

EMPLOYER NAME
Sample Teleworker Selection Assessment Form for Employees

Telework is a workplace strategy that can involve working from home or another location on a full- or part-time basis. Teleworking can be a productive scheduling practice for many employees, although it will not be feasible for all employees. Telework arrangements are successful when an employee's work responsibilities and personal work style are well matched with working away from the office.

This assessment form provides an opportunity to consider whether teleworking will be an effective tool for meeting organizational and personal objectives. Responses to this form will help you and your supervisor assess if teleworking can work for you.

This form must be completed by each employee interested in participating in the telework program.

Teleworking Screening Survey for Employees

Name: _____ Supervisor: _____
Title: _____ Department: _____

1. Please describe your current job tasks.

2. The following four groups of characteristics relate respectively to your existing work, to your future work as it can be adapted to teleworking, to you as an employee, and to your supervisor. Please rate each characteristic as high (H), medium (M), or low (L).

Existing Work Characteristics

Please rate the following according to your existing job requirements and characteristics.

- _____ Amount of face-to-face contact required
- _____ Degree of telephone communications required
- _____ Independence of operation
- _____ Ability to control and schedule work flow
- _____ Amount of in-office reference material required

Future Work as a Teleworker

Please rate the following job characteristics in terms of their adaptability to teleworking.

- _____ Amount of face-to-face contact required
- _____ Degree of telephone communications required
- _____ Independence of operation
- _____ Ability to control and schedule work flow
- _____ Amount of in-office reference material required

Employee Characteristics

Please rate the following according to your own characteristics as an employee.

- _____ Need for supervision, frequent feedback
- _____ Importance of co-workers' input to work function
- _____ Discipline regarding work
- _____ Desire/need to be around other employees
- _____ Potential friction at home (e.g., interruptions due to caring for dependents)
- _____ Level of job knowledge
- _____ Quality of work

3. Considering the nature of your job, how much would you want to telework? (Choose one)

- | | |
|---|---|
| <input type="checkbox"/> (a) About once every two weeks | <input type="checkbox"/> (d) Three days a week |
| <input type="checkbox"/> (b) About once a week | <input type="checkbox"/> (e) Occasionally for a special project |
| <input type="checkbox"/> (c) Two days a week | <input type="checkbox"/> (f) Other: _____ |

4. What kinds of work would you expect to do while teleworking? (Choose as many as apply)

- | | |
|---|---|
| <input type="checkbox"/> (a) Writing/typing | <input type="checkbox"/> (f) Research |
| <input type="checkbox"/> (b) Planning | <input type="checkbox"/> (g) Sales calls |
| <input type="checkbox"/> (c) Data management | <input type="checkbox"/> (h) Preparing reports |
| <input type="checkbox"/> (d) Administrative | <input type="checkbox"/> (i) Field visits |
| <input type="checkbox"/> (e) Reading | <input type="checkbox"/> (j) Other (please specify) |
| <input type="checkbox"/> (k) Computer programming | _____ |

5. Given the frequency of teleworking you want, and the kinds of work you would expect to do while teleworking, what equipment/services would you need, and which of those do you currently have? (Check appropriate box)

	Need	Have
Computer/terminal	<input type="checkbox"/>	<input type="checkbox"/>
Printer	<input type="checkbox"/>	<input type="checkbox"/>
High-speed Internet	<input type="checkbox"/>	<input type="checkbox"/>
Desk, filing space, other furniture	<input type="checkbox"/>	<input type="checkbox"/>
More than one phone line	<input type="checkbox"/>	<input type="checkbox"/>
Fax machine	<input type="checkbox"/>	<input type="checkbox"/>
Voicemail	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you have adequate space in your home/at a remote location to dedicate to teleworking?

- ☐ (a) Yes ☐ (b) No

7. Are there any distractions/obligations that will make teleworking difficult or impossible?

- ☐ (a) Yes ☐ (b) No

Please explain:

Thank you for completing this Teleworker Selection Assessment!