

## **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 HR.						Strongly Agree		
pa	1	This remote work arrangement consistently serves the best interests of the university.						
» Nec	2	This remote work arrangement enhances/maintains operational efficiencies.						
Section 1: Business Need	No	tes:						
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.						
Section 2: Position	No	tes:						
iitability	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.						
Section 3: Employee Suitability	No	tes:						
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:							



iveness	1	Team pro	cesse	s and efficiencies	are ma	intained/enh	anced.							
	2	The team is able to maintain engagement, trust, and morale.												
fecti	3	The team	conti	nues to support a	nd emb	race this ren	note work	arran	gement.					
Section 5: Team Ef	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?														
Summa														
Do you recommend that the remote work arrangement continue? If no, please indicate the primary business reason/suitability factor below.								mary	Yes	5	No			
□ Bus	siness	s Need		Position Suitability		Employee Suitability			Supervisor Approach	ry	☐ Team Effectiveness			
Notes:		T	4.41			L Cd.	. 9 10	•	1					
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 HR website.							iiy.	Ye	es	N	0			
Notes:														
Signatı	ıres	}												
Supervisor					_		Date	Date						
Department Head (optional)					<u>—</u>		Date							
Dean, Cabinet Member, or designee (optional)							Date	Date						