



University	Department Name
Supervisor Name	Employee Name

## Remote Work Assessment

This assessment is not required for implementing a remote work agreement. It is an optional form designed to help supervisors and employees review critical items that will determine if an effective and productive remote work arrangement is possible.

Both the supervisor and the employee should complete this form. Each section designates the person that would typically have this information, but it is suggested that this is completed jointly with discussion of each item. The questions should be answered in numerical order. Follow the instructions provided with each answer to progress through the form. Aside from an understanding of the job requirements, you may wish to refer to the position description as you complete this document.

NOTE: Not all questions will be applicable to every job or employee's circumstance.

### Section A. Job Assessment - Supervisor completes

1. Does this job require the use of tools or equipment that is only available at the university location in order to fulfill the essential job duties (e.g. lab technician, facilities)?
2. Does this job require work to occur at a particular place that is designated by the university (e.g. residence hall assistant, police, field research technician)?
3. How frequently does this job require in-person interaction with students or other customers (e.g. bursar's payment desk, faculty)?
4. How frequently does this job require on-site coverage of department office hours (e.g. IT on-site support)?

5. List other job functions that may be impacted by a remote work arrangement. Explain the function, how it is impacted and how negative impacts can be mitigated. [Continue]

**Section B. Remote Work Location - Employee Completes**

6. |

**Section C. Assessment Summary - Supervisor Completes**

10. Were any of the questions answered with "Part of the time"? If yes, go to item 11. If not, this position and