



**GEORGIA DEPARTMENT OF HUMAN SERVICES
Human Resources Policy #111 A2**

TELEWORK SELF-ASSESSMENT

Successful teleworkers have particular traits and a suitable telework position. Read each question below and check the box that most accurately describes you. This assessment will help you determine, if telework is appropriate for you.

- | | |
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| 1. Are you able to set your own deadlines? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are you able to meet your own deadlines? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you productive with minimal supervision? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you comfortable with minimal supervisory feedback? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you manage your time well? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do you manage your workload well? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are you a problem solver? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Do you find satisfaction in completing tasks independently? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Are you comfortable working alone? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Do you have the self-discipline required to telework? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Do you know the policies that govern your work? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Do you know the procedures that govern your work? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Do you communicate well with your supervisor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Do you communicate well with your coworkers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Do you have minimal requirements for special equipment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Do you have limited direct contact with clients? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Can your tasks be performed away from the office? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Do you have a State issued cellphone and voicemail? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Do you have a designated workspace at your telework site? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Will you be able to concentrate at your telework site? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Evaluate Your Self -Assessment

If you answered "No" to any question, please consult with your manager/supervisor.

Employee Signature

Date

Manager/Supervisor Signature

Date

A copy of this completed form must be provided to the employee, kept by the manager/supervisor, and forwarded to OHRPersonnelRecords@dhs.ga.gov for placement in the employee's personnel file.