



Remote Work Suitability Assessment

Form fields for Date Completed, Supervisor Name, Employee Name, Department, Position Title, and Banner ID.

Section 1: Business Need

Table with 3 rows of questions regarding remote work arrangement benefits and productivity.

Comments:

Section 2: Position Suitability

Table with 5 rows of questions regarding position requirements like campus access and face-to-face contact.

Comments:

Section 3: Employee Suitability

Table with 7 rows of questions regarding employee performance history, skills, and self-starter status.

Comments:



Section 4: Supervisory Approach

1	Are you comfortable allowing this employee to work in a remote setting with less direct oversight?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	How frequently do you monitor the employee's work performance?	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Other
3	Are you comfortable communicating virtually with the employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Have you been successful in establishing clear objectives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Can you accurately measure the employee's performance, outcomes, and time worked in a remote work setting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Do you trust the employee will be productive without continuous supervision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:

Section 5: Team Effectiveness

1	Do team members frequently work on detailed and complex projects that require collaboration and partnership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Does an employee's work location impact team work processes and efficiency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Can the team sustain engagement in a remote or hybrid work environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Does the team possess resiliency to maintain trust and a strong team morale in the face of challenges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Would the team support and embrace a work environment with a combination of on site and remote work arrangements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:

Summary

Based on the collective responses to the assessment questions, do you recommend this position be considered for a remote work arrangement? If no, please indicate the primary business reason/suitability factor below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Business Need
 Position Suitability
 Employee Suitability
 Supervisory Approach
 Team Effectiveness

Comments:

Is there a maximum % of time or number of days feasible for remote work? If yes, please specify.	<input type="checkbox"/> Yes, _____	<input type="checkbox"/> No
Does the department have the appropriate budget, equipment, and resources to support a remote work arrangement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Remote Work Location. Many states and localities have employment laws that differ from Youngstown State University and may results in additional expense or risk exposure for departments and the University. Please reference the Policy or contact hr@ysu.edu to inquire about a specific location.

(initials)

Signatures

Supervisor

Date

Department Head/Administrative Officer

Date

Division Officer

Date