

State of Colorado Flexplace - Employee Application



Flexplace is an alternate method of meeting the needs of the employer and employee by allowing the Employee to work away from the regular or traditional office at an alternate office location. Participation is generally voluntary, but always subject to the employer's approval. *Participation in Flexplace is not an employee right or benefit, and may be discontinued for any business reason, at any time.*

Regular office means the employee's usual and traditional work address. It remains the primary work location even if participating in Flexplace.

Alternate office means an alternate location that may be an employee's home office or another approved office location, such as an office space in another State building or facility, which is closer to the employee's home than the traditional office.

Each question must contain a complete answer for Flexplace consideration. If you have questions on how to complete this application or what a certain section or question means, please contact your HR office. Also, please complete an employee self assessment and review your department or organization's policy on Flexplace prior to filling out an application. It is possible your position is ineligible for Flexplace.

Name:	Department:	
Division:	Work Unit:	
Office Location:	Phone #	Fax #
Alternate Location:	Phone #	Fax #
E-mail Address(es):		
Official Class Title:	Appointing Authority:	

1. Are you full time? Yes No If no, % of time.
2. Do you supervise others? Yes No If yes, list position numbers:
3. How long have you been in your current job? Total years as a state employee:
4. How many miles is a daily round trip commute from your home to the traditional office?
5. I am currently FLSA *exempt* (not eligible for overtime) or *non-exempt* (eligible for overtime).

6. Briefly describe your current, core job responsibilities.

7. What is the location of the requested alternate office (include whether it is state owned or private owned)?

If the alternate office location requested is a home office:

a) Do you have adequate space in your home for an office? Yes No

b) Briefly describe the space. Please attach a drawing or photograph of the home office floor plan, including windows, doors, outlets, desk, phone, computer, printer, storage cabinets, fire extinguisher, etc.

If another location is requested other than a home office, please list the department or organization that owns the office space, address, contact name and number to whom you spoke with, and detail any costs or agreements required to work from that office.

8. What tasks *cannot* be done at an alternate office and why? % of total job

9. Have you worked from an alternate office before? (count informal arrangements)

No

1 day/month

1 day/2 weeks

1 day a week

2 days a week

3 days a week

4 days a week

all the time with weekly visits to the office

on occasion/special circumstances

10. How many days per week are you requesting to work from an alternate office location?

1 day

2 days

3 days

4 days

11. How will Flexplace benefit your work unit, department, and the State's goals/mission?

12. Why do you want to participate in Flexplace?

13. Who may be affected by your working from an alternate office location? How will they be affected?

14. Below is a list of characteristics and requirements that relate to your work as an employee and your supervisor. Please rate each characteristic as **high (H)**, **middle (M)**, or **low (L)** in importance by circling the appropriate letter.

	NOW			N/A ALTERNATE OFFICE		
YOUR WORK						
Amount of face-to-face contact required with:						
clients	H	M	L	H	M	L
co-workers	H	M	L	H	M	L
supervisors	H	M	L	H	M	L
Ability to organize face-to-face contact into predetermined time periods	H	M	L	H	M	L
Degree of telephone and email communication required with:						
clients	H	M	L	H	M	L
co-workers	H	M	L	H	M	L
supervisors	H	M	L	H	M	L
Clarity of objectives for a given task or project	H	M	L	H	M	L
Autonomy of tasks and work	H	M	L	H	M	L
Ability to control and schedule work flow	H	M	L	H	M	L
Amount of in-office references and equipment required	H	M	L	H	M	L
Amount of rush projects/jobs	H	M	L	H	M	L
Frequency and level of importance of impromptu meetings and unexpected phone calls and other contact	H	M	L	H	M	L
EMPLOYEE (YOU)						
Need for direct supervision and frequent feedback	H	M	L	H	M	L
Quality of organization and planning skills and using time effectively	H	M	L	H	M	L
Importance of regular co-workers' input to your work	H	M	L	H	M	L
Discipline regarding work - keeping on track	H	M	L	H	M	L
Interpersonal and communication skills	H	M	L	H	M	L
Reliability regarding work hours	H	M	L	H	M	L
Dependability	H	M	L	H	M	L
Concentration required						
Computer and other electronics literacy level	H	M	L	H	M	L
Desire/need to be around people	H	M	L	H	M	L
Independence, self starting, self managing	H	M	L	H	M	L
Initiative in requesting input when needed	H	M	L	H	M	L
Desire for schedule flexibility for any reason	H	M	L	H	M	L
Potential for friction if working from home office (e.g., caring for sick child, noisy neighbors, spouse/significant other)	H	M	L	H	M	L
Level of job knowledge	H	M	L	H	M	L
Productivity	H	M	L	H	M	L
Quality of work	H	M	L	H	M	L
YOUR SUPERVISOR						
Positive attitude toward Flexplace	H	M	L	H	M	L
Trust you and other employees' ability, especially for Flexplace	H	M	L	H	M	L
Organization, planning, and time management skills	H	M	L	H	M	L
Ability to establish clear objectives	H	M	L	H	M	L
Provides formal feedback regularly	H	M	L	H	M	L

