

# Telework Follow-up/Progress Reporting Checklist (Supervisor)

**Directors, Managers, Supervisors and Employees must follow-up annually to determine the success of each telework arrangement! Please forward copies of these surveys to the HRO, Attn: Agency Telework Coordinator.**

Name of Employee \_\_\_\_\_

**Has Telework:**

**YES    NO**

\_\_\_\_\_    \_\_\_\_\_    Increased the accomplishment of your mission at your facility?

\_\_\_\_\_    \_\_\_\_\_    Improved the recruitment and retention of high-quality employees through enhancement to employees' quality of life?

\_\_\_\_\_    \_\_\_\_\_    Increased employee satisfaction, morale, and productivity?

\_\_\_\_\_    \_\_\_\_\_    Reduced absenteeism?

\_\_\_\_\_    \_\_\_\_\_    Enhanced the efforts to accommodate people with disabilities, including employees who have had temporary or continuing health problems, or who might otherwise have had to retire on disability?

\_\_\_\_\_    \_\_\_\_\_    Reduced traffic congestion and decreased energy consumption and pollution emissions?

\_\_\_\_\_    \_\_\_\_\_    Reduced the need for office space, parking facilities, and transportation costs, including costs associated with payment of the transit subsidy?

What have been other positive experiences with this telework arrangement? \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

What have been any negative experiences with this telework arrangement? \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

How are you measuring the success of this telework arrangement? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you recommend that this telework arrangement continue? \_\_\_\_\_