



STRIDE Telework Discussion

Application for the Teleworker and Supervisor

A telework applicant should complete and submit a draft of this tool to the supervisor, to be used for a mutual discussion about the suitability of telework.

Name: _____ Date: _____

Telework Address: _____

Telework Phone: _____

Email: _____

Cell Phone: _____

1. How many days or hours each week on average do you propose to telework?

DAYS

- ___ 2-3 days/month
- ___ 1-3 days/week
- ___ 4-5 days/week

HOURS

- ___ 10 hours/week
- ___ 20 hours/week
- ___ 30 hours/week or more

2. Specify the hours and days you propose to telework.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
AM							
PM							
Late PM							

3. Why have you proposed these hours and days?

4. If applicable, what child or dependent care arrangements will be implemented when you are working at home?_____

5. Will you be able to work at the corporate site? Yes No

**Can you be at the corporate site for training, meetings, or updates?
 Yes No**

What type of transportation do you use? _____

Is your transportation reliable? Yes No

**6. If teleworking from home, do you have separate space available to work?
 Yes No**

Please describe your workspace or the plans you have to develop a workspace.

7. What potential distractions would exist in your home telework office? How will you resolve them?

8. What types of accommodations may you need to work with a computer and phone (for example, keyboard, large print, JAWS, or monitor)?

9. Teleworker Traits Assessment. Please rate yourself on the following characteristics:

Teleworker Trait	High	Medium	Low
Need for supervision, frequent feedback			
Ability to meet deadlines			
Quality of organizational and planning skills			
Self-discipline regarding work			
Reliability concerning work hours			
Computer proficiency level			
Desire/need to be around people			
Desire for scheduling flexibility			
Ability to respond to unforeseen situations			
Level of job knowledge			
Ability to balance other work schedule options (e.g., flex time) with a telework schedule			
Ability to adjust work hours to meet job demands			
Productivity			
Quality of work			

10. Where and how will you secure confidential information? _____

Do you have or need privacy for confidential phone conversations?
 Yes No not applicable

11. What methods would you use to ensure timely, effective communications with your supervisor, coworkers, and customers/clients? (This could include one-on-one meetings, voice mail, e-mail, phone, instant messaging, chatline, and more) _____

12. Do other family members use your computer? Yes No
If yes, how will you manage this situation? _____

13. **Telework Equipment** - Please indicate which equipment you will need:

HARDWARE	Yes	No	Don't Know	Need
PC				
If you have, list brand and age:				
Laptop				
If you have, list brand and age:				
MacIntosh				
If you have, age:				
17 inch monitor				
Memory				
List minimum megabytes:				
Windows Operating System				
Phone (land line)				
Printer				
If you have, list brand and age:				
Fax/scanner				
If you have, list brand and age:				
Quality headset				
If you have, list brand and age:				
TELECOMMUNICATIONS	Yes	No	Don't Know	Need
Internet providers				
List:				
Modem				
Choose one: ___ Broadband or ___ DSL				
Cable				
List:				
Caller ID				
Call Waiting				
Voicemail				
PAD				
Blackberry				
Additional phone line				
Virus protection				
Cell phone and/or pager				
Answering machine				

How will you obtain needed equipment? _____

14. **Computer Skill Functions.** Please rate yourself on performance for the following computer functions?

	<u>High</u>	<u>Med</u>	<u>Low</u>
Use a standard toolbar	_____	_____	_____
Identify the functions of toolbar icons	_____	_____	_____
Save a word document file	_____	_____	_____
Develop a folder for several files	_____	_____	_____
Move an icon on the screen	_____	_____	_____
Develop a shortcut	_____	_____	_____
Other, please add:			

15. **Telework Business Rationale.** The reason(s) I believe telework is a good alternative work strategy for me: _____

16. **The kinds of telework tasks I would perform would be:**

17. **If I am able to telework, how will this affect my work output? (for example, increased productivity, quality, customer service responsiveness, etc.)**

TO BE COMPLETED BY: TELEWORK SUPERVISOR (After Discussion)

1. Do you agree with the answers given on EMPLOYEE CHARACTERISTICS rankings in Question #9? Yes No

If “No”, please describe the characteristics with which you differ and why.

2. Please rate this application in terms of THIS participant’s ability to telework.

Not able to telework because: _____

Have reservations, but willing to try on a trial basis because: _____

Able to telework because: _____

3, Do you agree on the number of telework hours or days or hours per week?

Yes No If “No”, please explain why not: _____

4. Does the applicant fulfill the criteria for telework jobs? Yes No

5. What challenges may be expected? _____

Supervisor Signature _____ Date _____

I am committed to supporting this telework arrangement in order to better meet the program and employer needs. I will comply with all policy, technology and pilot guidelines in order to enable the success of the pilot.

Teleworker Signature _____ Date: _____