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**FLEXPLACE ASSESSMENT FORM**

Determine whether your employees are a good fit for Flexplace or WFH (Work-From-Home) positions using this form. 2 Pages 50-302

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**Thank you!**

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**Flexplace** **Assessment** **Form**

Employee:

Manager:

Date:

1. Discuss the employee’s work schedule, (i.e., days away from the office, hours, etc.). Is this schedule working for [ORG] and the individual?

2. How have meetings that fall on days scheduled at the alternate work site been handled (if any)? How has it worked if / when the employee is asked to change days and come in to the office?

3. Is the quality and quantity of work being maintained by the employee? Is work being completed in a timely manner?

4. Discuss communication between the employee and his / her manager. The employee and his / her customers. The employee and his / her team members or peers. Is the communication level adequate to maintain normal course of business?

5. Is the employee keeping up with email and voicemail communications as needed? Is the employee responding in a timely manner?

6. Does the employee feel engaged with his / her team when he / she is working from an alternate work location? Does the employee feel the level of interaction with his / her manager is sufficient?

7. Does the employee have the necessary supplies and equipment necessary to complete the job?

8. What, if any, modifications need to be made to the program? How can the program be improved? Discuss any additional questions/concerns.

9. Will the Flexplace arrangement be continued? If not, discuss the reasons behind the decision as well as next steps for the employee to return to the workplace.

Employee Signature Date

Manager Signature Date