

## CHECKLIST FOR DETERMINING ELIGIBILITY FOR TELEWORK

Employee Name: \_\_\_\_\_  
(Last Name, First Name, Middle Initial)

Directorate/Division: \_\_\_\_\_ Branch/Section/Unit: \_\_\_\_\_

Pay Plan/Grade: \_\_\_\_\_ Series-Band: \_\_\_\_\_

Position Title: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Directorate OIC Name/Title: \_\_\_\_\_

1. Is this employee serving a probationary period? \_\_\_\_\_

2. What is the employee's current performance rating?  
 If no current rating, what is their current level of performance? \_\_\_\_\_

3. Does this employee work with classified information on a daily basis? \_\_\_\_\_

4. Will this employee work with Privacy Act (PA) material? \_\_\_\_\_

If yes, was the employ briefed on the proper handling of PA material? \_\_\_\_\_

5. Is the employee current on mandatory annual training pertaining to:  
 (provide date and certificate)

Ethics? \_\_\_\_\_

Security Awareness? \_\_\_\_\_

Information Assurance? \_\_\_\_\_

6. Evaluate the following work characteristics of this employee's position:

Work Characteristic	Low	Medium	High
Clarity of goal and objectives			
Ability to schedule face-to-face contact on certain days of the week			
Degree to which communications can be accomplished using telephone, e-mail, electronic file transfer, etc.			
Ability to control work flow/schedule			
Reliability of technology to support employee when teleworking			
Amount of face-to-face contact required			
Amount of in-office reference materials or other resources required			
Impact on work team when employee is teleworking			

7. Evaluate the employee's work style and performance characteristics:

Employee Characteristic(s)	Low	Medium	High
Need for supervision/frequent feedback			
Level of job knowledge			
Experience on current assignment			
Level of organizing and planning skills			
Self-discipline regarding work			
Reliability concerning work hours			
Level of productivity			
Quality of work product			
Computer literacy			
Flexibility			

8. When reviewing the following job characteristics, identify those that would have an adverse impact on the employee's ability to telework on a regular basis.

Job Characteristic(s)	Select all that apply
Ability to set clear work objectives	
Ability to clearly define tasks for telework days	
Ability to schedule face-to-face interaction for specified days	
Ability to limit the use of on-site resources	
Ability to control work scheduling	
Ability to benefit from quiet or uninterrupted time	
Above job characteristics will not adversely impact the employee's ability to telework on a regular basis	

9. Is this employee eligible to telework on a regular basis? \_\_\_\_\_

10. If the response to item 9 is "NO", is the employee eligible to telework on a situational basis? \_\_\_\_\_

11. What would be/is the telework schedule for this employee?

---



---



---

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Supervisor's Signature*  
*Print Name above line*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Employee Signature*  
*Print Name above line*