



UNIVERSITY of
LOUISIANA
L A F A Y E T T E

To be completed by the Supervisor. Worksheet is NOT required for positions assigned to telework.

Teleworking Request Worksheet

Name:	ULID:
Job Title:	Department:
Effective date(s) of arrangement:	This is a request for ADA accommodation* Yes No

*Requests for accommodations under the Americans with Disabilities Act must first be reviewed and approved by the ADA/EEO Coordinator at hrcompliance@louisiana.edu.

Use this worksheet to help assess whether a teleworking arrangement would be a good fit for a specific position. If any of the answers are “yes,” can a solution be worked out? If so, describe possible solution(s).

	Yes	No	Solution
Do the job tasks require the employee to be on campus during regular work hours?			
Is there any way in which the proposed arrangement could negatively affect the department?			
Is there any way in which the proposed arrangement could negatively affect the department’s productivity?			
Is there any way in which the proposed arrangement could negatively affect customer service?			
Is there any way in which the proposed arrangement could negatively affect my communication with the employee or the employee’s communication with the department?			
Is there any way in which the proposed arrangement could affect the job responsibilities or tasks?			
Would this proposed arrangement make it more difficult for me to supervise the employee and their work?			