



Department Telecommuting Assessment

This department telecommuting assessment should be completed every six months. This assessment can be conducted by each supervisor, department head or a combined effort by the department's leadership team.

Department:

Assessment Period: From:

To:

Supervisor Name:

Supervisor Title:

1. What do you like about offering telecommuting to your employees?

2. Communications are being maintained at an acceptable level.

Agree

Disagree

Comments:

3. Non-telecommuting employees are not being negatively impacted.

Agree

Disagree

Comments:

4. Telecommuting has positively affected the completion of department goals, projects and tasks.

Agree

Disagree

Comments:

5. There has been a positive impact on department productivity.

Agree

Disagree

Comments:

6. There has been a positive impact on absenteeism.

Agree

Disagree

Comments:

7. There has been a positive impact on employee morale.

Agree

Disagree

Comments:

8. Technology is being utilized adequately.

Agree

Disagree

Comments:

9. There has been a positive impact on recruitment and retention.

Agree

Disagree

Comments:

10. Customer satisfaction has not been negatively affected.

Agree

Disagree

Comments:

Plans for improvement or additional comments.

Supervisor Signature:

Date:

Employee Signature:

Date: