Reset Form

TELEWORK FEASIBILITY WORKSHEET

State Form 54323 (R / 12-12)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: This assessment should be completed by the employee. It is meant to aid the employee and the supervisor in determining the appropriateness of teleworking. A copy of this assessment is to be saved in the employee's fact file.

EMPLOYEE SECTION
Describe your current job duties that can be effectively accomplished by teleworking.
Describe how you will continue to meet needs of clients through telework.
Describe your proposed telework office space and attach a picture of the workspace.
What computer software/applications would you need to telework; e.g. MS Office, Internet Explorer, virtual private network (VPN)?
Information Resources Use Agreement (IURA) completed and on file? ☐ Yes ☐ No
Are there any special circumstances that should be considered; e.g. - extremely long commute, medical condition, lack of office space?

I have reviewed the DCS Telework policy and completed this assessment to the best of my ability. I understand that telework is a privilege and that this request will be denied if it is not in the best interest of the department.

Signature of employee	Date *(month, day, year)*

SUPERVISOR SECTION
I have reviewed this assessment and discussed the request to telecommute with the above employee.
Check one. ☐ I support the request to telework. ☐ I do not support the telework request for the following reason(s):

Signature of supervisor	Date *(month, day, year)*

CENTRAL OFFICE DEPUTY DIRECTOR / DCS LOCAL OFFICE DIRECTOR SECTION
I have reviewed this assessment and the recommendations of the supervisor.
Check one. ☐ I approve the request to telework. The employee and supervisor should complete the Telework Agreement and route it for signatures. ☐ I do not approve the telework request for the following reason(s):

Signature of Central Office Deputy Director / DCS Local Office Director	Date *(month, day, year)*