



TWIN CITIES
Telework

Commuter Services

Sample **TELEWORK DISCUSSION APPLICATION**



Telework Discussion Application

This tool guides the dialogue to assist the potential teleworker and supervisor to analyze the various considerations for telework. The potential teleworker should first complete the application on the following pages and then discuss the suggestions regarding telework arrangements with their supervisor.



494corridor.org | TCTelework.com

Telework Discussion Application

Proposed Telework Location: _____

- Considering the nature of your job, how many days per week do you propose to telework?

___ 1 day per week

___ 2 days per week

___ 3 days per week

___ Other _____
- Please specify below the hours and days you propose to telework. Your hours and telework days must be consistent with provisions of the existing labor contract or personnel policy.

Current Work Schedule

Hours	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
AM										
PM										

Proposed Telework Schedule

Hours	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
AM										
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 teleworking if you are at home?

5. Do you have a dedicated, separate, quiet space available to do remote work?

Yes No

6. Please describe your proposed telework space or plans you have to develop a remote work space:

7. List potential distractions/obligations that may exist in your telework office (such as barking dogs or family interruptions) and if so how will you resolve them?

8. **JOB CHARACTERISTICS**

Please rate the following according to your job requirements and characteristics

	<u>High</u>	<u>Med</u>	<u>Low</u>
Amount of face-to-face contact required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to control meeting schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree of telephone communication required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to control and schedule work flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of in-office reference materials required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependence upon support staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



9. **EMPLOYEE CHARACTERISTICS**

Please rate the following according to your own characteristics as an employee and potential teleworker

	<u>High</u>	<u>Med</u>	<u>Low</u>
Need for supervision, frequent feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to meet deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of organizational and planning skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline regarding work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability concerning work hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer proficiency level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire/need to be around people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire for scheduling flexibility for any reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of job knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Does the information, data, and materials you work with need to be secured?

Yes No Not Applicable

Please specify: _____

11. **Communications:** I will use the following methods to ensure timely and effective supervisor, team, and support staff communications

- Checkpoints needed with the manager (daily, weekly)?
- Checkpoints needed with coworkers or work group?
- Effective communication modes to stay in touch?
- Frequency of email and voice mail checks?
- Required attendance for which face-to-face meetings?
- Steps taken to ensure consistent customer communications
- How to contact in emergency situations





12. **Telework Equipment** - Please indicate which technology will be provided by employer and employee

Employer-Provided Equipment – Please list

- PC or laptop
- Internet connectivity
- Printer
- Scanner
- Cell phone
- Other: _____

Employee-Provided Equipment

- PC or laptop
- Memory
- Megabytes minimum
- Internet connectivity
- Operating System
- Voicemail
- Phone line or cell phone

If equipment does not currently comply with company standards, please specify how you will adapt employee-owned technology?

May Be Required (dependent upon job duties)

Some additional technology may be needed to efficiently perform your job remotely. Please specify additional equipment you will need and provide a rationale (printer, scanner, document shredder):

13. Due to cost or security concerns some software and applications may not be accessible to the teleworker. The following would be available:

What other software and applications are currently not available?

14. How will outgoing long distance calls be managed?



Business Case Rationale for Telework

- 15. The reason(s) I believe telework is a good alternative work strategy for me:

- 16. The tasks that I plan to work on while teleworking will include: (list examples)

- 17. My ability to telework will positively affect my work by: (e.g., increased productivity, quality, customer service responsiveness, etc.) Please give specific goals:

- 18. List potential savings and benefits the company can anticipate from your telework arrangements:





TO BE COMPLETED BY MANAGER

1. Do you agree with the answers given on **JOB CHARACTERISTICS** rankings
___ Yes ___ No

If "No", please describe the job characteristics you differ on and why

2. Do you agree with the answers given on **EMPLOYEE CHARACTERISTICS** rankings
___ Yes ___ No

If "No", please describe the characteristics you differ on and why

3. Please rate this application in terms of your willingness to allow telework

___ Not willing because:

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

___ Willing

4. Do you agree on the number of telework days per week?

___ Yes ___ No

If "No", please explain why not and if you suggest an alternative plan:

Please sign this agreement whether you endorse the telework arrangement or not.

I am or am not committed to supporting this telework arrangement in order to better meet the business and workplace needs. I will comply with all policy, technology and pilot guidelines.

Employee Signature _____ Date: _____

Supervisor Signature _____ Date: _____

