

EXHIBIT A
TELEWORK FEASIBILITY ASSESSMENT

This assessment should be completed by the employee. It is meant to aid the employee and the Office Holder/Department Head in determining the appropriateness of teleworking. A copy of this assessment is to be saved in the employee's fact file.

1. Describe your current job duties that can be effectively accomplished by teleworking.

2. Describe how you will continue to meet needs of taxpayers through telework.

3. Describe your proposed telework office space.

4. What computer software/applications would you need to telework, e.g. – MSOffice, Internet Explorer, ICWIS?

5. Are there any special circumstances that should be considered, e.g. – extremely long commute, medical condition, lack of office space?

I have reviewed the County Telework Policy and completed this assessment to the best of my ability. I understand that telework is a privilege and that this request will be denied if it is not in the best interest of the County.

Employee Signature

Date

Office Holder/Department Head

I have reviewed this assessment and discussed the request to telecommute with the above employee.

(Select one of the following)

- I support the request to telework.
- I do not support the telework request for the following reason(s).

County Commissioner

I have reviewed this assessment and the recommendations of the Office Holder/Department Head.

(Select one of the following)

- I approve the request to telework. The employee and Office Holder/Department Head should complete the Telework Agreement and rout it for signatures.
- I do not approve the telework request for the following reason(s).

President, Vanderburgh County Commissioners

Date