

**DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES**

**Division of Services for People with Disabilities  
Telecommuting Feasibility Worksheet**

The employee and employee's supervisor must complete this Telecommuting Feasibility Worksheet to determine the appropriateness of approving an employee for a Telecommuting Agreement with the Division of Services for People with Disabilities (Division). The employee and employee's supervisor must fill out all applicable fields, sign and forward the completed worksheet to the Division Director for discussion and approval.

1. Indicate which days and how many hours per day you are proposing for your telecommuting arrangement.

Tuesday    Wednesday    Thursday

Hours per day: \_\_\_\_\_.

2. Briefly describe your reasons for wanting to enter into a telecommuting agreement with the Division.

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3. Briefly describe your current job duties that can be effectively accomplished by telecommuting.

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4. Is the telecommuting agreement intended to be ongoing? If not, what is the intended period?

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5. How do you expect employee productivity to be defined and measured?

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6. Briefly describe the perceived benefits you see to the Division and community resulting from this telecommuting agreement.

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7. Describe how you can continue to meet the needs of internal and external customers as well as other Division, Department or Interagency staff while telecommuting.

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8. Describe the proposed office arrangement at your secondary location. (Size, location, furniture, characteristics, separation from living area, etc.)

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9. If you have adult or child care responsibilities, describe what arrangements you will have in place to assure that you are not spending work time caring for an adult or child in the home.

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10. Describe the equipment, if any, needed at the secondary work location to support your telecommuting arrangement. (Personal computer, terminal, telephone line, modem, etc.)

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11. Describe what computer applications you use now, or would require, for a telecommuting arrangement. (Word processing, electronic mail, spreadsheets, mainframe applications, etc.)

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12. Describe in detail any costs as a result of this telecommuting arrangement that you would like the Division to consider for reimbursement, and the business justification behind the reimbursement of these costs.

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13. Describe in detail what measureable benefit this telecommuting arrangement represents for the Division.

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14. What other special accommodations, not already noted, would you require for this telecommuting arrangement?

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Employee Signature

Date

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Supervisor Signature

Date

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**Year 2 Extension:**

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Employee Signature

Date

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Supervisor Signature

Date

Note: Do not sign this extension if the information contained in this feasibility worksheet is in any way outdated or in need of updating. You must submit a new feasibility worksheet with the most current information.

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**Year 3 Extension:**

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Employee Signature

Date

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Supervisor Signature

Date

Note: Do not sign this extension if the information contained in this feasibility worksheet is in any way outdated or in need of updating. You must submit a new feasibility worksheet with the most current information.

At the end of this year, to continue the current telecommuting arrangement, the employee and employee's supervisor must submit a new Telecommuting Feasibility Worksheet and sign a new Telecommuting Agreement.

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