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| **Employee Name:** | |  | | **Position Title:** | | |  | |
| **Banner ID:** | |  | | **Department:** | | |  | |
| **Supervisor Name:** | |  | | **Exempt or Non-Exempt:** | | |  | |
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| **Job Duties (Using your job description as a guide, list your duties/tasks below. Include any regular duties/tasks that are not specific on your job description.) If you need extra space, please attach a separate sheet and complete all columns on attached sheet.** | | | | | | | | |
| **Duty/Task** | | | **Can you perform this duty/task remotely? (Y or N)** | | | **If yes, list resources needed to perform duty/task remotely.** | | **If no, explain.** |
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| **Duty/Task** | | | **Can you perform this duty/task remotely? (Y or N)** | | | **If yes, list resources needed to perform duty/task remotely.** | | **If no, explain.** |
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| **Duty/Task** | | | **Can you perform this duty/task remotely?**  **(Y or N)** | | | **If yes, list resources needed to perform duty/task remotely.** | | **If no, explain.** |
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|  | **QUESTION** | | | | **RESPONSE** | | | |
| 1. | Think about all of the functions of your job.   * 1. Do you need access to paper files?   2. Do you need phone access? | | | |  | | | |
| 2. | If you were teleworking, would you be able to devote your time to doing your job from home (teleworking site) or would you have family responsibilities that would limit your attention to your job? | | | |  | | | |
| 3. | If you were teleworking, do you have space to devote to work at the teleworking site? | | | |  | | | |
| 4. | Itemize the equipment, software, supplies or data the employee will need at the teleworking site. Specify which of these items the department will provide and which the employee will provide. | | | |  | | | |
| 5. | What support services (e.g., troubleshooting equipment problems) will the employee need at the teleworking site and how will these be provided? What will be done to ensure the security of the equipment, software, supplies, data and property? | | | |  | | | |
| 6. | In the event of equipment failure, how will “down time” be handled? (e.g., employee will perform assignments that do not depend on equipment; time will be made up within the week or charged to an appropriate leave balance; etc.) | | | |  | | | |
| 7. | How will communication with the supervisor be handled while teleworking? How will communication with others in the department/University and customers be handled while teleworking? How will telephone or other contacts for the employee at the University work site be handled? | | | |  | | | |
| 8. | What data security risks can you identify for hard copy files you may need at your teleworking site to do your job? | | | |  | | | |
| 9. | Will you be accessing wi-fi through a password protected network? | | | |  | | | |
| 10. | Do you have an unlimited phone usage plan? (Would you incur additional charges for the additional phone usage?) | | | |  | | | |
| 11. | Do you have a data plan that would support the additional data usage (internet and phone)? | | | |  | | | |
| 12. | Provide any information that will be useful but has not been requested. Explain any other needs/concerns that have not been addressed on this form. | | | |  | | | |

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising President’s Cabinet Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_