**PNW Supervisor Remote Work Assessment**

Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Managing remote teams is similar in many ways to managing onsite staff. You will provide goals, resources, feedback, and other essential support, regardless of where you and your team are located. What is different is the need to plan on how you will monitor employee productivity, establish methods of communication, and identify resources needed for employee to successfully work remotely. Use this assessment to determine whether remote work will meet the departments business needs and support staff in achieving work/life balance.

**Position Suitability**

1. Does the position require equipment, materials, or files that can only be accessed on campus?

☐ Yes ☐ No

1. Does the position require extensive in person contact with students, PNW employees or the public?

☐ Yes ☐ No

1. Does the position require extensive time at on-campus meetings or on collaborative efforts with co-workers or other departments?

☐ Yes ☐ No

1. Does the position have job duties that require a presence on campus or at a PNW

location and cannot be performed remotely?

☐ Yes ☐ No

Notes:

**Employee Suitability**

1. Have there been any performance or behavioral issues or concerns with the employee?

☐ Yes ☐ No

1. Does the employee possess good time management and organizational skills?

☐ Yes ☐ No

1. Does the employee have the necessary computer skills and resources, including reliable internet, to complete their job duties remotely?

☐ Yes ☐ No

1. Does the employee require little direction or supervision to complete their tasks?

☐ Yes ☐ No

1. Can the employee’s performance in a remote work setting be measured and evaluated?

☐ Yes ☐ No

1. Does the employee demonstrate initiative and ability to complete tasks on their own?

☐ Yes ☐ No

1. Does the employee consistently meet deadlines?

☐ Yes ☐ No

Notes:

**Supervisor Self-Assessment:**

1. Are you comfortable allowing this employee to work in a remote setting with less

direct oversight?

☐ Yes ☐ No

1. How frequently do you monitor the employee’s work performance?

☐ Weekly ☐ Monthly ☐Other

1. Are you comfortable communicating virtually with the employee?

☐ Yes ☐ No

1. Have you been successful in establishing clear objectives for the employee?

☐ Yes ☐ No

1. Can you accurately measure the employee’s performance, outcomes, and time worked in a remote work setting?

☐ Yes ☐ No

1. Are you confident the employee will be productive without continuous supervision?

☐ Yes ☐ No

Notes:

**Team Effectiveness**

1. Do team members frequently work on detailed and complex projects that require collaboration and partnership?

☐ Yes ☐ No

1. Does an employee's work location impact on site team members for office coverage?

☐ Yes ☐ No

1. Would the team support and embrace a work environment with a combination of on site and remote work arrangements?

☐ Yes ☐ No

Notes:

**Summary**

Based on the collective responses to the assessment questions, do you recommend this

position be considered for a remote work arrangement?

☐ Yes ☐ No

If no, please indicate the reason below:

☐ Position Suitability ☐ Employee Suitability ☐ Supervisory Approach ☐ Team Effectiveness

Notes:

Is there a maximum number of days feasible for remote work? If yes, please specify.

☐ Yes – number of days ­\_\_\_\_\_\_ ☐ No

Does the department have the appropriate budget, equipment, and resources to support

a remote work arrangement?

☐ Yes ☐ No

Signatures

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_