

**Mississippi Valley State University
Telecommuting Job Analysis Form**

Employee Name _____

Banner ID Number _____

Position Title _____

Exempt or Nonexempt _____

Department _____

Supervisors Name _____

PART I

Job Duties (List job responsibilities below and provide answers in the corresponding fields)

Job duties	Can duties be performed remotely? Yes or No	If yes, list resources needed to perform duties remotely	If no, briefly explain

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PART II

Respond to each question/statement regarding functions of your job

1	Will you need access to paper files?	
2	Do you need phone access?	
3	While telecommuting, would you be able to devote your time to doing your job from home (telecommuting site) or would you have other responsibilities that would limit your attention to your job?	
4	While telecommuting, do you have space to devote to work at the telecommuting site?	
5	Itemize the equipment, software, supplies or data needed at the telecommuting site. Specify which of these items the department will provide and which the employee will provide. How will the items be secured?	
6	What support services will be needed at the telecommuting site and how will it be provided? (e.g. troubleshooting equipment problems)	
7	In the event of equipment failure, how will "down time" be handled? (e.g., employee will perform assignments that do not depend on equipment; time will be made up within the week or charged to an appropriate leave balance etc.)	
8	How will communication with the supervisor be handled while telecommuting? How will communication with others in the department/University and customers be handled while telecommuting? How will telephone or other contacts for the employee at the University work site be handled?	
9	Will Wi-Fi be accessed through a password protected network?	

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10	Do you have an unlimited phone usage Plan? Would you incur additional charges for the additional phone usage?	
11	Do you have a data plan that would support the additional data usage (internet and phone)?	
12	Provide any information that will be useful but has not been requested. Explain any other needs/concerns that have not been addressed on this form.	

Part III

Signature Acknowledgement

Employee Signature

Date

Supervisor Signature

Date

Area Vice President Signature

Date