



TELEWORK DETERMINATION FOR CIVIL SERVICE POSITIONS

This form is to be completed by first-line supervisor to assist in the determination of telework eligibility for civil service positions. The core requirement for telework is to be in a position with duties that can be performed at an alternate work site.

Employee Name: _____

Position Title: _____

Pay Plan

Occupational Series

Grade

Work Schedule: _____

OPM regulations state that a position is **not eligible** for telework if:

(Please check any of the following that are applicable to the position.)

☐ The position requires on a daily basis (i.e., every work day) direct handling of secure materials as defined by the CC/CO/NC; or

☐ The position requires on-site activity (necessary contact with special equipment or other physical presence/site dependent activity and cannot be handled remotely or at an alternate worksite); or

☐ The position contains functions that are otherwise inappropriate for teleworking.
(Please describe)

If the criteria outlined above do not apply to the position, use the table below to help determine the **telework eligibility of the position**. After analyzing the functions of the position, supervisors should make a determination of telework eligibility and discuss the determination with the employee.

Analyzing Job Functions for Telework

Job Function	Yes	No	Sometimes
Tasks or functions can be independently performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work can be scheduled/time controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity and quality of performance are clearly measurable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other employee functions are minimally affected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need for specialized material or equipment is minimal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Access to CDC systems is minimal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to CDC data is minimal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need for face-to-face interaction is minimal; telephone or email is sufficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Based on a review of the functions above, the supervisor has concluded that the position:

- ☐ IS conducive to telework with duties being performed at an alternate worksite.
- ☐ IS NOT conducive to telework for reasons shown above.

After the position has been determined eligible for telework, the table below can be used to help determine the **individual employee's eligibility for telework** based on work characteristics.

Analyzing Employee Characteristics for Telework

Job Function	Fair 1	Good 2	Excellent 3
Self-disciplined - requires minimal supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience, skills - requires minimal assistance to perform responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Past and current performance productivity levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee's most recent PMAP rating: _____

Based on responses to the characteristics above, the supervisor has determined:

- ☐ The employee needs improvement in areas checked above to be eligible for telework. Reassessment will be provided at next performance review/appraisal.
- ☐ The employee displays good to excellent work characteristics and is eligible for telework based on the indicators above.

This telework determination has been discussed between the supervisor and employee.

Employee signature: _____ Date: _____

Immediate supervisor signature: _____ Date: _____

Submit this completed document to your NC Telework Coordinator to meet HHS reporting requirements.