

ATTACHMENT B

CHECKLIST: The following checklist is provided as a guide that can be incorporated into your Telecommuting Policy.

FOR EMPLOYEES

WORK CHARACTERISTICS

- Need for equipment, files, etc. that cannot be economically provided at home
- Level of concentration required for tasks
- Outputs that can be defined and measured
- Requires little; unscheduled face-to-face interaction
- Interaction that can be through e-mail, phone or fax
- Impact on co-workers, managers, customers (internal and external)

PERSONAL CHARACTERISTICS

- Self motivated
- Adaptable
- Work independently
- Good communication skills
- Computer literate
- Have support of supervisor, co-workers, customers and family
- Can balance work and non-work activities

HOME CHARACTERISTICS

- Enough space
- Location
- Comfortable, productive environment
- Appropriate furniture
- Security and safety
- Family issues

TECHNOLOGY REQUIREMENTS

- Personal computer
- Printer and Fax machine
- Software
- Access to central facilities (network access/internet, mainframe, etc.)
- Telephone line
- Telephone set
- Voice mail
- Call forwarding

FOR MANAGERS

MANAGERIAL CHARACTERISTICS

- Results-oriented management style
- Able to provide clear direction

- Trusts employees
- Provides regular feed back

JOINT SIGN OFF

This section of the telecommuting application form documents the desire of the employee to be a telecommuter. The sign-off of the manager acknowledges his/her support of this application. After discussing the information completed in the telecommuting application questionnaire, we jointly agree that, should be considered as a candidate for telecommuting. We believe, could effectively work days per week at home (or at the telework center).

We have considered the impact on co-workers and customers and feel that they will be supportive of our pursuing this initiative.

Employee

Manager

Date