



Telecommuting Feasibility Assessment

This document is used to help the supervisor determine the feasibility of a particular position and/or employee to be engaged in a telecommuting agreement. The document will also assess the employee's and supervisor's work styles and determine if the styles would support a telecommuting arrangement.

Name of Telecommuter:

Position Title:

Name of Supervisor:

Work Location:

Job Assignments and Duties

The position can be Exempt (Not Eligible for Overtime) or Non-Exempt (Eligible for Overtime). List the key duties and percentage of time allocated to each duty.

| Job Duty (Essential Functions) | % |
|--------------------------------|---|
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Employee Role Assessment

This section will help you determine if the position's key duties lend themselves to telecommuting.

Do key duties require ongoing access to equipment, materials, and files that can **only** be accessed on Muscogee School District property? Yes No

Do key duties require extensive face-to-face contact with supervisors, other employees, clients, or the public on Muscogee County School District property? Yes No

Do key duties require extensive time in meetings or performing work on Muscogee County School District property? Yes No

Do security issues require key duties to be conducted on Muscogee County School District property? Yes No

How reliant is this position on computer technology to accomplish key duties?

- Very Reliant Reliant Neutral Somewhat Reliant Not Reliant

What percentage of time is required on Muscogee County School District property? %

The following tasks are typical of employees who telecommute. Indicate the percentage of time spent on appropriate tasks each week for the specified position. *(Provide additional documentation as needed)*

| | |
|------------------------------------|---------------------------------------|
| Writing/editing _____ % each week | Research: _____ % each week |
| Word processing: _____ % each week | Phone calls: _____ % each week |
| Data analysis _____ % each week | Programming: _____ % each week |
| Administrative: _____ % each week | Email: _____ % each week |
| Reading _____ % each week | Travel/visits _____ % each week |
| Planning _____ % each week | Other: (See below): _____ % each week |

Can the time spent on the above tasks support telecommuting? Yes No

If not, can you rearrange the position's current duties (performed on the same day) to support telecommuting? Yes No N/A

Employee Performance Assessment: *This section will help you determine if the employee can work in a self-directed manner in managing his or her work and time.*

Does the employee have a complete understanding of his or her job and performance expectations? Yes No

Does the employee regularly demonstrate that his or her approach to work is organized and dependable? Yes No

Is the employee highly productive? Yes No

Does the employee regularly meet deadlines? Yes No

Can the employee work independently and without constant supervision? Yes No

Can direction be provided by the phone? Yes No

Does the employee need/desire to be around coworkers? Yes No

Are there any known potential distractions at home? Yes No

Can the employee work in an environment with little structure? Yes No

Does the employee have the technology, including computer, appropriate software, and remote access capability, to work from home? Yes No

Does the employee have a suitable workspace at home? Yes No

Can the employee's performance at home be measured? Yes No

If you answered 'Yes' to any of the above questions, telecommuting might be appropriate.

Supervisory Assessment: *This section will help you determine if your managerial/supervisory style supports telecommuting.*

Are you comfortable allowing employees to work largely autonomously? Yes No

Do you provide solutions when requested for assistance? Yes No

How frequently do you monitor the employee's work performance?
 Daily Weekly Other Intervals _____

Are you comfortable communicating via email/telephone, as opposed to face-to-face? Yes No

Are you able to establish clear objectives? Yes No

Can you accurately measure the employee's performance and outcomes? Yes No

Can you accurately measure the employee's time worked? Yes No

Do you have a backup to monitor work in your absence (short and long term) Yes No

Do you trust that the employee will be productive notwithstanding lack of direct supervision? Yes No

How frequently would you want the employee to telecommute?
 One day per week Two days per week Three days per week
 Once every two weeks Occasionally/special project Other:

If you answered 'Yes' to any of the above questions, telecommuting might be appropriate.

Recommendation: *Summarize your answers from the above assessment sections.*

The position's key duties can support telecommuting. Yes No

The employee can meet the criteria to be a telecommuter. Yes No

My management/supervision style can support telecommuting. Yes No

I recommend my employee's request to telecommute. Yes No

Proposed telecommuting work schedule:

Proposed start and end dates for telecommuting work schedule:

Comments:

Supervisor Signature

Date: _____

Please submit this form to the Division of Human Resources:

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