*SSW Telecommuting Application*

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# Telecommuter Position Assessment

For use in determining whether a position and assigned duties support a telecommuting arrangement. Employee requesting should fill out and send to supervisor. This can be sent as a hard copy or the information copied and pasted into an email. Please answer all questions. Incomplete forms will be returned and not processed.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Position Title:

Position's Supervisor:

Is the position exempt or non‐exempt with regard to the Fair Labor Standards Act (FLSA)?

Exempt: Non‐exempt:

Non-exempt staff are not eligible for defined telecommuting agreements.

List the core responsibilities of this position and percentage of time allocated (as described in the position description):

[Insert Core Responsibilities Here]

|  |  |  |
| --- | --- | --- |
| **Question** | **Yes** | **No** |
| Do core responsibilities require ongoing access to equipment, materials, and files that can only be accessed on site/campus? |  |  |
| Do core responsibilities require extensive face‐to‐face contact with supervisors, other employees, customers, or the public on site/campus? |  |  |
| Do core responsibilities require time in meetings or performing work on site/campus? |  |  |
| Do security issues require core responsibilities be conducted on site/campus? |  |  |

**In total, what percentage of time is required on‐ site/campus? 0%**

The following types of work are typical of employees who telecommute. Please indicate the percentage of time per week spent on these duties. Note: the total of all activities is not expected to add up to 100%.

|  |  |
| --- | --- |
| **Type of Work** | **Percent of Week** |
| Writing/Typing/Editing | 0% |
| Data Entry/Analysis | 0% |
| Reading/Researching | 0% |
| Planning/Evaluating | 0% |
| Talking on the Phone | 0% |
| Computer Programming | 0% |
| Email | 0% |
| Field Visits/Travel | 0% |
| **Total** | 0% |

Describe the request in detail with the following questions. Please answer all questions. Incomplete forms will be returned and not processed.

1. Where do you propose to work (home, alternate site)?
2. What schedule do you propose (days and hours on campus, days and hours at telecommuting site)?
3. Which of your duties do you propose to perform at the telecommuting site? Which do you propose to perform in the department?
4. Anticipate what problems this arrangement may cause for the organization. (Include the effect on your own assignment and how your role affects others, both within the unit and externally.) Please describe below:
5. How will you communicate with your supervisor, co-workers, and external parties?
6. How will materials be kept readily available to those who need access?
7. How will you be able to respond to emergencies or other unexpected events in your department?
8. How will you assure the security of university materials and equipment?
9. Can you provide a workplace that is as safe as your departmental work site, so as to minimize the likelihood of injury?
10. Outline ways in which your proposed arrangement might benefit the organization.
11. Will service hours be extended?
12. Will you be more productive? In what ways, and how will this be measured?
13. For supervisors, especially those with non-exempt direct reports: If you telecommute, how will you handle supervision of your staff when you are not in the office? How will you handle problems/performance issues?

# Telecommuting Feasibility Assessment

For supervisor's use in determining whether the employee’s and supervisor’s work styles support a telecommuting arrangement. Please answer all questions. Incomplete forms will be returned and not processed.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Position Title:

Position's Supervisor:

NOTE: Before completing this assessment, make sure you have received the “Telecommuter Position Assessment” from the employee and determine if the employee’s position is appropriate for a telecommuting arrangement.

### Employee Assessment

For the below questions, select your rating from 1 to 5 where 5 = Strongly Agree and 1 = Strongly Disagree

|  |  |
| --- | --- |
| **Question** | **Rating (1-5)** |
| The employee has a complete understanding of his/her job and performance expectations? |  |
| The employee can work in a self‐directed manner in managing his/her work and time? |  |
| The employee regularly demonstrates that his/her approach to work is organized and dependable? |  |
| The employee regularly meets deadlines? |  |
| The employee is able to resolve issues without your involvement? |  |
| The employee is productive when working alone (not around coworkers)? |  |
| I believe the employee’s home is free of potential distractions (e.g., interruptions due  to dependent care)? |  |
| The employee has indicated that he/she has a suitable workspace at home? |  |
| The employee’s performance at home can be measured? |  |
| **Total** |  |

An overall rating of 36 or more indicates that the employee may be a candidate for telecommuting. An overall rating between 27 – 35 may require additional consideration before making a final decision. An overall rating below 27 suggests the employee is likely not an ideal candidate for telecommuting. Any question(s) that received a rating of 3 or lower should be examined further before considering the employee for a telecommuting agreement.

