

# OREGON DEPARTMENT OF ENERGY MONTHLY TELEWORKER FEEDBACK FORM

Name \_\_\_\_\_

Date \_\_\_\_\_

Teleworking From: (Check one) Home Office \_\_\_\_\_ Remote Office \_\_\_\_\_ Annex Office \_\_\_\_\_

Reason for Teleworking:

What is working well?

Concerns: (check all that apply)

- Communications with Manager
- Communication/Networking with peers
- Being adequately prepared for the work you do at home (e.g. having the right files and information, etc.)
- Your own ability to work independently and to set and meet deadlines
- Information Services (IS) Support
- Ergonomics/Safety
- Policies
- Equipment

Give details on any concerns listed above:

To enhance this experience, my suggestions would be:

I need more training: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain:

Additional Comments: