



Telework Job Performance Survey



Teleworker Name	
Teleworker's Employee Number	
Teleworker's Email	
Teleworker's Title	
Department	
Name of Supervisor	

1. The methods used to engage and communicate direction with the Teleworker are efficient.

Strongly Agree Agree Disagree Strongly Disagree Not Applicable

2. The amount of communication needed to support the Teleworker is reasonable.

Strongly Agree Agree Disagree Strongly Disagree Not Applicable

3. The Teleworker's productivity is satisfactory.

Strongly Agree Agree Disagree Strongly Disagree Not Applicable

4. The Teleworker is responsive to my calls and emails.

Strongly Agree Agree Disagree Strongly Disagree Not Applicable

5. The Teleworker is responsive to external stakeholders and customers.

Strongly Agree Agree Disagree Strongly Disagree Not Applicable

90 Days after beginning a Telework Schedule, this Survey must be completed for new Teleworkers. If the Survey is unsatisfactory, the Teleworker may be retrained or removed from participation in the County Telework Program until readiness is re-assessed.

Supervisor Signature

Date