Telework Evaluation

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| --- | --- | --- | --- |
| Employee Name: |  | Date: |  |
| Title: |  | District/Division/Office: |  |
| Supervisor: |  | Current Work Location: |  |

# To be completed by supervisor of the employee being considered for telework, with input from the employee

# Job Criteria

|  |  |
| --- | --- |
|  | Comment on the match between the criteria to the left and this position |
| Work is information based, most resources needed to complete the work are available via phone, internet, computer, email, etc. |  |
| Minimal unpredictable face-to-face contact is required and most necessary “customer service” is via telephone and/or email |  |
| Independent work assignments such as data entry, computer programming, report or proposal generation, research or analysis |  |
| Productivity will be monitored/measured by outcomes and output |  |
| Adequate work unit coverage is still available if this employee works at an alternative worksite |  |
| Other: |  |

Telework Evaluation

# Teleworker Criteria

|  |  |
| --- | --- |
|  | Comment on the match between the criteria to the left and this employee |
| Strong performer |  |
| Possesses advanced knowledge about job duties and responsibilities |  |
| Comfortable with technology |  |
| Dependable, trustworthy |  |
| Well-organized/self-directed (demonstrated ability to manage own time and work) |  |
| Demonstrated ability to solve own problems – low need for assistance from manager or others |  |
| Low need for daily social interaction with coworkers |  |
| Effective communicator – keeps supervisor co-workers informed and up-to-date on projects |  |
| Other: |  |

# Teleworking Evaluation

# Work Environment Criteria

|  |  |
| --- | --- |
|  | Comment on the match between the criteria to the left and the proposed work environment |
| The proposed telework arrangement is not a permanent alternative for child or other care, or to carry out another “job” |  |
| A separate, safe work area is available so the employee can focus on work without distractions or threat of injury |  |
| The alternative worksite has reliable access to high-speed internet |  |
| Other: |  |

# Technology Criteria

|  |  |
| --- | --- |
|  | Comment on the availability of the technology required to make this arrangement possible |
| A MoDOT-issued laptop is available for this arrangement |  |
| Other technology requirements for this arrangement:  |  |

Supervisors must consult with Information Systems on the required technology

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| IS Teleworking Review and Signature*(Todd Walters and/or District IS representative has reviewed and made recommendations on the technology required for this arrangement)* |  | Date |

|  |  |  |
| --- | --- | --- |
|  |  |       |
| Employee Signature |  | Date |

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| --- | --- | --- |
|  |  |       |
| Supervisor Signature |  | Date |

Teleworking Evaluation

# To be completed by the District Engineer/Division Leader/State Engineer or designee responsible for approving the proposed teleworking arrangement

# Supervisor Criteria

|  |  |
| --- | --- |
|  | Comment on the match between the criteria to the left and the current supervisor of the proposed teleworker |
| Demonstrated ability to effectively manage others |  |
| Well-organized |  |
| Effective communicator |  |
| Empowers and trusts employees |  |
| Manages by results |  |
| Embraces concept of teleworking |  |

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|  |  |       |
| Supervisor Signature |  | Date |

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| District Engineer/Division Leader/State Engineeror Designee Signature |  | Date |

**The supervisor should retain this original agreement, and provide one copy to the local Human Resources office and one copy to Central Office Human Resources.**