Flexibility	H	M	L	H	M	L
Ability to communicate with employees	H	M	L	H	M	L
Manages by results and outcomes vs. process, observation, and activity	H	M	L	H	M	L
OVERALL						
How would you rate your job performance?	H	M	L	H	M	L
What is your chance for success with Flexplace?	H	M	L	H	M	L

15. What tasks and duties do you currently do in the traditional office and what would you expect to do from an alternate office? Please rate each task as **high (H)**, **middle (M)**, or **low (L)** in frequency by circling the appropriate letter.

	NOW			N/A ALTERNATE OFFICE		
Researching and evaluating	H	M	L	H	M	L
Writing and/or editing	H	M	L	H	M	L
Calculating and /or tracking	H	M	L	H	M	L
Word processing or data entry	H	M	L	H	M	L
Receiving and responding to email	H	M	L	H	M	L
Receiving/returning/making telephone calls	H	M	L	H	M	L
Sending/receiving faxes	H	M	L	H	M	L
Attending/conducting meetings	H	M	L	H	M	L
Face-to-face contact/interaction	H	M	L	H	M	L
Design, graphics, layout	H	M	L	H	M	L
Data Management	H	M	L	H	M	L
Planning and organizing	H	M	L	H	M	L
Analyzing, problem solving, thinking	H	M	L	H	M	L
Teaching and training	H	M	L	H	M	L
Reading	H	M	L	H	M	L
Computer programming	H	M	L	H	M	L
Field visits/inspections	H	M	L	H	M	L
Recordkeeping (hard copy, electronic databases)	H	M	L	H	M	L
Administrative and support work	H	M	L	H	M	L
Trades and general labor	H	M	L	H	M	L
Direct health and client care	H	M	L	H	M	L
Law enforcement	H	M	L	H	M	L
Other (specify)	H	M	L	H	M	L

16. List **all** equipment and resources needed to complete your job (computer, phone and/or additional line, Internet access, modem, desk, chair, phone line, etc.).

17. List all equipment required to complete the job, to which you don't have access at the alternate office. What do you suggest as the solution to the lack of required equipment at the alternate office location?

18. Does the information or material you work with require physical or electronic security?
 Yes No

If yes, how can you maintain this security at an alternate office location? (Please be specific)

19. If requesting to work out of a home office, do you have dependents requiring care at home for all or part of regular work hours?

Yes No

a) If yes, list age(s):

b) If yes, briefly describe the care arrangements you would use while working from the home office.

20. What reasonable measurements do you propose for you and your supervisor/manager to constructively monitor this Flexplace schedule and assess how your performance (e.g., efficiency, productivity, and customer service) is meeting or exceeding expectations? Are there measurable outcomes to use? Be as quantitative as possible.

Employee Signature

Date

EMPLOYEE - STOP HERE

Supervisor Comments:

Please provide your assessment of this employee's ability to telecommute effectively, including the need for supervision and frequent feedback, organization and planning skills, level of self-discipline to complete work assignments on his/her own, and any potential problems that could arise if this Flexplace arrangement is approved. If applicable, attach a completed FWA employee self assessment and manager checklist.

RECOMMEND:

APPROVE

DENY

If recommending approval, list all conditions (responsibility of costs, equipment, core hours, etc.):

Supervisor Signature

Date

Appointing Authority Signature

Date