

Appendix II

TELEWORK REVIEW FORM

Employee's Name:	
Title:	
Supervisor:	
Review Period:	

5. Exceptional: 4. Highly Effective: 3. Proficient: 2. Inconsistent: 1. Unsatisfactory: N/A-New/Not Applicable:	Consistently superior and significantly exceeds expectation/agreement. Frequently exceeds expectation/agreement. Consistently meets expectation/agreement. Meets some, but not all expectation/agreement. Consistently fails to meet minimum expectation/agreement; employee lacks skills required or fails to utilize necessary skills. Employee has not been in position long enough to have demonstrated the essential elements of the position and will be reviewed at a later agreed upon date.	5. Exceptional	4. Highly Effective	3. Proficient	2. Inconsistent	1. Unsatisfactory	N/A-New/Not Applicable
1. Communication reliability – available for communication and contact during normal work hours by phone, email, and video conference (Microsoft Teams/Zoom/Google Hangout/Skype/similar). <i>Brief explanation:</i>							
2. Communication with team member(s). <i>Brief explanation:</i>							
3. Communication with management/supervisor(s). <i>Brief explanation:</i>							
4. Communication with others (colleagues, customers, stakeholders, etc.) <i>Brief explanation:</i>							
5. Evidence of performance is clearly articulated and demonstrated during team and/or one-on-one meetings. <i>Brief explanation:</i>							
6. Evidence of quality of deliverables/agreed upon outcomes <i>Brief explanation:</i>							
7. Ability to assess reliability (attendance, punctuality, meeting deadlines) <i>Brief explanation:</i>							
8. Ability to function without negatively impacting other department or team members <i>Brief explanation:</i>							
9. Ability to serve same constituents and employee groups <i>Brief explanation:</i>							

Additional comments or feedback:

This annual telework review will become part of your YCCD personnel file. Please sign below to acknowledge that you have received this document.

Employee's Signature: _____	Date: _____
Supervisor's Signature: _____	Date: _____