able to provide the necessary equipment and resources for telecommuting.

Employee Name: _____ Date: _____

Position Title: _____ School/Department/Division: _____

NOTE: Before completing this assessment, make sure you have completed the "Telecommuting Position Assessment" to determine if the employee's position is appropriate for a telecommuting arrangement. You may also want to have the employee complete the "Telecommuting Self Assessment" to determine if they feel they are a good match for telecommuting.

Employee Assessment
*For the below questions, select your rating from 1 to 5 where **5 = Strongly Agree** and **1 = Strongly Disagree***
The employee can work in a self-directed manner in managing his/her work and time?
The employee has a complete understanding of his/her job and performance expectations?
The employee regularly demonstrates that his/her approach to work is organized and dependable?
He/she regularly meets deadlines?
The employee is able to resolve issues without your involvement?
The employee is productive when working alone (not around coworkers)?
I believe the employee's home is free of potential distractions (e.g., interruptions due to dependent care)?
The employee has indicated that he/she has a suitable workspace at home?
The employee's performance at home can be measured?
Overall rating:
An overall rating of 36 or more indicates that the employee may be a candidate for telecommuting. An overall rating between 27 – 35 may require additional consideration before making a final decision. An overall rating below 27 suggests the employee is likely not an ideal candidate for telecommuting. Any question(s) that received a rating of 3 or lower should be examined further before considering the employee for a telecommuting agreement.
Do your above responses support the employee being a telecommuter? Yes ___ No ___

Supervisory Assessment

Would you describe yourself as a "hands-on" supervisor? Yes _____ No _____

As you will have less opportunity to interact in-person with your employee when they are telecommuting, it is important if you checked "Yes" that you are able to identify other ways to communicate with your employee in a way that is appropriate for you, your employee, and the needs of the position.

Does the employee's work require monitoring? Routinely _____ Occasionally _____ Infrequently _____

Employees who are a good fit for telecommuting are ones who are self-directed and able to work independently. However, because of the more limited opportunity for in-person contact, it is particularly important to set up a regular schedule for providing feedback and guidance to your employee on their work.

Do you prefer face-to-face communications with you employees? Yes _____ No _____

If you checked "Yes", take some time to assess your comfort level with other forms of communication, including phone, email, and web conferencing technology before determining if a telecommuting agreement is appropriate.

Have you established clear objectives? Yes _____ No _____

Having clearly established objectives will allow you to better measure your employee's performance by tracking the success and completion of deliverables and tasks.

Can you accurately measure the employee's work output? Yes _____ No _____ Time worked? Yes _____ No _____

When supervising a telecommuter, it is important to be able to accurately measure work output and time worked in ways that do not require direct observation. Accurately determining time worked by an employee is particularly important if they are in a non-exempt position.

Do you believe the employee can be effective and successful in a telecommuting arrangement? Yes _____ No _____

Do you believe that telecommuting in general lends itself to mutual benefits to both the employer and employee?

Yes _____ No _____

Do your above responses support your ability to supervise an employee who telecommmutes? Yes _____ No _____

Equipment & Resource Assessment

Required Equipment:

Equipment needed to do designated telecommuting tasks	Check if needed	Check if personal equipment can be used	Approximate cost if equip. needs to be purchased?	Notes
Computer/laptop				
While GW policy does not currently require that you use a GW issued computer in order to access the GW system, this practice is strongly encouraged and in some cases may be necessary (ex. accessing Novell).				
Laptop lock (if using GW laptop)				
Computer/laptop headset				

Phone Service Options:

Equipment needed to do designated telecommuting tasks	Check if needed	Approximate cost if equip. needs to be purchased?	Notes
VOIP phone service			
Cell phone (no data)			
Smartphone (ex. Blackberry)			

Optional Equipment/Furniture:

Equipment needed to do designated telecommuting tasks	Check if needed	Check if personal equipment can be used	Approximate cost if equip. needs to be purchased?	Notes
Laptop docking station (incl. monitor, mouse, keyboard)				
Laptop bag				
Cell phone/Blackberry head set				

Multifunction machine (printer/scanner/fax/copier)			
Web camera and microphone			
White board			
Document shredder			
Locking filing cabinet or other storage			
Desk			
Chair			
Other:			

Describe any other expenses and approximate costs that may be incurred by the department:

Is your department able to provide the employee with the equipment and resources necessary for telecommuting?

Yes: No:

To discuss funding options available to departments as part of the Innovation Task Force fund for telecommuting, please contact Erica Hayton at ebush@gwu.edu or 202-994-5149.

Decision (please check)
Based on the "Telecommuting Position Assessment," the position's core responsibilities support telecommuting? Yes: No: The employee meets the criteria to be a telecommuter?   Yes: No: My management style supports telecommuting?   Yes: No: My department can provide the equipment and resources necessary for telecommuting?   Yes: No: **I should allow my employee to telecommute?**   **Yes:**   **No:**
Comments: