

## Telecommuting Position Assessment

For use in determining whether a position and assigned duties support a telecommuting arrangement.

Position Title: \_\_\_\_\_ Date: \_\_\_\_\_

Position Number: \_\_\_\_\_ School/Department/Division: \_\_\_\_\_

Describe the reason for considering a telecommuting option:

Is the position exempt or non-exempt with regard to the Fair Labor Standards Act (FLSA)?

Exempt: \_\_\_\_\_ Non-exempt: \_\_\_\_\_

If the job is non-exempt and subject to FLSA's overtime requirements, can work hours be accurately determined and measured when the employee is telecommuting? Yes: \_\_\_\_\_ No: \_\_\_\_\_

List the core responsibilities of this position and percentage of time allocated (as described in the position description):

1. \_\_\_\_\_ % Time \_\_\_\_\_
2. \_\_\_\_\_ % Time \_\_\_\_\_
3. \_\_\_\_\_ % Time \_\_\_\_\_
4. \_\_\_\_\_ % Time \_\_\_\_\_
5. \_\_\_\_\_ % Time \_\_\_\_\_
6. \_\_\_\_\_ % Time \_\_\_\_\_
7. \_\_\_\_\_ % Time \_\_\_\_\_

Do core responsibilities require ongoing access to equipment, materials, and files that can only be accessed on site/campus? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do core responsibilities require extensive face-to-face contact with supervisors, other employees, customers, or the public on site/campus? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do core responsibilities require time in meetings or performing work on site/campus? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do security issues require core responsibilities be conducted on site/campus? Yes: \_\_\_\_\_ No: \_\_\_\_\_

In total, what percentage of time is required on- site/campus? \_\_\_\_\_ %

To what extent is this position reliant on computer technology to accomplish core responsibilities? \_\_\_\_\_

\_\_\_\_\_

The following types of work are typical of employees who telecommute. Please check the types of work found in this position. Indicate the percentage of time per week spent on these duties. **Note:** the total of all activities is not expected to add up to 100%.

- |  |                  |  |                  |
|--|------------------|--|------------------|
| <input type="checkbox"/> <b>Writing/Typing/Editing</b> | % of Week: _____ | <input type="checkbox"/> <b>Talking on the Phone</b> | % of Week: _____ |
| <input type="checkbox"/> <b>Data Entry/Analysis</b>    | % of Week: _____ | <input type="checkbox"/> <b>Computer Programming</b> | % of Week: _____ |
| <input type="checkbox"/> <b>Reading/Researching</b>    | % of Week: _____ | <input type="checkbox"/> <b>Email</b>                | % of Week: _____ |
| <input type="checkbox"/> <b>Planning/Evaluating</b>    | % of Week: _____ | <input type="checkbox"/> <b>Field Visits/Travel</b>  | % of Week: _____ |

**Total % of Hours Spent During the Week on These Types of Work:** \_\_\_\_\_

**Decision** (please check)

Can the time spent on the above types of work support telecommuting?    Yes:            No:

Can the position's duties be arranged (performed on the same day) to support telecommuting?    Yes:            No:

Does your client/customer relationship support a telecommuting arrangement?    Yes:            No:

Do the current assigned duties support telecommuting?    Yes:            No:

If "Yes", how much time would an employee in this position be able to telecommute?

- |                            |   |
|----------------------------|---|
| One Day Per Week: _____    | Five Days Per Week: _____                 |
| Two Days Per Week: _____   | Once Every Two Weeks: _____               |
| Three Days Per Week: _____ | Occasionally for a Special Project: _____ |
| Four Days Per Week: _____  | Other: _____                              |

**Comments:**