



4. If the employee in this position was out due to inclement weather or for short periods of time, explain the availability of other employees on site to perform the employee's functions.

5. Does the position:

Yes/No

Require daily on-site activity that cannot be handled remotely (e.g., face-to-face personal contacts; intake or distribution of mail; hands-on contact with machinery, equipment, or vehicles; law enforcement)?

Require significant amount of the workday "in the field" or away from the office, often traveling to and from various indefinite locations?

Require specialized equipment (vehicle, tool, etc.)?

Use a government-issued computer?

Require resources that are easily transportable or available electronically?

8. SPECIFIC EMPLOYEE:

1. Describe the personal attributes of this specific employee which make him or her suitable to telework.

2. Describe the standard duties or projects you would assign the employee to complete while teleworking and the standards you will use to evaluate employee's work.

3. Does the employee:

Yes/No

Work full-time?

Have a work history of satisfactory or better job performance ratings? (Last three years)

Have a work history without a record of performance or conduct issues? (Last three years)

13. SUPERVISOR SIGNATURE

16. DATE (YYYYMMDD)