

# PIMA COUNTY SUPERIOR COURT

## CHECKLIST FOR DETERMINING ELIGIBILITY FOR REMOTE WORK

Employee Name: \_\_\_\_\_  
(Last Name, First Name, Middle Initial)

Department/Division: \_\_\_\_\_

Position Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Administrator / Judicial Officer: \_\_\_\_\_

1. Is this employee serving a probationary period? \_\_\_ YES \_\_\_ NO
2. Is the employee currently performing at an "Achieves" or higher (or equivalent) level?  
 \_\_\_ YES \_\_\_ NO \_\_\_ NO RATING  
 If no current rating, what is their current level of performance?

3. Does this employee work with classified information daily? \_\_\_ YES \_\_\_ NO

| Work Characteristic                                                                                        | Low | Medium | High |
|------------------------------------------------------------------------------------------------------------|-----|--------|------|
| Clarity of goal and objectives                                                                             |     |        |      |
| Ability to schedule face-to-face contact on certain days of the week                                       |     |        |      |
| Degree to which communications can be accomplished using telephone, e-mail, electronic file transfer, etc. |     |        |      |
| Ability to control workflow/schedule                                                                       |     |        |      |
| Reliability of technology to support employee when working remotely                                        |     |        |      |
| Amount of face-to-face contact required                                                                    |     |        |      |
| Amount of in-office reference materials or other resources required                                        |     |        |      |
| Impact on work team when employee is working remotely                                                      |     |        |      |

6. Evaluate the employee's work style and performance characteristics:

| Employee Characteristic(s)              | Low | Medium | High |
|-----------------------------------------|-----|--------|------|
| Need for supervision/frequent feedback  |     |        |      |
| Level of job knowledge                  |     |        |      |
| Experience on current assignment        |     |        |      |
| Level of organizing and planning skills |     |        |      |
| Self-discipline regarding work          |     |        |      |
| Reliability concerning work hours       |     |        |      |
| Level of productivity                   |     |        |      |
| Quality of work product                 |     |        |      |
| Computer literacy                       |     |        |      |
| Flexibility                             |     |        |      |

7. When reviewing the following job characteristics, identify those that would have an adverse impact on the employee's ability to telework on a regular basis.

| Job Characteristic(s)                                                                                          | Select all that apply |
|----------------------------------------------------------------------------------------------------------------|-----------------------|
| Ability to set clear work objectives                                                                           |                       |
| Ability to clearly define tasks for remote work days                                                           |                       |
| Ability to schedule face-to-face interaction for specified days                                                |                       |
| Ability to limit the use of on-site resources                                                                  |                       |
| Ability to control work scheduling                                                                             |                       |
| Ability to benefit from quiet or uninterrupted time                                                            |                       |
| Above job characteristics will not adversely impact the employee's ability to work remotely on a regular basis |                       |

8. What would be/is the remote work schedule for this employee?

Date

Supervisor's Signature

\_\_\_\_\_

\_\_\_\_\_

Date

Employee Signature

\_\_\_\_\_

\_\_\_\_\_