**Remote Work Arrangement Review**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Completed |  | Department/Unit |  |
| Supervisor Name |  | Position Title |  |
| Employee Name |  | Position Number |  |

*This form should be used to review the effectiveness of an existing remote work arrangement.*

*Complete the review by indicating your level of agreement with each of the statements below, adding notes where appropriate. Supervisors may utilize this form at any interval (30-60-90 day, yearly, etc.). This form may be retained in the department and does not need to be submitted to HCS.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Strongly Disagree | Disagree | Agree | Strongly Agree |
| **Section 1:** **Business Need** | 1 | This remote work arrangement consistently serves the best interests of the university. |  |  |  |  |
| 2 | This remote work arrangement enhances/maintains operational efficiencies. |  |  |  |  |
| Notes: |
| **Section 2:** **Position Suitability** | 1 | Access to all equipment, materials, and files needed to perform essential functions is consistent. |  |  |  |  |
| 2 | Meaningful interaction (face-to-face, virtual, etc…) occurs with students, supervisors, other employees, or the public. |  |  |  |  |
| 3 | Collaborative efforts are successful within the department or other units/departments. |  |  |  |  |
| Notes: |
| **Section 3:** **Employee Suitability** | 1 | The employee consistently meets performance goals and expectations. |  |  |  |  |
| 2 | The employee demonstrates effective time management and organizational skills. |  |  |  |  |
| 3 | The employee is responsive and timely in their communications with other faculty/staff, leadership and those they serve. |  |  |  |  |
| Notes: |
| **Section 4:** **Supervisory Approach** | 1 | The supervisor is able to maintain consistent and effective communication with the employee. |  |  |  |  |
| 2 | The supervisor measures the employee’s performance, outcomes, and time worked. |  |  |  |  |
| Notes: |
| **Section 5:** **Team Effectiveness** | 1 | Team processes and efficiencies are maintained/enhanced. |  |  |  |  |
| 2 | The team is able to maintain engagement, trust, and morale. |  |  |  |  |
| 3 | The team continues to support and embrace this remote work arrangement. |  |  |  |  |
| Notes: |

Are there other concerns with the remote work arrangement that are not captured above?

**Summary**

|  |  |  |
| --- | --- | --- |
| Do you recommend that the remote work arrangement continue? If no, please indicate the primary business reason/suitability factor below. | Yes | No |
| * Business Need
 | * Position Suitability
 | * Employee Suitability
 | * Supervisory Approach
 | * Team Effectiveness
 |
| Notes: |
| Are there any adjustments that need to be made as a result of this review? If yes, please specify. Please note: *If a remote work arrangement ends or modifications to the agreement are necessary, please follow the guidance on the HCS website.* | Yes | No |
| Notes: |

**Signatures**

*Supervisor Date*

*Department Head (optional) Date*

*Dean, Cabinet Member, or designee (optional) Date*