

PROJECT ADOPT EMPLOYEE APPLICATION FORM

The following survey was designed to assess your expectations concerning the telework. Individual responses are confidential and will be used for statistical purposes only. Be sure to discuss the option of teleworking with your supervisor prior to submitting this application.

Note: If you have questions regarding this form please call (602) 542-7433.

Name _____

Title _____

Name of agency/department _____

Address _____ City _____ State _____ Zip _____

Work phone number _____ Fax _____

Email address: _____

1. Does your work site currently allow employees to telework? If yes, does your department?

	Work site	Yes No	Department	Yes No
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2. How do you presently get to work?

Drive alone	_____	Day(s) per week
Motor cycle	_____	Day(s) per week
Carpool (driver)	_____	Day(s) per week
Carpool (passenger)	_____	Day(s) per week
Vanpool	_____	Day(s) per week
Bus	_____	Day(s) per week (go to question 4)
Walk	_____	Day(s) per week (go to question 4)
Bicycle	_____	Day(s) per week (go to question 4)
Other explain: _____	_____	Day(s) per week

3. Indicate the year of your commute vehicle:

Before 1987
1987 - 1995
After 1995

4. On an average day, approximately how many stops do you make on your way to work and the purpose (child at day care, gas, etc.) for the stop(s)?

I don't make any stops.

NUMBER OF STOPS	PURPOSE
One stop	_____
Two stops	_____
Three stops	_____

5. How many miles do you drive from home to work (one way)? _____ miles

6. How long does it take you to get to work? _____ minutes
7. If you work at home would you have to make a vehicle trip during the day(s)? (ie., trip to drop your child at day care)?
No,

NUMBER OF TRIPS	PURPOSE
One trip	_____
Two trips	_____
Three trips	_____

8. What is the approximate cost of your travel to and from work? \$ _____ Per month
9. What is your normal start time at work? _____ a.m. - p.m. (*circle one*)
10. Which of the following is your normal work schedule?
 5 days per week/ 8 hours per day 3 or 4 days per week/ 12 hours per day (3/12)
 Work schedule varies 4 days per week/ 10 hours per day (4/10)
 9 days every 2 weeks (9/80)
11. Do you already take work home?
 Yes (If so, how often?) _____ day(s) per week
 No

12. How many days per week do you anticipate teleworking? _____ Day(s)

13. Indicate your main activities at your worksite. (More than one answer is possible)

Preparing reports	Auditing reports
Analyzing figures/data	Collating information
Data entry	Providing information
Developing plans	Interacting with clients or public
Presenting information	Keeping current
Composing letters and/or memos	Copying information
Retrieving information	Supervising others
Coordinating information	
Other: _____	
Don't know	

14. Indicate the office equipment you currently have at home. (check all that apply)

None	
Computer; if so circle type: 286 386 486 Pentium	
Software; _____	
Telephone	Printer
Fax machine	Copy machine
Pager	Cellular phone
Voice mail	Special phone equipment (explain) _____
Modem	Office furniture (e.g. desk, chair, etc)
Other: _____	

15. Indicate the additional equipment you anticipate needing and the frequency of its use?

None (I would not need any extra equipment)

EQUIPMENT	FREQUENCY
Additional phone line	..... Time(s) a day
Computer	
Circle minimum type: 286 386 486 Pentium	..... Hour(s) a day
CD ROM	..... Time(s) a day
Printer	..... Time(s) a day
Fax machine	..... Time(s) a day
Modem Speed _____	..... Hour(s) a day
Copy machine	..... Time(s) a day
Cellular phone	..... Time(s) a day
Special phone equipment	..... Time(s) a day
Voice mail	..... Time(s) a day
Office furniture	
Pager	
Other _____	..... Time(s) a day

16. Indicate the kinds of software you will need and indicate the frequency of its use
None

SOFTWARE	FREQUENCY
_____	..... Hour(s) a day
_____	..... Hour(s) a day
_____	..... Hour(s) a day
_____	..... Hour(s) a day
_____	..... Hour(s) a day

17. Will you have any other computing requirements in order to stay connected to your employer?
No
Yes, namely _____
Not sure

18. Do you (or your employer) anticipate purchasing any hardware or software in addition to the equipment you'll receive from this program?
No
Yes, explain: _____

19. Does the idea of teleworking make you feel uneasy or uncomfortable about getting your work finished on time?
Not at all A little A lot

20. Are you concerned about how, or if, the relationship might change between you and your supervisor after you begin teleworking?
Not at all A little A lot

21. Do you think teleworking will help you spend more time working on tasks and objectives?
Not at all A little Much more

22. How do you think teleworking will favorably affect the quality of your work?
Not at all A little A lot
23. How much do you think teleworking will favorably affect your productivity?
Not at all A little A lot
24. During this program, do you think teleworking will help you better manage the time you spend on your work?
No Yes, a little Yes, a lot

Additional thoughts or comments:

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

Please fax this application to:

**Arizona Department of Administration
Travel Reduction Programs
100 N. 15th Avenue, Suite 431
Phoenix, Arizona 85007
(602) 542-7433
(602) 542-3636 fax**

(Applications will be processed in the order they're received.)

We will contact you within six weeks to let you know if you are selected for this project.

I, the undersigned, have discussed the option of teleworking with my supervisor and have his/her approval to start with this work-option. I understand that the equipment I receive may not be provided with software of any kind including an operating system.

Name _____ Date _____