

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
<input type="checkbox"/> Business Need	<input type="checkbox"/> Position Suitability	<input type="checkbox"/> Employee Suitability	<input type="checkbox"/> Supervisory Approach	<input type="checkbox"/> Team Effectiveness	
Notes:					
Are there any adjustments that need to be made as a result of this review? If yes, please specify. Please note: <i>If a remote work arrangement ends or modifications to the agreement are necessary, please follow the guidance on the HCS website.</i>				Yes	No
Notes:					

Signatures

Supervisor

Date

Department Head (optional)

Date

Dean, Cabinet Member, or designee (optional)

Date