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

**Remote Work Suitability**

**Assessment**

**Section 1: Business Need**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Does this remote work arrangement serve the best interests of the university? | Yes | | No | |
| 2 | Would a remote work arrangement enhance, maintain, or diminish operational efficiencies? | Enhance | Maintain | | Diminish |
| 3 | Does the addition of remote work arrangement(s) enhance the productivity of the department and the employees? | Yes | | 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? | Yes | No |
| 2 | Does the position require extensive face-to-face contact with students, supervisors, other employees, or the public? | Yes | No |
| 3 | Does the position require extensive time in meetings or on collaborative efforts within the department or other units/departments? | Yes | No |
| 4 | Does the position regularly perform work on campus or at a facility work location? | Yes | No |
| 5 | Does the position have job duties that requires presence on campus or at a facility work location? | Yes | No |
| Notes: | | | |

**Section 3: Employee Suitability**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Are there concerns with the employee’s performance history (including disciplinary action)? | Yes | No |
| 2 | Does the employee possess appropriate time management and organizational skills? | Yes | No |
| 3 | Does the employee have the necessary computer skills to complete their required job functions outside of the office? | Yes | No |
| 4 | Does the employee understand their role and expectations, and require little supervision to complete their tasks? | Yes | No |
| 5 | Can the employee’s performance in a remote work setting be measured and evaluated? | Yes | No |
| 6 | Is the employee able to initiate tasks on their own and considered to be a self-starter? | Yes | No |
| 7 | Does the employee consistently meet deadlines? | Yes | No |
| Notes: | | | |

**Section 4: Supervisory Approach**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Are you comfortable allowing this employee to work in a remote setting with less direct oversight? | Yes | | No | |
| 2 | How frequently do you monitor the employee’s work performance? | Weekly | Monthly | | Other |
| 3 | Are you comfortable communicating virtually with the employee? | Yes | | No | |
| 4 | Have you been successful in establishing clear objectives? | Yes | | No | |
| 5 | Can you accurately measure the employee’s performance, outcomes, and time worked in a remote work setting? | Yes | | No | |
| 6 | Do you trust the employee will be productive without continuous supervision? | Yes | | No | |
| Notes: | | | | | |

**Section 5: Team Effectiveness**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Do team members frequently work on detailed and complex projects that require collaboration and partnership? | Yes | No |
| 2 | Does an employee's work location impact team work processes and efficiency? | Yes | No |
| 3 | Can the team sustain engagement in a remote or hybrid work environment? | Yes | No |
| 4 | Does the team possess resiliency to maintain trust and a strong team morale in the face of challenges? | Yes | No |
| 5 | Would the team support and embrace a work environment with a combination of on site and remote work arrangements? | Yes | No |
| Notes: | | | |

**Summary**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Based on the collective responses to the assessment questions, do you recommend this position be considered for a remote work arrangement? If no, please indicate the primary business reason/suitability factor below. | | | | Yes | | No |
| Business Need | Position Suitability | Employee Suitability | Supervisory Approach | | Team Effectiveness | |
| Notes: | | | | | | |
| Is there a maximum % of time or number of days feasible for remote work? If yes, please specify. | | | | Yes, \_\_\_\_\_\_\_ | | No |
| Does the department have the appropriate budget, equipment, and resources to support a remote work arrangement? | | | | Yes | | No |
| **Remote Work Location.** Many states and localities have employment laws that differ from Kansas and may results in additional expense or risk exposure for departments and the University. Please reference the [HCS Remote Work site](https://www.k-state.edu/hcs/policies/remote-work/index.html) or contact [hr@ksu.edu](mailto:hr@ksu.edu) to inquire about a specific location. | | | | | | \_\_\_\_\_\_\_ *(initials)* |

**Signatures**

*Supervisor Date*

*Department Head Date*

*Dean, Cabinet Member, or designee Date*