

# Flexible Work Arrangement Suitability Assessment

Date Completed	
Supervisor Name	
Employee Name	
Department/Unit	
Position Title	
Position Number	

## Section 1: Business Need

1	Does this flexible work arrangement serve the best interests of the university and unit's mission, the nature of the work of the employee's position, and the overall impact on the unit?	Yes	No	
2	Would a flexible work arrangement enhance, maintain, or diminish operational efficiencies?	Enhance	Maintain	Diminish
3	Does the addition of flexible work arrangement(s) enhance the productivity of the department and the employees?	Yes	No	

Notes:

## Section 2: Position Suitability

1	Does the position require ongoing access to equipment, materials, and files that can only be accessed on campus?	Yes	No
2	Does the position require extensive face-to-face contact with students, supervisors, other employees, or the public?	Yes	No
3	Does the position require extensive collaborative efforts within the department or other units/departments?	Yes	No
4	Does the position regularly perform work on campus or at a facility work location?	Yes	No
5	Does the position have job duties that requires presence on campus or at a facility work location?	Yes	No

Notes:

## Section 3: Employee Suitability

1	Are there concerns with the employee's performance history (including disciplinary action)?	Yes	No
2	Does the employee possess appropriate time management and organizational skills?	Yes	No
3	Does the employee have the necessary computer skills to complete their required job functions outside of the office?	Yes	No
4	Does the employee understand their role and expectations, and require little supervision to complete their tasks?	Yes	No
5	Can the employee's performance in a flexible work setting be measured and evaluated?	Yes	No
6	Is the employee able to initiate tasks on their own and considered to be a self-starter?	Yes	No
7	Does the employee consistently meet deadlines?	Yes	No

Notes:

### Section 4: Supervisory Approach

1	Are you comfortable allowing this employee to work in a flexible setting with less direct oversight?	Yes	No	
2	How frequently do you monitor the employee's work performance?	Weekly	Monthly	Other
3	Are you comfortable communicating virtually with the employee?	Yes	No	
4	Have you been successful in establishing clear objectives?	Yes	No	
5	Can you accurately measure the employee's performance, outcomes, and time worked in a flexible work setting?	Yes	No	
6	Will the employee be productive without continuous supervision?	Yes	No	

Notes:

### Section 5: Team Effectiveness

1	Do team members frequently work on detailed and complex projects that require collaboration and partnership?	Yes	No
2	Does an employee's work location impact team work processes and efficiency?	Yes	No
3	Can the team sustain engagement in a flexible work environment?	Yes	No
4	Does the team possess resiliency to maintain trust and a strong team morale in the face of challenges?	Yes	No
5	Would the team support and embrace a work environment with a combination of on site and flexible work arrangements?	Yes	No

Notes:

### Summary

Based on the collective responses to the assessment questions, do you recommend this position be considered for a flexible work arrangement? If no, please indicate the primary business reason/suitability factor below.	Yes	No		
Business Need	Position Suitability	Employee Suitability	Supervisory Approach	Team Effectiveness

Notes:

Is there a maximum % of time or number of days feasible for flexible work? If yes, please specify.	Yes	No
Does the department have the appropriate budget, equipment, and resources to support a flexible work arrangement?	Yes	No

### Signatures

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date