

**Telework:** Suggested discussion questions for employees and supervisors

The purpose of this checklist is to assist employees and supervisors in discussing a telework request. The checklist is to be used to facilitate understanding of the shared responsibilities involved in a telework situation. Mutual understanding should be sought in answering the questions. Both the employee and the supervisor may retain a copy for later review.

Requesting Employee's Name \_\_\_\_\_

Requesting Employee's Position \_\_\_\_\_

Immediate Supervisor's Name \_\_\_\_\_

Reviewing Manager's Name \_\_\_\_\_

Date of Written Request to Telecommute \_\_\_\_\_

Date(s) of Discussion \_\_\_\_\_

1. What are the responsibilities of the requesting employee?

\_\_\_\_\_

Is some of the employee's work portable? \_\_\_\_\_

What work would the employee perform at the alternate worksite?

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

What percentage of the employee's normal work is portable? \_\_\_\_\_

Is there sufficient regular and recurring portable work to support the number of days requested? \_\_\_\_\_

If no, does the work support fewer days? \_\_\_\_\_

2. What method(s) will be utilized to ensure communication access between the employee and the supervisor? \_\_\_\_\_

Describe the proposed plan for communication with the office, client agencies and senior management. \_\_\_\_\_

3. Is the employee performing at or above the satisfactory level?\_\_\_\_\_

Describe the employee's performance in relation to relevant performance standards.\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How has the employee demonstrated an ability to successfully telecommute?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the employee work well alone and without face to face supervision?\_\_\_\_\_

4. Can client, coworker and customer needs be met if telecommuting is approved?\_\_\_\_\_

How?\_\_\_\_\_

5. What are the office coverage requirements?\_\_\_\_\_

How will this request affect office coverage?  
\_\_\_\_\_  
\_\_\_\_\_

What will be the effect on other employees in the office if the request is approved?\_\_\_\_\_

Should coverage become a problem due to changes in work demands or office staffing, did you discuss that the number of days or days of the week may have to be revisited during the review process?\_\_\_\_\_

6. How will the employee meet the technology/equipment needs to enable Telecommuting?\_\_\_\_\_

7. How will you determine whether the telecommuting arrangement is successful?\_\_\_\_\_

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

8. OTHER INFORMATION:

Employee's Signature\_\_\_\_\_ Date\_\_\_\_\_

Supervisor's Signature\_\_\_\_\_ Date\_\_\_\_\_

Copies should be provided to all signers.