

Remote Work Suitability Assessment

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

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	Are you comfortable with the employee's productivity 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
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- 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

Signatures

Supervisor

Date

Department Head

Date

Dean, Cabinet Member, or designee

Date