



Unified Government Human Resources Guide

REMOTE WORK ASSESSMENT

To be completed by the manager or department head.

Employee Name: _____ Department: _____ Employee ID# _____

Manager Name: _____ Department Head: _____

Please circle: Exempt or Non-Exempt Remote Work Contact Number: _____

Date of Hire _____ Start date of remote work: _____ End date of remote work: _____

1. Please describe employee's primary duties and day to day tasks.

2. Which of the employee's duties and tasks can be performed from home?

3. Which of the employee's duties and tasks can't be performed from home? Why?

4. Does the employee have the appropriate equipment and technology as listed in the Remote Work policy, Section VI? _____



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Appropriateness of Remote Work

Please read and initial that you understand and agree to the following terms and conditions:

- _____ Requirements for face-to-face communication are infrequent (most communication can be managed by methods such as telephone, electronic mail, and virtual communications and meetings);
- _____ Work activities do not require access to confidential systems that due to federal or state regulations may not be accessed remotely;
- _____ The remote work arrangement would not impede the effective accomplishment of the employee's and the department's work; and
- _____ The remote work arrangement would not inconvenience the public or adversely affect the delivery of services.

Employee Eligibility Requirements

- _____ The employee is performing satisfactorily.
- _____ The employee is not on a performance improvement plan.
- _____ The employee is not designated as an excessive user of sick leave.
- _____ The employee has successfully completed the probationary period in the assigned position.
- _____ The employee has not received discipline and has no serious, documented performance or conduct deficiencies within the preceding 12 months.
- _____ The employee does not directly supervise any employees who are ineligible for remote work; and

This list of circumstances is not exclusive, and an employee's department head or the County Administrator may determine that remote work is inappropriate even if the above circumstances exist.

Required signatures:

Manager/Supervisor: _____ **Date:** _____

Department Head: _____ **Date:** _____

Department: (circle one) Approved or Denied-comments _____

The Remote Work Assessment must be reviewed on an annual basis or when duties and/or circumstances change.

Please retain a signed copy in department file; original signed form must be sent to HR with the employee's Remote Work Agreement within 10 business days.