

## Remote Work Suitability Assessment

Date Completed	
Supervisor Name	
Employee Name	
Department/Unit	
Position Title	
Position Number	

### Section 1: Business Need

1	Does this remote work arrangement serve the best interests of the university?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Would a remote work arrangement enhance, maintain, or diminish operational efficiencies?	<input type="checkbox"/> Enhance	<input type="checkbox"/> Maintain <input type="checkbox"/> Diminish
3	Does the addition of remote work arrangement(s) enhance the productivity of the department and the employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Notes:

### Section 2: Position Suitability

1	Does the position require ongoing access to equipment, materials, and files that can only be accessed on campus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Does the position require extensive face-to-face contact with students, supervisors, other employees, or the public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Does the position require extensive time in meetings or on collaborative efforts within the department or other units/departments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Does the position regularly perform work on campus or at a facility work location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Does the position have job duties that requires presence on campus or at a facility work location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Notes:

### Section 3: Employee Suitability

1	Are there concerns with the employee's performance history (including disciplinary action)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Does the employee possess appropriate time management and organizational skills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Does the employee have the necessary computer skills to complete their required job functions outside of the office?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Does the employee understand their role and expectations, and require little supervision to complete their tasks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Can the employee's performance in a remote work setting be measured and evaluated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Is the employee able to initiate tasks on their own and considered to be a self-starter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Does the employee consistently meet deadlines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Notes:

**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

Notes:

**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

Notes:

**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

Notes:

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 Kansas and may result in additional expense or risk exposure for departments and the University. Please reference the [HCS Remote Work site](#) or contact [hr@ksu.edu](mailto:hr@ksu.edu) to inquire about a specific location.

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(initials)

**Signatures**

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*Supervisor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Department Head*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Dean, Cabinet Member, or designee*

\_\_\_\_\_  
*Date*