

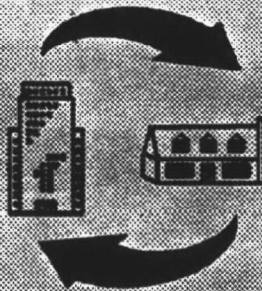
**EPA Headquarters
The Federal Flexible Workplace
Project
FLEXIPLACE**



**PROGRAM GUIDANCE
AND
IMPLEMENTATION MATERIALS**

**SPONSORED BY THE
PRESIDENT'S COUNCIL ON MANAGEMENT IMPROVEMENT**

**EPA Headquarters
The Federal Flexible Workplace
Project
FLEXIPLACE**



EXECUTIVE SUMMARY

**SPONSORED BY THE
PRESIDENT'S COUNCIL ON MANAGEMENT IMPROVEMENT**

OFFICE
HR **HUMAN RESOURCES MANAGEMENT**
HEADQUARTERS OPERATIONS AND
CLIENT SERVICES DIVISION

EPA HEADQUARTERS
THE FEDERAL FLEXIBLE WORKPLACE PROJECT
FLEXPLACE

EXECUTIVE SUMMARY

Background

A government-wide project is underway which permits Federal employees to work-at-home or at other approved sites away from the office for all or part of the workweek. Such alternative work arrangements are known as flexible workplace arrangements. Flexible workplace, work-at-home, telecommuting and teleworking all refer to paid employment away from the traditional office.

The Federal Workplace Project, sponsored by the President's Council on Management Improvement (PCMI), will test the feasibility and utility of such flexible workplace arrangements through pilot tests being conducted at government agencies at this time.

Purpose

It is the policy of EPA to schedule and deploy our workforce in the conduct of the public's business and the Agency's mission to achieve optimal productivity, to enhance the spirit, morale, and welfare of employees, and to provide leadership in promoting environmental quality.

EPA must constantly strive to achieve high levels of performance and productivity in conducting the Agency's mission within the limited budgetary resources that are available. The creative application of new technology, new organizational configurations, human resources development, and Total Quality Management are factors in evolving working arrangements that will contribute to higher productivity and assist the Federal sector in attracting and retaining quality employees.

EPA is expected to be a leader in promoting new methods to reduce risk and prevent pollution. Commute-based traffic congestion and associated air pollution emissions can be reduced by applying alternative work scheduling and worker deployment techniques. EPA-Headquarters can be a leader in demonstrating the air quality benefits that accrue from work scheduling flexibility.

In each of these areas - productivity, employee welfare and environmental leadership - the scheduling of the times of work and the deployment of employees to the place of work can measurably improve the conduct of the public's business and Agency's mission.

To this end, EPA-Headquarters will join other government agencies and sponsor a one-year pilot project in Flexplace pursuant to the guidelines set forth by the PCMI.

Benefits and Adjustments

<u>GROUPS</u>	<u>BENEFITS</u>	<u>ADJUSTMENTS</u>
ORGANIZATION	<p><i>Increased productivity</i></p> <p><i>Employees experience:</i></p> <ul style="list-style-type: none"> • <i>fewer distractions</i> • <i>more continuous work time (meetings scheduled together)</i> • <i>decreased stress - no commute</i> • <i>increased motivation because with increased flexibility comes greater employee trust and responsibility</i> <p><i>Potential space savings</i></p> <p><i>Reduced overhead</i></p> <p><i>Improved recruiting and retention</i></p> <p><i>Accessibility to new labor pools, including the handicapped</i></p> <p><i>Decreased turnover</i></p> <p><i>Reduced absenteeism</i></p> <p><i>Improved employee morale</i></p>	<p><i>Adjustment in philosophy and procedures</i></p> <p><i>Increased potential for mistrust of employees</i></p> <p><i>Increased regulatory and legal issues</i></p> <p><i>Increased operating costs (start-up)</i></p> <p><i>Increased need for security of data</i></p>
COMMUNITY	<p><i>Reduced traffic congestion</i></p> <p><i>Reduced fuel consumption</i></p> <p><i>Improved air quality</i></p>	<p><i>Increased potential for abandonment and of urban centers</i></p> <p><i>Increased potential for relocation, not reduction, of traffic</i></p> <p><i>Increased potential for spread of urban sprawl</i></p> <p><i>Increased fears of trends toward an antisocial society</i></p>
EMPLOYEE	<p><i>Increased productivity</i></p> <p><i>Increased flexibility</i></p> <p><i>Reduced commute time and cost</i></p> <p><i>Reduced stress</i></p> <p><i>Increased job opportunity</i></p> <p><i>Increased family interaction</i></p> <p><i>Reduced job related expenses</i></p>	<p><i>Possibility of increased isolation from co-workers</i></p> <p><i>Reduced visibility</i></p> <p><i>Reduction of support services</i></p> <p><i>Reduced amount of living space</i></p> <p><i>Increased at-home costs</i></p> <p><i>Increased distractions in home environment</i></p> <p><i>Increased responsibility for security of information</i></p>

