     

Notes:

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| **Remote Work Suitability Assessment****Section 1: Business Need** | Date Completed |  |
| Supervisor Name |  |
| Employee Name |  |
| Department/Unit |  |
| Position Title |  |
| Position Number |  |
| 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
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| **Sec** | **tion 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
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| **Sect** | **ion 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
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# Section 4: Supervisory Approach

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| 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
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| **Sect** | **ion 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
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Notes:

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| **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:

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| --- | --- | --- |
| 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 [HR](https://www.k-state.edu/hcs/policies/remote-work/index.html) [Remote Work site](https://www.k-state.edu/hcs/policies/remote-work/index.html) or contact hr@ksu.edu to inquire about a specific location. | *(initials)* |

# Signatures

*Supervisor Date*

*Department Head Date*

*Dean, Cabinet Member, or designee Date*