

**Employee and Manager Supervisor Questionnaire: Partial Telecommuting Program**

Employee Name:

Employee's Job Title:

Manager Name:

Days requested for partial remote work (1-2 days per week max; please list days):

Supervisor Reviews with employee the effectiveness of partial remote work arrangement

(List date; no longer than 90 days): \_\_\_\_\_

**Please attach a department schedule of telecommuting arrangements already in existence.**

Please complete this request form to help determine whether or not a partial telecommuting program would be appropriate.

**Please note: Not all positions are eligible to participate in this program.**

At least 75% of staff should be on site, on any given day, to service students and patrons. Given the varying needs of WSU departments, partial telecommuting work schedules may not be suitable for customer-facing roles. Managers can assess what positions are eligible to telecommute. Please note that University reserves the right to amend the program at any time given business circumstances.

Considerations:

- Does employee need to perform their work in the office and if so, why?
- To what extent does an employee need to collaborate with others in person?
- Has the employee been disconnected or overwhelmed while telecommuting in the past? How has their remote work performance been?
- What data is there to demonstrate their effectiveness?
- Have you been able to communicate with the employee during the time they worked remotely?
- Have you had any concerns with the employee during the time they worked remotely?
- Should the employee be in the office for in-person meetings and collaboration and if so, why is this not feasible remotely?
- What types of meetings are necessary to hold in person and why?
- Is this person a high performing employee who is critical to retain and is in need of a partial remote work schedule?

*WSU reserves the right to revoke or amend this program at any time. Every effort will be made to provide ample notice to employees regarding changes.*

**Directions: Please respond to the following questions to the best of your knowledge and provide additional documentation where appropriate.**

1. What forms of technology does the employee utilize to communicate matters immediately with their supervisor or team members and how successful have they been in doing this?
2. Does the employee have a private, quiet area to perform job functions while working remotely?
3. What technological components would need to be implemented to allow this employee to perform their job partially remotely?
4. What tools are in place to facilitate collaboration and productivity, how is productivity measured, and how successful has the employee been in performing their work remotely?
5. What adjustments would need to be made to permit the employee to perform their job on a partial telecommuting schedule (if any)?
6. In what ways would the employee's co-workers be affected by this employee working a partial telecommuting schedule?
7. What other employees in your department are on a telecommuting arrangement and what days are they not in the office? Please attach department roster.

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8. How would students or customers be impacted by this employee working partially remotely?
  
9. How would the institution's strategic objectives be affected by this employee working partially remotely?
  
10. What is your plan to review the employee's performance during the requested remote work plan period?
  
11. How flexible is the employee's schedule to allow them to come in as needed, even on some of the days they would work remotely?

*Note: If the employee's circumstances are regarding a medical matter, disability, family member, or other leave request please refer to regulations under FMLA, PFML, or ADA or appropriate options for further guidance. For more information about handling employee medical matters, please con [benefits@westfield.ma.edu](mailto:benefits@westfield.ma.edu). Employee matters of this nature are kept confidential.*

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return to the [HR@westfield.ma.edu](mailto:HR@westfield.ma.edu)

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