



REMOTE WORK FEASIBILITY WORKSHEET

State Form 56970 (R / 3-22)



Indiana State
Personnel Department

INSTRUCTIONS: This worksheet should be completed by the employee and will aid the employee and management in the decision to assign remote work scheduling to the employee. A copy of the fully completed worksheet is to be saved in the employee's fact file.

EMPLOYEE SECTION

Describe your current job duties that can be accomplished effectively by working remotely.

Describe how you will continue to meet the needs of the agency and its customers through remote work.

Describe your proposed remote work location and attach a picture of the primary workspace. If you work with protected information, how will you keep that information confidential?

What computer software/applications would you need to work remotely (Consult with IOT)?

Information Resources Use Agreement (IRUA) acknowledgement and training completed and on file?

Yes No

Are there any special circumstances that should be considered; e.g. - extremely long commute, accommodation needs, lack of office space, lack of reliable internet connectivity?

I have reviewed the Flexible Work Arrangements policy and completed this worksheet to the best of my ability. I understand that remote work is a privilege and this request will be denied if it is not in the best interest of the agency.

Signature of Employee

Date (month, day, year)

SUPERVISOR / DIRECTOR SECTION

I have reviewed this assessment and discussed the request to work remotely with the above employee.

Check one.

- I support the remote work request.
- I do not support the remote work request for the following reason(s):

Signature of Supervisor

Date (month, day, year)

Signature of Appointing Authority (or designee)

Date (month, day, year)