

Telework Request Assessment

Purpose: This form is to be completed by a supervisor when a request for a telework assignment by a classified or FLSA non-exempt employee is being considered.

Authority: Teleworking Policy (POL-U5415.01)

Employee Name: _____
Position Title: _____
Department: _____
Supervisor: _____

1. Is the employee a strong performer in all aspects?
 Yes No

If no, what are your concerns and how will they be addressed?

2. Does the position require any face-to-face contact at the university office work site?
 Yes No

If yes, how will this be accomplished?

3. Do any of the employee's duties require direct supervision?
 Yes No

If yes, what duties and how will this be addressed?

4. Do any of the employee's duties require the employee to be physically located at the University?
 Yes No

If yes, what duties and how will this be addressed?

5. Will productivity be easily monitored and measured?
 Yes No

Comments:

6. Will the telework site provide an appropriate work environment?
 Yes No
Comments:

7. Will there be confidential or sensitive information maintained at or accessed through the telework site (including hardcopy and electronically accessible information)?
 Yes No

If yes, what are the agreed upon procedures for the employee to effectively secure such information?

8. Do the duties require access to desktop files, e-mail, and/or University databases such as Banner?
 Yes No

If yes, has ATUS been contacted to determine if data security requirements can be accomplished?
 Yes No

9. Has the employee been given a copy of the *University's Security and Data Management WWU Best Practices and Policies*?
 Yes No

10. Are there any other factors to be considered in support of the telework request?
 Yes No

Comments: