

# Flexible Work Arrangement Evaluation

## Employee Self-Evaluation

Employee Name:	_____	Employee Email:	_____
Position:	_____	Department:	_____
Date:	_____	Employee ID#:	_____
Supervisor Name:	_____	Supervisor Email:	_____

**Please indicate the type of flexible work arrangement being addressed (more than one might apply):**

- ☐ Flexible Work Schedule
- ☐ Telecommute/Remote Work
- ☐ Compressed work week
- ☐ Other:

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**Please rate these questions using the following scale:**

**4 = Strongly Agree    3 = Agree    2 = Disagree    1 = Strongly Disagree    0 = No Opinion**

- \_\_\_\_\_ Customer service has been effective.
- \_\_\_\_\_ Other employees have not been adversely affected.
- \_\_\_\_\_ Work assignments have been completed successfully and on time.
- \_\_\_\_\_ Safety and security of employee and University equipment has been maintained.
- \_\_\_\_\_ Any concerns and problems have been resolved in a timely manner.
- \_\_\_\_\_ Job and performance expectations are clearly understood.
- \_\_\_\_\_ Work performance is measurable.

**Comments:**

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Possible Additional Questions for Discussion:

- 1. Do I have a separate and suitable space in my remote location for work?
- 2. Is it easy to “turn off work mode” at the end of the day?
- 3. Have I been able to stick to a work routine or schedule?
- 4. Do I take regular breaks?
- 5. Do I feel as productive at home as I am at the office?
- 6. Is anything holding me back from completing my work?
- 7. Am I able to separate my work life from my personal life at home?

Would you recommend any changes take place with this flexible work arrangement?

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Should this flexible work arrangement continue?

- ☐ Yes
- ☐ No

If not, please propose adjustments that could take place and the reasons for the changes:

Adjustment:	Rationale:
Adjustment:	Rationale:
Adjustment:	Rationale:

## Supervisor Evaluation

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**Please rate these questions using the following scale:**

**4 = Strongly Agree    3 = Agree    2 = Disagree    1 = Strongly Disagree    0 = No Opinion**

- Customer service has been effective.
- Other employees have not been adversely affected.
- Work assignments have been completed successfully and on time.
- Safety and security of employee and University equipment has been maintained.
- Any concerns and problems have been resolved in a timely manner.
- Job and performance expectations are clearly understood.
- Work performance is measurable.

### **Comments:**

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### **Possible Additional Questions for Discussion:**

1. Do you have a separate and suitable space in your home for work?
2. Is it easy to “turn off work mode” at the end of the day?
3. Have you been able to stick to a work routine or schedule?
4. Do you take regular breaks?
5. Do you feel as productive at home as you are at the office?
6. Is anything holding you back from completing your work?
7. Are you able to separate your work life from your personal life at home?

**Would you recommend any changes take place with this flexible work arrangement?**

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Should this flexible work arrangement continue?

- ☐ Yes
- ☐ No

If not, please explain the adjustments that will take place to the employee’s schedule and the reasons for the change.

Adjustment:	Rationale:
Adjustment:	Rationale:
Adjustment:	Rationale:

The next evaluation will occur on:

Employee	Date
Manager	Date