Exhibit A - Remote Work Assessment (To be Completed by the Supervisor)

Employee Name: _____   **Employee Position:** _____
Department: _____   **Supervisor Name:** _____

Question	Factors to Consider	Answer
1. Does the employee meet the eligibility requirements for remote work?	Must be able to answer "Yes" to all factors: -Is the employee an administrator or confidential employee? -Is the employee in a Remote Eligible Position? -Does the employee have a satisfactory performance, attendance, and disciplinary record? -Has the employee demonstrated the ability to work remotely productively and effectively? -Does the employee have an adequate remote workspace with all requisite technology and equipment?	☐ Yes ☐ No
2. Can the employee work remotely and successfully fulfill their job duties without negatively impacting the College's operations, students, other employees, the department, civic or community partners or the greater college community?	- Does the remote work arrangement allow the student experience to be positive? -Does the remote work arrangement allow the employee to fulfill their job duties and support the College community? -Will there will still be adequate on-campus coverage for the office/department or division if the remote work request is granted?	☐ Yes ☐ No

All Yes's

If you answer "Yes" to the above questions, then complete the Remote Work Arrangement Agreement and submit to the Cabinet member responsible for your Division and Human Resources for approval and signatures.

One or More No's

If you answer "No" to any of the questions above, then the remote work request cannot be approved. Please sign below to indicate that the Remote Work Request has been denied and submit this form to the Cabinet member responsible for your Division and Human Resources.

One or more of the questions above has been answered with a "No," so the remote work request is denied.

Supervisor: **Employee**

Name: _____   Name: _____

Signed: _____   Signed: _____

Date: _____   Date: _____