Policy

Flexiplace is an innovative management program. Participation in the Flexiplace Pilot is voluntary by EPA-Headquarters supervisors. Generally, any occupation/job involving portable work can be considered for inclusion in the Flexiplace project. Management will decide whether a position meets the criteria, including additional cost(s) to the organization.

Supervisors and employees participating in the pilot project have liberal flexibility to withdraw from the program. Withdrawal can occur after providing sufficient advance notice to ensure management and employees adequate time to plan for reversions back to a regular work environment and schedule.

Approving officials (heads of the organizations, e.g. Assistant Administrators or their designees) will authorize all participation in the pilot within their organizations and will evaluate the impact of the program on the efficiency and effectiveness of work operations.

Each employee must sign a work agreement that covers the terms and conditions of the Pilot Flexible Workplace Project. The work agreement constitutes an agreement by the employee and supervisor to adhere to applicable guidelines and policies.

Work away from the office will vary depending upon the individual arrangements between employees and their supervisors. However, each work agreement should provide for a minimum number of days at the official duty station. Several types of flexiplace scheduling could be available - 1) Regular (on a regularly scheduled program) - 2) Episodic (available on ad hoc basis for special projects or situations - 3) Medical (to accommodate medical disability). Flextime and compressed work schedules will continue to be available to employees.

Supervisors will select the employees to participate in the program, develop or amend performance standards as needed, assign appropriate work and maintain productivity records and information to evaluate the pilot project.

Conclusion

It is clear that this program can assist supervisors and managers with a myriad of management needs and can offer viable solutions to problems associated with -- recruitment, retention, medical emergencies, morale, and space utilization.

Our next steps:

- *Receive Union (NFFE/AFGE) comments*
- *Conduct information briefings for organization management*
- *Convene management Focus Groups (representatives from each program office)*
- *Complete Labor/Management review*
- *Identify program office participation*
- *Train program participants*
- *Begin program implementation*

To assess the overall effectiveness of the various Flexiplace pilots, the Office of Personnel Management (OPM) will be conducting an evaluation of our program at various stages of its development. Final evaluation results will be provided by OPM at the conclusion of the pilot. Recommendations for future participation in Flexiplace will be discussed at that time.

**EPA HEADQUARTERS
PILOT FLEXIBLE WORKPLACE PROJECT
CONTENTS**

SECTION 1

PROGRAM GUIDANCE

- I. Background
- II. Purpose
- III. Benefits
- IV. Scope
- V. Effective Date
- VI. Policy
- VII. Responsibilities
 - A. Approving Officials
 - B. Supervisors
 - C. Employees
 - D. Project Coordinator
- VIII. Guidelines
 - A. Employee Participation
 - B. Selection Criteria
 - C. Appropriate Telecommutable Positions
 - D. Work Agreements
 - E. Work Schedules
 - F. Position and Performance Issues
 - G. Time and Attendance Issues
 - H. Fair Labor Standards Act (FLSA)
 - I. Workers' Compensation
 - J. Pay Issues
 - K. Facilities Issues
 - L. Telecommunications and Equipment
 - M. Other Issues
 - N. Training and Evaluation
- IX. Termination and Transfer Issues

SECTION 2

WORK AGREEMENT

- Attachment (1) Employee Self-Certification Time and Attendance Report
- Attachment (2) Employee Self-Certification Safety Checklist
- Attachment (3) Supervisor-Employee Checkout List

