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: