

**EMPLOYEE SCREENING TOOL  
AND  
TELECOMMUTING REQUEST  
UI TELECOMMUTING PROGRAM**

The success of telecommuting is dependent on it being a mutually beneficial arrangement for the unit and the employee. This form is to be completed by the employee who is requesting a telecommuting arrangement. The form is designed to facilitate a positive discussion between the supervisor and the employee. It is important that all questions are answered, and the supervisor and employee review the answers together to determine feasibility. In addition, the employee's past work performance is reviewed to enhance decision making.

In the event that the supervisor and employee cannot reach agreement regarding the feasibility of telecommuting, it is not considered a right of employment.

NAME \_\_\_\_\_ POSITION (JOB TITLE) \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

DATE SUBMITTED TO SUPERVISOR \_\_\_\_\_

**POSITION SUMMARY:**

Describe your current work schedule and include your length of time in the position.

Describe your job responsibilities and tasks or attach a Job Description

**TELECOMMUNTING WORKSHEET:**

This section assesses the compatibility of your request with the needs and expectations of your specific position. Please answer the following questions completely.

List the proposed tasks that you would do at the telecommuting site. Identify how your supervisor could assess your performance in meeting or exceeding job expectations. Be as quantitative as possible.

| Proposed Tasks | Evaluative Criteria |
|----------------|---------------------|
|                |                     |

Identify the address of the proposed telecommuting site.

List the proposed schedule of work hours.

Describe the telecommuting work site, including arrangements to maintain the confidentiality and security of the records, reports and data.

Describe your availability for staff meetings, discussions with co-workers and supervisor, and other group times.

Identify any distractions or obligations that might make working at the telecommuting site difficult and your plans for handling these.

If you are supervising others, describe how you will maintain those responsibilities and ensure connectedness with those you supervise.

Address how customer service may be affected. Describe how you will adapt to both customers' and the organization's needs.

How will you insure that the telecommuting arrangement does not inadvertently have a negative impact on your colleagues or their workload?

Given the amount of telecommuting you would like to do and the types of work you would do while telecommuting, identify the equipment/services you would need and which of those do you currently have at the telecommuting site (circle as many as apply).

NEED HAVE

- |   |   |                               |
|---|---|-------------------------------|
| a | a | computer/terminal             |
| b | b | printer                       |
| c | c | modem                         |
| d | d | additional telephone line     |
| e | e | software                      |
| f | f | typewriter                    |
| g | g | desk and chair                |
| h | h | filing cabinet                |
| I | i | photocopier                   |
| J | j | fax                           |
| k | k | internet access service       |
| l | l | long distance service         |
| m | m | other (please specify): _____ |

The equipment/services needed to support this telecommuting request will be provided by:

If available, attach your last year's performance review.

After completing the above, submit the document to your supervisor and schedule an appointment to discuss your telecommuting request.

**Findings of the Review:**

We, \_\_\_\_\_ and \_\_\_\_\_, have discussed  
(employee) (supervisor)

this request to telecommute. At this time, the telecommuting request is (please check):

- recommended \_\_\_\_\_. If recommended, the request will be submitted to the Department for final review and approval. A response from the Department is requested by \_\_\_\_\_.  
(date)

We are recommending the following terms of the telecommuting arrangement.

**Telecommuting Work Assignments:**

Tasks

Evaluative Criteria

**Telecommuting Schedule:**

Telecommuting Work Schedule

On-Site University Work Schedule

From To

From To

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

**Telecommuting Location:**

- Address:
- Telephone Number:
- Description of worksite:

**Equipment/Services:**

Equipment/Services Required

Provided by:

- not recommended \_\_\_\_\_. If not recommended, provide the rationale.

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\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

**Response by the Department:**

At this time, the telecommuting request has been:

- approved \_\_\_\_\_.
- approved \_\_\_\_\_, with the stipulation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- denied \_\_\_\_\_. If denied, the reason for the denial follows.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

***If the Telecommuting request has been approved, it is recommended that the Screening Tool be placed along with the Agreement in the employee's file. Attach to the Telecommuting Agreement, the final two pages of the Screening Tool that identify the necessary components of the telecommuting arrangement, and has the signatures approving the Telecommuting request.***