



Telework Eligibility Exercise Charting Tool

An Additional Help for ADS Chapter 405

New Reference: 405saa_052011

Responsible Office: OHR

File Name: 405saa_052011

Telework Eligibility Exercise Charting Tool

Employee:

Bureau/Office:

Manager:

Employee Office/space Location:

| # | Regular Tasks | Deliverables | Avg time Taken to complete in hours | Average total Hours spent on task deliverable per week | Frequency (Daily, weekly, monthly, other) | Owner | Can be worked on outside of the office? (Yes or NO) | Can be done via conference call or VCT? | Hours to Total (The avg total hours spent on task deliverable per week: Column "F") for items that have a "YES" in Can be worked on outside of the office: Column "G" | Notes: |
|----|---------------|--------------|-------------------------------------|--|---|-------|---|---|---|--------|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |

Totals 0

Discussion Notes:

Agreements: Will Telework _____ days per _____ for test period: _____

Signed: _____ Date _____ Manager _____ Date _____