

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Would a flexible work arrangement enhance, maintain, or diminish operational efficiencies?	<input type="checkbox"/> Enhance	<input type="checkbox"/> Maintain <input type="checkbox"/> Diminish
3	Does the addition of flexible work arrangement(s) enhance the productivity of the department and the employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Does the position require extensive face-to-face contact with students, supervisors, other employees, or the public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Does the position require extensive collaborative efforts within the department or other units/departments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Does the position regularly perform work on campus or at a facility work location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Does the position have job duties that requires presence on campus or at a facility work location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Notes:

Section 3: Employee Suitability

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

Notes:

Section 4: Supervisory Approach

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

Notes:

Section 5: Team Effectiveness

1	Do team members frequently work on detailed and complex projects that require collaboration and partnership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Does an employee's work location impact team work processes and efficiency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Can the team sustain engagement in a flexible work environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Does the team possess resiliency to maintain trust and a strong team morale in the face of challenges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Would the team support and embrace a work environment with a combination of on site and flexible work arrangements?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Business Need <input type="checkbox"/> Position Suitability <input type="checkbox"/> Employee Suitability <input type="checkbox"/> Supervisory Approach <input type="checkbox"/> Team Effectiveness		

Notes:

Is there a maximum % of time or number of days feasible for flexible work? If yes, please specify.	<input type="checkbox"/> Yes, _____	<input type="checkbox"/> No
Does the department have the appropriate budget, equipment, and resources to support a flexible work arrangement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signatures

Supervisor

Date