

TELEWORKER QUESTIONNAIRE

Date: _____

Name: _____ I.D. Badge # _____

Title: _____

Department: _____

Division: _____

Work Site Location _____

Telemanager's Name: _____

Title: _____ Phone: _____

Work Phone: _____ Home Phone: _____

Fax: _____ Pager: _____

Internet Address: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

How many miles do you commute to work one-way? _____

How long does it normally take (in minutes) to commute one-way? _____

Do you car pool or van pool? (circle one) Yes No

Do you rely on public transportation to get to work? (circle one) Yes No

Do you work an alternative work schedule? (circle one) Yes No

Do you think this will cause any hardships being absent from the work place for additional days?

What type of computer equipment do you have in your home?

Processor: _____ Operating System: _____

Hard Disk: _____ Memory: _____

Modem Speed: _____ Printer: _____

Names and Versions of Presently Installed software packages:

Word Processing: _____

Spreadsheet: _____

Database Management: _____

Communications: _____

Do you currently have Internet access from your PC? Yes _____ No _____

What type of communication equipment do you have at your home?

Phone	Second Phone Line	Answering Machine
Fax	Cell Phone	

To accomplish your tasks, will you be using only software on your PC or will you require access to the County network?

If County-wide access is required:

What application system or mainframe computer will you need access to?

What week day do you plan to telecommute?

How would your Teleworking benefit Cobb County and your department?

How would Teleworking benefit you?

Identify any problem you may have when Teleworking.

Signature: _____

Telemanager Approval: _____

Department Manager Approval: _____

Expanded Pilot Program County Manager Approval: _____