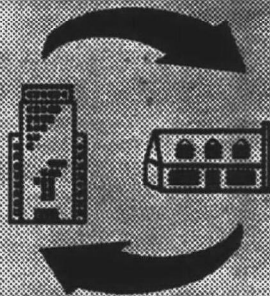
SECTION 3

EVALUATION PLAN

- Attachment (1) FW Employee Background Questionnaire Instructions, Instrument, Sample Answer Sheet
- Attachment (2) Control Employee Background Questionnaire Instructions, Instrument, Sample Answer Sheet
- Attachment (3) Forms for FW Employee Evaluation of the FW Experience
- Attachment (4) Forms for Control Employee Evaluation of Job Experience

- Attachment (5) Forms for Supervisory Evaluation of Initial Organizational Unit Performance
- Attachment (6) Forms for Supervisory Evaluation of FW Organizational Unit Performance
- Attachment (7) Forms for Supervisory Evaluation of FW and Control Employee Performance
- Attachment (8) Evaluation Materials for Local Unions
- Attachment (9) Evaluation Materials for Customer/Clients (Non-participating individuals who have work-based interrelationships with FW employees)
- Attachment (10) Procedures for Termination or Transfer of Participation Prior to Project Completion
- Attachment (11) Termination Form (employee)
- Attachment (12) Termination Form (supervisor)

**EPA Headquarters
The Federal Flexible Workplace
Project
FLEXIPLACE**



PROGRAM GUIDANCE

**EPA HEADQUARTERS
PILOT FLEXIBLE WORKPLACE PROJECT
PROGRAM GUIDANCE**

I. BACKGROUND

The Pilot Flexible Workplace Project (Flexiplace) is an innovative management program that provides employees the opportunity to perform their duties at alternative duty stations (e.g., satellite locations, employee's residences) during an agreed upon portion of their work week. Flexiplace, also known as flexible workplace, work-at-home, telecommuting and teleworking refers to paid employment away from the organization's primary traditional worksite.

II. PURPOSE

It is the policy of EPA to schedule and deploy our workforce in the conduct of the public's business and the Agency's mission to achieve optimal productivity, to enhance the spirit, morale, and welfare of employees, and to provide leadership in promoting environmental quality.

EPA must constantly strive to achieve high levels of performance and productivity in conducting the Agency's mission with the limited budgetary resources that are available. The creative application of new technology, new organizational configurations, human resources development, and Total Quality Management are factors in evolving working arrangements that will contribute to higher productivity.

The employees that EPA-Headquarters attracts, trains, retains and rewards are essential to the productive conduct of our work. EPA-Headquarters human resources development program is pursued to enhance the spirit, morale and welfare of all employees.

EPA is expected to be a leader in promoting new methods to reduce risk and prevent pollution. Commute-based traffic congestion and associated air pollution emissions can be reduced by applying alternative work scheduling and worker deployment techniques. EPA-Headquarters can be a leader in demonstrating the air quality benefits that accrue from work scheduling flexibility.

In each of these areas -- productivity, employee welfare and environmental leadership -- the scheduling of the times of work and the deployment of employees to the place of work can measurably improve the conduct of the public's business and Agency's mission.

To this end, EPA-Headquarters will sponsor a one-year pilot project in Flexiplace pursuant to the guidelines set forth by the President's Council on Management Improvement (PCMI).

The Flexiplace project sponsored by PCMI, is designed to test alternatives to the traditional work environment which may afford opportunities to assist the Federal sector in attracting and retaining quality employees. Specifically, Flexiplace will be evaluated for its potential cost reductions and improved work operations by measuring increased employee productivity and positive changes in employee morale, motivation, job satisfaction and reductions in absenteeism. Measurements may also reflect realized savings in lowered requirements for office space, utilities, equipment and parking, and gains to the environment by reducing commuting to a centralized workplace.

This guidance will serve as the foundation for establishing a successful pilot program that will benefit EPA-Headquarters and its employees. Consequently, during this pilot, some refinement and adjustment will occur as the various phases of the project proceed.

