



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

Section 1: Business Need

1	Does this remote work arrangement serve the best interests of the university?	Yes <input type="checkbox"/> No
2	Would a remote work arrangement enhance, maintain, or diminish operational efficiencies?	Enhance Maintain Diminish
3	Does the addition of remote 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 time in meetings or on 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 require 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 remote 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 remote 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 remote work setting?	Yes	No
6	Do you trust the employee will 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 teamwork processes and efficiency?	Yes	No
3	Can the team sustain engagement in a remote or hybrid 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 remote work arrangements?	Yes	No
Notes:			

Summary Recommendation

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

Is there a maximum % of time or number of days feasible for remote work? If yes, please specify.	
Does the department/unit have the appropriate budget, equipment, and resources to support a remote work arrangement?	Yes No
Remote Work Location. Many states and localities have employment laws that differ from Kansas and may result in additional expense or risk exposure for departments and the University. Please contact the FHSU Human Resource Office to inquire about a specific location prior to approval.	_____

Signatures

Supervisor Date

Dean/Unit Director Date

Department Head/Unit Manager Date

Provost/VP/President Date

