



Mitchell E. Daniels, Jr., Governor  
John P. Ryan, Director

**Indiana Department of Child Services**  
Room E306 – MS47  
302 W. Washington Street  
Indianapolis, Indiana 46204-2738

317-234-KIDS  
FAX: 317-232-4497

www.in.gov/dcs

**Child Support Hotline: 800-840-8757**  
**Child Abuse and Neglect Hotline: 800-800-5556**

### TELEWORK FEASIBILITY WORKSHEET

*This assessment should be completed by the employee. It is meant to aid the employee and the supervisor in determining the appropriateness of teleworking. A copy of this assessment will be saved in the employee's fact file.*

1. Describe your current job duties that can be effectively accomplished by teleworking.
2. Describe how you will continue to meet needs of clients through telework.
3. Describe your proposed telework office space. Attach a picture of workspace.
4. What, if any, computer software/applications would you need to telework (e.g. Virtual Private Network (VPN) access)?
5. The Information Resources Use Agreement (IRUA) has been completed and is on file.
6. Are there any special circumstances that should be considered, (e.g. - extremely long commute, medical condition, lack of office space)?

I have reviewed the DCS Telework policy and completed this assessment to the best of my ability. I understand that telework is a privilege and that this request will be denied if it is not in the best interest of the department.

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

\_\_\_\_\_  
Date

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**Supervisor Section**

I have reviewed this assessment and discussed the request to telework with the above employee.  
(Select one of the following)

- I support the request to telework.
- I do not support the telework request for the following reason(s) insert reason(s) here.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

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**Central Office Deputy Director or Regional Manager Section**

I have reviewed this assessment and the recommendations of the supervisor.  
(Select one of the following)

- I approve the request to telework. The employee and supervisor should complete the Telework Agreement and route it for signatures.
- I do not approve the telework request for the following reason(s) insert reason(s) here.

\_\_\_\_\_  
Central Office Deputy Director or Regional Manager Signature

\_\_\_\_\_  
Date



*Protecting our children, families and future*