III. BENEFITS

The flexible workplace environment provides a means of responding to rapidly changing factors that are impacting today's workforce -- demographic, societal and technological -- and has proven effective in reducing employee turnover and absenteeism, improving management techniques, and responding to sociological and environmental issues. Work-at-home programs already exist in both the public and private sectors and are showing positive results.

Flexible workplace arrangements can help put injured employees back to work and take them off the compensation roles. Organizations may be able to find work that such employees can perform at home or may be able to "restructure" existing work so that some of it may be performed at home.

IV. SCOPE

This guidance will apply to all organizations at EPA-Headquarters which agree to participate in the Pilot Flexible Workplace Project and whose employees and supervisors complete all required training.

V. EFFECTIVE DATE

The EPA-Headquarters Pilot Flexiplace Project will commence on _____ and will continue for the duration of the pilot, which is expected to be a one-year period.

VI. POLICY

Participation in the Flexiplace Pilot is voluntary by EPA-Headquarters supervisors. Generally, any occupation/job involving portable work can be considered for inclusion in the Flexiplace project. Management will decide whether a position meets the criteria, including additional cost to the organization. Supervisors and employees participating in the pilot project may withdraw from the program for several reasons -- no longer able to fulfill the agreement, no longer benefits the organization, performance of work assignments, transfer to a different position, etc. Withdrawal from the pilot can occur after providing sufficient advance notice to ensure management and employees adequate time to plan for reversions back to a regular work environment and schedule.

A Flexiplace work agreement will be required for all participants and evaluation questionnaires must be completed by the supervisor and the employee at implementation, after the first six months, and at the end of the pilot program. All participants must attend scheduled focus group meetings throughout the pilot program and attend a one-day mandatory training session for employees and their supervisors. Each organization will provide all equipment within the parameters of governing laws, rules and regulations deemed necessary by the supervisor for work assignments. Participants' assignments may include either work requiring telecommunications capabilities or work that can be performed without technological support.

VII. RESPONSIBILITIES

A. APPROVING OFFICIALS will authorize all participation in the pilot within their organizations and will evaluate the impact of the program on the efficiency and effectiveness of work operations within their organizations. Approving Officials are the Heads of the Organizations (e.g., Assistant Administrators, Associate Administrators) or their designees.

B. SUPERVISORS will: (1) select the employees to participate in the pilot from those individuals within the program areas authorized by the Approving Official; (2) develop or amend performance standards and measurements as needed for work performed away from the official duty station; (3) assign appropriate work to be performed at the alternate duty station; and (4) maintain productivity records and information to evaluate the pilot project. Supervisor must complete the "Supervisor-Employee Checkout List" (attachment to work agreement) and discuss the items covered on this list with the employee prior to initiating a Pilot Flexible Workplace Project Agreement.

C. EMPLOYEES participating will: (1) complete work agreements; (2) observe agreed-upon hours of work in accordance with established EPA-Headquarters policies; (3) observe policies of requesting leave when leave is to be taken; and (4) use Government equipment only for official purposes. Employees must complete the "Employee Self-Certification of Time and Attendance Report" (attachment to work agreement) and return it to their supervisor on a bi-weekly basis. Employees must also complete the "Employee Self-Certification Safety Checklist" (attachment to work agreement), which identifies significant safety standards that should be met and return it to their supervisor prior to a Pilot Flexible Workplace Project Agreement being entered into. Employees who work at home must be willing to give the public and other government/agencies staff their home phone number. They must be immediately accessible.

D. HEADQUARTERS PROJECT COORDINATOR duties will include, but are not limited to: (1) ensuring that all participating supervisors and employees are aware of their responsibilities to accurately measure/report performance and time and attendance, and provide safeguards that the equipment provided is maintained properly and used only for official government use; (2) providing evaluation materials to the participating individuals; and (3) ensuring that evaluation materials are returned to the Office of Personnel Management (OPM) for analysis.

VIII. GUIDELINES

A. EMPLOYEE PARTICIPATION. The pilot program is primarily targeted to current employees whose positions could lend themselves to being performed away from the official duty station. Participation is voluntary, with supervisory approval and control.

