

## **Supervisor's Telecommuting Employee Assessment**

This employee assessment should be completed every six months for each individual employee participating in telecommuting.

Employee Name:  Department:			Assessment Period: From:		То:
			Position Title:		
1.	How often do you currently communicate with this telecommuter?				
	At least one/day	2-4 times/week	About once/week	Other	
2.	Indicate whether you agree with the following statements.				
Completes projects, tasks and assignments effectively and timely.					
	Exceptional	Highly Effective	Proficient	Inconsistent	Unsatisfactory
Meets agreed upon scheduled core hours.					
	Exceptional	Highly Effective	Proficient	Inconsistent	Unsatisfactory
Demonstrates flexibility with accepting and meeting new challenges.					
	Exceptional	Highly Effective	Proficient	Inconsistent	Unsatisfactory
Effectively utilizes technology and university resources (i.e. Skype, Teams, virtual meetings)					
	Exceptional	Highly Effective	Proficient	Inconsistent	Unsatisfactory
	Communicates effectively and timely with supervisor.				
	Exceptional	Highly Effective	Proficient	Inconsistent	Unsatisfactory
	Communicates effectively and efficiently with peers, students, and customers.				
	Exceptional	Highly Effective	Proficient	Inconsistent	Unsatisfactory
Ability to work independently.					
	Exceptional	Highly Effective	Proficient	Inconsistent	Unsatisfactory
	Additional comments:				
Supervisor Signature:			Date:		
Employee Signature:		Date:			