

## Texas Military Department State Employee

## Telework Eligibility Checklist

1. Employee Name	ast Name First		ame		Middle	Initial
2. Date		3. Department	4. Position Title		l	
5. First Line S	upervisor	6. Supervisor 7.	pervisor Email Address			
8. Employee Eligibility:					Yes	No
Is this employee serving a probationary period?						
		t level of performance accep	otable?			
Does this employee work with classified information daily?						
Will this employee work with Privacy Act (PA) material?  If yes, was the employ briefed on the proper handling of PA material?						
(provide date  o Hu  o EE  o Se	and certificate): man Trafficking	on mandatory annual trainin	g pertaining to:			
			ers and or other employees?	)		
Is the employee currently on a performance improvement plan (PIP)?						
9. Employee	Work Characterist	CS				
			Low	Med	High	
<ul><li>Clarity</li></ul>	of goals and object	ives				
		-face contact on certain day				
	to which commun nic file transfer, etc	cations can be accomplishe	d using telephone, e-mail,			
Δhility t	o control workflow	schedule				

10. Job characteristics:		Adverse Impact?	
When reviewing the following job characteristics, identify those that would have an <b>adverse</b> impact on the employee's ability to telework on a regular basis.		No	
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			
<ul> <li>Above job characteristics will not adversely impact the employee's ability to telework on a regular basis</li> </ul>			

Reliability of technology to support employee when teleworking

Impact on work team when employee is teleworking

Amount of in-office reference materials or other resources required

Amount of face-to-face contact required

Is this employee eligible to telework on a regular/recurring basis?    The state of the sta		
Is this employee eligible to telework on a situational basis?		
Supervisor Signature:	Date:	
Employee Signature:	Date:	

## Submit completed form to the OSA HR Office at <a href="https://exas.gov.ncbi.nlm.ncb

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge.

11. Type of telework eligibility:

Yes

No