

# Telework Program Evaluation

## TELEWORKER SURVEY

Name \_\_\_\_\_

### INFORMATION

Time in current position:             Under 1 year    1-5 years    Over 5 years

Your telework day(s):                 Monday     Tuesday     Wednesday     Thursday     Friday

Telework message retrieval:         I call in     Office calls me     Call forwarding     Voice mail     E-mail

Has telework resulted in any changes in your work style? \_\_\_\_\_

How could the telework program be improved? \_\_\_\_\_

### EVALUATION

Please indicate with an "X" whether the fact you are teleworking has had a positive or negative effect on each item listed below. Check one number per line.

	Very 1	Positive 2	3	4	5	Neutral 6	7	8	Very 9	Negative
1. Your relationship with co-workers		___	___	___	___	___	___	___	___	___
2. Your co-workers' workloads/job content		___	___	___	___	___	___	___	___	___
3. Your work unit's performance	___	___	___	___	___	___	___	___	___	___
4. Communications within your work unit		___	___	___	___	___	___	___	___	___
5. Overall effect on your work unit		___	___	___	___	___	___	___	___	___
6. Relationship with your supervisor		___	___	___	___	___	___	___	___	___
7. Communications with your supervisor		___	___	___	___	___	___	___	___	___
8. Your supervisor's workload		___	___	___	___	___	___	___	___	___
9. Your supervisor's ability to monitor & evaluate your performance	___	___	___	___	___	___	___	___	___	___
10. Establishing expectations & deadlines		___	___	___	___	___	___	___	___	___
11. Your job performance	___	___	___	___	___	___	___	___	___	___
12. The content of your job	___	___	___	___	___	___	___	___	___	___
13. Interactions with other work units		___	___	___	___	___	___	___	___	___
14. Your personal job satisfaction		___	___	___	___	___	___	___	___	___

Do you want to continue to telework?    YES    NO

# Telework Program Evaluation

## CO-WORKER SURVEY

Name \_\_\_\_\_

### INFORMATION

Has telework resulted in any changes in your work style? \_\_\_\_\_

How could the telework program be improved? \_\_\_\_\_



and his/her co-workers

- 2. Co-workers' workloads/job content \_\_\_\_\_
- 3. Your work unit's performance \_\_\_\_\_
- 4. Communications within your work unit \_\_\_\_\_
- 5. Overall effect on your work unit \_\_\_\_\_
- 6. Relationship between you and the teleworker \_\_\_\_\_
- 7. Communications with the teleworker \_\_\_\_\_
- 8. Your workload \_\_\_\_\_
- 9. Your ability to monitor & evaluate the teleworker's performance \_\_\_\_\_
- 10. Establishing expectations & deadlines \_\_\_\_\_
- 11. Teleworker's job performance \_\_\_\_\_
- 12. Teleworker's workload/job content \_\_\_\_\_
- 13. Teleworker's interactions with other work units \_\_\_\_\_
- 14. Teleworker's job satisfaction \_\_\_\_\_

**Do you want this employee to continue to telework?      [ ] YES      [ ] NO**