



Telework Job Performance Survey

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| Teleworker Name | |
| Teleworker's Employee Number | |
| Teleworker's Email | |
| Teleworker's Title | |
| Department | |
| Name of Supervisor | |

1. The methods used to engage and communicate direction with the Teleworker are efficient.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐ Not Applicable

2. The amount of communication needed to support the Teleworker is reasonable.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐ Not Applicable

3. The Teleworker's productivity is satisfactory.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐ Not Applicable

4. The Teleworker is responsive to my calls and emails.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐ Not Applicable

5. The Teleworker is responsive to external stakeholders and customers.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐ Not Applicable

90 Days after beginning a Telework Schedule, this Survey must be completed for new Teleworkers. If the Survey is unsatisfactory, the Teleworker may be retrained or removed from participation in the County Telework Program until readiness is re-assessed.

Supervisor Signature

Date