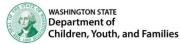
DYCF TELEWORK

Employee Self- Assessment					
1.	Do you have the ability to organize your job's tasks and responsibilities to work remotely?	□Yes	□No		
2.	Do you have an appropriate telework environment?	□Yes	□No		
3.	Are you comfortable working alone; can you adjust to the relative isolation of teleworking?	□Yes	□No		
4.	Do you have the self-control to work neither too much nor too little, can you set a comfortable and productive pace while teleworking?	□Yes	□No		
5.	Telework employees should have a good understanding of the organization's "culture." Are you knowledgeable about your organization's procedures and policies; do you have well established work, communication, and social patterns at the office?	□Yes	□No		
6.	Are you adaptable to changing routines and environments; have you demonstrated an ability to be flexible about work routines and environments; and are you willing to come into your designated office on a regularly scheduled telework day if your supervisor, co-workers or customers need you there?	□Yes	□No		
7.	Do you have comfort with technology needed to telework and the ability to effectively troubleshoot routine technology issues?	□Yes	□No		
8.	Are you an effective communicator and team player; do you communicate well and regularly with your supervisor and co-workers; are you able to express needs objectively and develop solutions?	□Yes	□No		
9.	Current job performance is a strong indicator of your potential success as a telework employee. Are you successful in your current position; do you know your job well and do you have a track record of good performance?	□Yes	□No		
10.	Successful telework employees develop regular routines and are able to set and meet deadlines. Are you self-motivated, self-disciplined and able to work independently, can you complete projects on time with minimal supervision and feedback; and are you productive when no one is checking on you or watching you work?				
11.	Do you have strong organizational and time-management skills; are you results-oriented; will you remain focused on your work while teleworking and not be distracted by television, housework or visiting neighbors; do you manage your time and workload well, solve many of your own problems and find satisfaction in completing tasks on your own; are you comfortable setting priorities and deadlines; and do you keep your sights on results?				



	General						
1.	Workspace is away from noise, distractions, and is devoted to your work needs?	□Yes	□No				
2.	Workspace accommodates workstation, equipment, and related material?	□Yes	□No				
3.	Floors are clear and free from hazards?	□Yes	□No				
4.	File drawers are not top-heavy and do not open into walkways?	□Yes	□No				
5.	Phone lines and electrical cords are secured under a desk or along wall, and away from heat sources?	□Yes	□No				
6.	Temperature, ventilation, and lighting are adequate?	□Yes	□No				
7.	All stairs with four or more steps are equipped with handrails?	□Yes	□No				
8.	Carpets are well secured to the floor and free of frayed or worn seams?	□Yes	□No				
9.	First aid supplies are readily accessible and adequate?	□Yes	□No				
	Fire Safety						
10.	There is a working smoke detector in the workspace area?	□Yes	□No				
11.	A home multi-use fire extinguisher, which you know how to use, is readily available?	□Yes	□No				
12.	Walkways, aisles, and doorways are unobstructed?	□Yes	□No				
13.	Workspace is kept free of trash, clutter, and flammable liquids?	□Yes	□No				
14.	All radiators and portable heaters are located away from flammable items?	□Yes	□No				
15.	You have an evacuation plan so you know what to do in the event of a fire?	□Yes	□No				
	Electrical Safety						
16.	Computer equipment is connected to a surge protector?	□Yes	□No				
17.	Electrical system is adequate for office equipment?	□Yes	□No				
18.	All electrical plugs, cords, outlets, and panels are in good condition? No exposed/damaged wiring?	□Yes	□No				
19.	Equipment is placed close to electrical outlets?	□Yes	□No				
20.	Extension cords and power strips are not daisy chained and no permanent extension cord is in use?	□Yes	□No				
21.	Equipment is turned off when not in use?	□Yes	□No				
Computer Workstation							
22.	Chair casters (wheels) are secure and the rungs and legs of the chair are sturdy?	□Yes	□No				
23.	Chair is adjustable? Work Surfaces and chairs are ergonomically correct?	□Yes	□No				
24.	Your back is adequately supported by a backrest?	□Yes	□No				
25.	Your feet are on the floor or adequately supported by a footrest?	□Yes	□No				
26.	You have enough leg room at your desk?	□Yes	□No				
27.	There is sufficient light for reading?	□Yes	□No				
28.	The computer screen is free from noticeable glare?	□Yes	□No				
29.	The top of the screen is at eye level?	□Yes	□No				
30.	There is space to rest the arms while not keying?	□Yes	□No				
Other Safety/Security Measures							
	Files and data are secure?	□Yes	□No				
32.	Materials and equipment are in a secure place that can be protected from damage and misuse?	□Yes	□No				
33.	You have an inventory of all equipment in the office including serial numbers?	□Yes	□No				

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