Do your above responses support the employee being a telecommuter? Yes: No:

### Supervisory Assessment

|  |  |  |
| --- | --- | --- |
| **Question** | **Yes** | **No** |
| Would you describe yourself as a “hands‐on” supervisor?  *As you will have less opportunity to interact in-person with your employee when they are telecommuting, it is important if you checked “Yes” that you are able to identify other ways to communicate with your employee in a way that is appropriate for you, your employee, and the needs of the position.* |  |  |
| Do you prefer face‐to‐face communications with your employees?  *If you checked “Yes”, take some time to assess your comfort level with other forms of communication, including phone, email, and web conferencing technology before determining if a telecommuting agreement is appropriate.* |  |  |
| Have you established clear objectives?  *Having clearly established objectives will allow you to better measure your employee’s performance by tracking the success and completion of deliverables and tasks.* |  |  |
| Does the employee’s work rarely require monitoring?  *Employees who are a good fit for telecommuting are ones who are self-directed and able to work independently. However, because of the more limited opportunity for in-person contact, it is particularly important to set up a regular schedule for providing feedback and guidance to your employee on their work.* |  |  |
| Can you accurately measure the employee’s work output? |  |  |
| Can you accurately measure the employee’s time worked?  *When supervising a telecommuter, it is important to be able to accurately measure work output and time worked in ways that do not require direct observation.* |  |  |
| Do you believe the employee can be effective and successful in a telecommuting arrangement? |  |  |
| Do you believe that telecommuting in general lends itself to mutual benefits to both the employer and employee? |  |  |

### Decision (please check)

|  |  |  |
| --- | --- | --- |
| **Question** | **Yes** | **No** |
| Based on the “Telecommuting Position Assessment,” do the position’s core responsibilities support telecommuting? |  |  |
| The employee meets the criteria to be a telecommuter? |  |  |
| My management style supports telecommuting? |  |  |
| The employee has access to equipment and resources necessary for telecommuting? |  |  |
| I should allow my employee to telecommute? |  |  |

# Telecommuting Agreement

1. **General Work Arrangement**
2. This is an agreement between the School of Social Welfare (“the School”) and [**Employee’s Name**] (“Employee”) to establish the terms and conditions for performing work at an alternate work site on a regular basis (*e.g.*, on the same day every week, or on some routine basis).
3. This agreement begins on[**Date**]and continues until [**12/31/YEAR**]. This agreement will be reviewed at least annually. This agreement may be modified or cancelled with seven (7)calendar days written notice. The following conditions apply:
   1. Employee’s telecommuting schedule is [specify days and hours. If it varies, please include those details].
   2. Employee’s regular telecommuting site location is [location].
   3. Employee’s regular telecommuting phone number is [telephone number].
   4. If employee supervises other employees, the on-site escalation point is [on-site escalation contact] for the supervisor's telecommuting day. [Any other contingencies that will be communicated to all employees as a standard operating procedure.]
4. While telecommuting, Employee will:
   1. remain accessible during the telecommute work schedule;
   2. check in with the supervisor to discuss status and open issues;
   3. be available for teleconferences, scheduled on an as-needed basis;
   4. be available to come into the office if a business need arises;
   5. request supervisor approval to use vacation, sick, or other leave in the same manner as when working at Employee’s regular work location.
5. Employee’s duties, obligations, responsibilities, and conditions of employment with the University remain unchanged except those obligations and responsibilities specifically addressed in this agreement. Job responsibilities, standards of performance, and performance appraisals remain the same as when working at the regular University work site. The supervisor reserves the right to assign work as necessary at any work site.
6. The parties acknowledge that this agreement may be evaluated on an ongoing basis to ensure that Employee’s work quality, efficiency, and productivity are not compromised by the telecommuting arrangement described herein.
7. **Safety & Equipment; Information Security**
8. Employee agrees to maintain a safe, secure, and ergonomic work environment and to report work-related injuries to Employee’s supervisor at the earliest reasonable opportunity. Employee agrees to hold the University harmless for injury to others at the alternate work site. Regarding space and equipment purchase, set-up, and maintenance for telecommuting purposes:
   1. Employee is responsible for providing space, telephone, printing, networking and/or Internet capabilities at the telecommute location, and shall not be reimbursed by the employer for these or related expenses. Internet access must be via DSL, Cable Modem, or an equivalent bandwidth network.
   2. Employee agrees to protect University-owned equipment, records, and materials from unauthorized or accidental access, use, modification, destruction, or disclosure. The precautions described in this agreement apply regardless of the storage media on which information is maintained, the locations where the information is stored, the systems used to process the information, or the process by which the information is stored.
   3. Employee agrees to report to Employee’s supervisor any incidents of loss, damage, or unauthorized access at the earliest reasonable opportunity.
   4. Employee understands that all equipment, records, and materials provided by the University shall remain the property of the University.
9. Employee understands and agrees that Employee’s personal vehicle may not be used for University business unless specifically authorized in writing by Employee’s supervisor in advance of such use.
10. With reasonable notice and at a mutually agreed upon time, the University may make on-site visits to Employee’s telecommute location to ensure that the designated work space is safe and free from hazards, provides adequate protection and security of University property, and to maintain, repair, inspect, or retrieve University property.
11. Employee agrees to return University-owned equipment, records, and materials within seven (7)calendar days of termination of this agreement. Within seven (7)calendar days of written notice, Employee must return University-owned equipment for inspection, repair, replacement, or repossession.
12. Employee understands that Employee is responsible for tax consequences, if any, of this arrangement, and for conformance to any local zoning regulations.

**I hereby affirm by my signature that I have read this Telecommuting Agreement and understand and agree to all of its provisions.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Employee’s Name], Employee Date

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[Supervisor’s Name], Supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Unit Manager’s Name], Manager Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Chief Administrative Officer’s Name], CAO Date

*Please send this signed agreement to your HR Partner for placement in Employee’s personnel file. The employee and the supervisor should each keep a copy of this agreement for future reference.*