

Supervisor Pre-Pilot Survey



Connecting Disconnected Data™

The following survey was designed to assess your expectations concerning the (Organization) telework program. Individual responses are confidential and will be used for statistical purposes only.

1. Demographics (contact information):

Name

Office location

Title

Work phone number

Name of agency/department

Other

2. Business Benefit

Do you feel that employees who work from home have the potential to benefit your department?

_____ Yes _____ No _____ Uncertain

If yes/uncertain, in what ways do you expect telework to benefit your organization?

How do you feel this teleworking pilot will affect your task of supervising employees?
(Check one)

_____ No change.

_____ Supervision of teleworkers should be easier because I will be measuring performance by results.

_____ Supervision of teleworkers should be more difficult because _____

If the decision were yours, would you approve the purchase of additional communications equipment to enable employees with special needs to telework?

_____ Yes _____ No

Comment: _____

Do you feel the home agent telework program will affect the employee evaluation system?

_____ Yes _____ No

If so, how? _____

Other: _____

3. Personal:

Given the opportunity, would you want to work from home?

_____ Yes, If so, how often? (Check the best answer)

_____ One or more days per week

_____ One or more days per month

_____ Occasionally

_____ No – if no, why? _____

Close:

Additional thoughts or comments:

Thank you for your time and cooperation in completing this questionnaire. Your information represents an important part of this home agent pilot evaluation process.

Distribution: Please return this questionnaire in the enclosed envelope no later

than _____ to _____

(Date)

(Name or Location)