Mobile Work Evaluation

***Related policy:*** [HR.01.30 Mobile Working and Flexible Scheduling – Supporting a Modern Work Environment](https://shared.sp.wa.gov/des/PoliciesandGuides/PoliciesandProcedures/Pages/HRPolicies.aspx)

[HR.01.30.G1 Handbook for Mobile Working](https://shared.sp.wa.gov/des/PoliciesandGuides/PoliciesandProcedures/Pages/HRPolicies.aspx)

# About this form

This optional form is used by a supervisor to help evaluate the impacts of mobile work to the employee, work unit, and customers.

**Supervisor**:Retain this document in the supervisory file up to a year or destroy earlier if no longer needed.

# Evaluation

**Employee’s name**:

**Supervisor’s name**:

## In general

Does the employee require minimal supervision? Choose one.

Is the employee meeting deadlines as expected and required? Choose one.

When the employee is mobile/teleworking, are coworkers impacted with additional or increased workload? Choose one.

Are the customers’ expectations of this position being met? Choose one.

## Communication

Is the employee contacting the supervisor as agreed? Choose one.

Is the employee attending mandatory meetings as agreed? Choose one.

Is the employee returning phone calls, emails, and messages as expected by the supervisor and customer? Choose one.

## Improvements needed

List any areas that need improvement:

Additional comments or improvement plan:

# Acknowledgement

**Supervisor:** Signature:Click or tap to enter a date.

**Employee:** Signature:Click or tap to enter a date.