

Virtual Work – H.R. EVALUATION

This is an evaluation interview questionnaire, covering the operational feasibility, professional, financial, psychological and personal aspects of remote work. It is a tool which can be used by Staff, who want to be considered for Virtual Work, and/or by an interviewer, and reviewed with the Applicant, face-to-face. It outlines the operational issues that must be considered when applying or approving an application for remote work.

1. Equipment Inventory:

What equipment do you have now that you could use to work remotely?

LIST: e.g.: Computer laptop, cell, own printer, fax, scanner, etc

2. If you worked from home, what would your childcare arrangement be?

Not applicable

I have a spouse or partner that stays at home to care for the needs of our child(ren)

My child(ren) is already attended by an in-home caregiver, during the day or after school.

My child(ren) is already in daycare or with a caregiver outside the home.

I would arrange to have a caregiver to attend to my child(ren) during the day or after school while I am working at home.

I would use a daycare centre or caregiver outside the home to attend to my child(ren) during the day or after school while I am working from home.

3. Do you have someone in your home that requires eldercare or other special care?

Yes

No

4. Do you have a spouse or partner who already works from home in a business capacity?

Yes

No

5. If yes, would you have to share space with this partner when working from home?

Yes -

No

6. If you have other family members in the home, how do you think they will feel about you working from home several days a week?

Not applicable

Supportive

Neutral

Not supportive

7. Do you have a separate or private space, free from interruptions, in which to set up your home office?

Yes

No

8. Probe: Where is the space located in the house (floor)

Does the space have access to natural light?

Is it a multi-purpose space? Used for other family activities when you are or are not working?

Can the space and/or equipment be secured from use by others?

Is there enough room for a workstation, file, storage and chair?

9. How long is your commute to Main Office?

Less than ½ hour

½ hour to 45 minutes

45 minutes to 1 hour

1 hour to 1 ½ hours

1 ½ hours +

-

10. How often do you have lunch with your office peers?

Once in a while

Almost every day

11. How comfortable are you when working on your own?

Very comfortable

Comfortable

Sometimes uncomfortable

12. Do you have a lot of short time turn around projects?

Yes

No

13. How do you feel about sharing space or (a touchdown during construction), when you come into the office?

Very comfortable

Comfortable

Uncomfortable

14. Does the type of work you do require day-to-day, face-to-face contact with clients, the public or other employees, often on short notice?

Yes

No

15. Are you experienced in your current job and do you know how to achieve your work objectives?

Yes

No

16. Do you consider yourself computer literate enough to be efficient at home, using the tools you need to do your job?

Very literate

Literate

Need help

17. Do you have a relationship of mutual trust with your manager?

Yes

No

18. Does your job type involve clear deliverables, which are easily measured as evidence of completion?

Yes

No

19. Do you have solid self-organization skills?

Very solid

Pretty solid

Solid

20. How many times a day, when you are on-site, would you consult with your boss?

of Times _____

21. If you are planning a task or schedule, do you prefer to do it on your own?

Yes

No

22. How much do you rely on the support of an office environment?

Like it and need it a lot

Like it, but could do without it

Neutral

Reviewed with _____

Date Approved: _____

Manager or Interviewer Recommendation: