



Remote Work Suitability Assessment Checklist

SHRA/CSS/EHRA-NF
 (excluding Senior Academic & Administrative Officer Tier I
 ("SAAO I") positions)

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

Section 1: Business Need Assessment

1	Does the department/unit support partial remote work?	Yes	No
2	Does the department/unit support occasional nonrecurring remote work?	Yes	No
3	Does the department/unit support full remote work?	Yes	No
4	Does allowing this position to work partially remote significantly reduce the operational effectiveness, customer service, or efficiency of the department? (If yes, partial remote work is not allowed)	Yes	No
5	Does allowing this position to work fully remote significantly reduce the operational effectiveness, customer service, or efficiency of the department? (If yes, full remote work is not allowed)	Yes	No
6	What business needs should be considered when approving/allowing remote work in the department/unit? (Examples may include coverage for walk-in customers, supervision of onsite staff, or monitoring of onsite equipment)		

Section 2: Position Suitability Assessment

1	Does this position require ongoing access to on-site equipment, materials, and files that cannot be accessed remotely? (If yes, explain below)	Yes	No
2	Does this position require extensive face-to-face contact with students, supervisors, other employees, or the general public? (If yes, explain below)	Yes	No
3	Does this position's job duties include other work that cannot be performed from a remote location? (If yes, explain below)	Yes	No

Section 3: Employee Suitability Assessment (Section Optional)

1	Are there any concerns with the employee's performance or conduct history that would impact the ability to remote work, including past disciplinary action? (details below)	Yes	No
2	Does the employee display the appropriate time management and self-management skills needed to work independently from a remote location?	Yes	No
3	Does the employee have the necessary computer skills and access to reliable high-speed Internet connectivity needed for remote work?	Yes	No
4	Does the employee consistently meet deadlines?	Yes	No

Note: This form is not intended for use in ADA accommodation requests. Faculty and Staff accommodations are managed by the Office of the ADA Coordinator (OADAC). The process may be initiated by calling, 252-737-1018 or emailing ADA-Coordinator@ecu.edu.

Section 4: Other Factors to Consider

1	Does the department have the necessary equipment to allow the employee to successfully work from a remote location? (Please be aware that remote employees are not entitled to more or duplicative equipment when compared to fully onsite employees)	Yes	No
2	If the employee were to work remotely, how would the department ensure continued adequate onsite office coverage?		
3	If the employee is allowed to work remotely, how will their work production and performance be tracked?		

Section 5: Summary

1	Based on the collective responses above, do you recommend that this <u>position</u> is conducive to performing work remotely?*	Yes	No
2	What is the maximum level of remote work that this <u>position</u> is conducive to?*	None	Occasional nonrecurring
		Full	Partial - Days per week:
3	Any additional relevant information related to the remote work ability of this <u>position</u> ?		

*note that a position being conducive to remote work does not guarantee the approval for remote work for an employee in the position. All full telework/remote work requests must have the written approval of the appropriate Vice Chancellor.

Section 6: Signatures

Supervisor

Date

2nd approver (if necessary based on divisional/ department approvals)

Date

Employee

Date