

## Flexible Work Arrangement Evaluation

Manager: \_\_\_\_\_

Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Check the type of Flexible Work Arrangement being addressed:

- Flextime
- Job-Sharing
- Compressed Work Week
- Reduced Hours/Part-Time
- Telecommute
- Other:

*Check the column that best reflects your opinion:*

|  | Strongly Agree | Agree | Disagree | Strongly Disagree | No opinion |
|--|----------------|-------|----------|-------------------|------------|
| Communication with co-workers and supervisor has been effective.           |                |       |          |                   |            |
| Customer service has been effective.                                       |                |       |          |                   |            |
| Other employees have not been adversely affected.                          |                |       |          |                   |            |
| Work assignments have been completed successfully.                         |                |       |          |                   |            |
| Safety and security of employee and company equipment has been maintained. |                |       |          |                   |            |
| Any concerns and problems have been resolved in a timely manner.           |                |       |          |                   |            |
| The arrangement has been beneficial for our workplace.                     |                |       |          |                   |            |

Comments:

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Would you recommend any changes take place with this flexible work arrangement?

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Will this Flexible Work Arrangement continue?

Yes

No

If not, please explain the adjustments that will take place to the employee's schedule and the reasons for the change:

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The next evaluation will occur on: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date