B. SELECTION CRITERIA. Selection of participants for this pilot program is a key activity from both individual and organizational standpoints. The criteria used to select participants will depend upon a number of interrelating issues including:

1. Identifying the Employee

a. The employee's most recent performance appraisal rating of record must be a fully successful or better;

b. the employee has clearly defined performance standards and measurements;

c. the employee has received supervisory approval for participation;

d. the employee is willing to sign and abide by a written work agreement which requires participation in training, focus groups, and evaluations;

e. the employee must be able to provide an adequate alternative work location with sufficient space and access to a telephone, and without undue interference which could impair productivity;

f. the employee has demonstrated self-starter characteristics -- can work independently and has demonstrated dependability;

g. the employee is highly motivated;

h. the employee can deal with isolation; and

i. the employee has good time management skills.

2. Identifying the Manager

a. The manager must volunteer and be a proponent of the project;

b. managers likely to be more supportive of the program will be those who have connected reasons for using Flexiplace with specific work situations;

c. the manager should be progressive and supportive of the concept and willing to work through any problems or obstacles that may occur;

d. the manager should be comfortable with evaluating work performance in a manner compatible with Flexiplace conditions -- measuring performance by results and without direct observation; and

e. the manager must be an effective communicator and must be able to clearly define tasks and expectations.

C. APPROPRIATE TELECOMMUTABLE POSITIONS are those with the following characteristics: work activities are portable and can be performed as effectively outside of the office; job tasks are easily quantifiable or primarily project-oriented; essential component of responsibility consists of reading/processing tasks - - e.g., reading proposals and reviews; making funding decisions; conducting research; contact with other employees and serviced clientele is predictable; most work handled is not classified; the technology needed to perform the job is currently available; cyclical work does not present a problem; and security of data including sensitive, non-classified, privacy act concerns, etc. can be adequately assured.

For example, the following types of positions could be telecommutable: investigator, auditor, attorney, analyst, computer programmer, personnel staffing specialist, engineer, scientist, clerk-typist, etc.

D. WORK AGREEMENTS. Each employee must sign a work agreement that covers the terms and conditions of the Pilot Flexible Workplace Project. The work agreement constitutes an agreement by the employee and supervisor to adhere to applicable guidelines and policies. The work agreement covers items such as: the voluntary nature of the arrangement; length of Flexiplace assignment; hours and days of duty for each duty station; responsibilities for timekeeping, leave approval and requests for overtime and compensatory time; performance requirements; proper use and safeguards of government property and records; standards of conduct; completion of required pilot evaluation materials, etc.

E. WORK SCHEDULES. Work away from the office will vary depending upon the individual arrangements between employees and their supervisors. However, each work agreement should provide for a minimum number of days at the official duty station. This will ensure that the employee is available in the office during the week for face-to-face meetings, access to facilities, etc. Flexiplace work schedules must identify the days and times the employee will work in each work setting. Work schedules can parallel those in the office or be structured to meet the needs of participating employees and their supervisors. Several types of Flexiplace scheduling could be available:

1. Regular. To minimize isolation and communication problems and facilitate integration of the employees with those in the office, the Flexiplace employee will be regularly scheduled to work an established number of days per week outside of the office.

2. Episodic. Recognizing that special projects may be amenable to being performed at home, rather than in an office setting, Flexiplace will be available on an ad hoc or episodic basis for short durations of time to complete all or discrete portions of projects.

Episodic Flexiplace is significantly different from Regular Flexiplace. The criteria for eligibility are based primarily upon the nature of the work to be performed, rather than the characteristics of the employees. To participate in Flexiplace on an episodic basis, the work of the employee must be:

- a project, or discrete portion of a project, which is of short duration, with measurable work products
- of an infrequent or occasional nature (as opposed to regular and recurring)

Eligibility will be determined on a case-by-case basis by the employee's immediate supervisor.

3. Medical. EPA-Headquarters has enabled certain employees with serious medical disability and/or life-threatening conditions to work at home on a full or part-time basis. Medical conditions may include, but are not limited to, recovery from serious injury or surgery, recovery from cancer treatments, communicable disease, and AIDS-related situations. EPA-Headquarters management will continue to provide Flexiplace options to enable employees to remain active and productive while in a bona-fide medical condition.

4. Flexitime and Compressed Work Schedules (5-4-9) will continue to be available to employees, where they are currently available, in those organizations who are participating in the Flexiplace program.

7. POSITION AND PERFORMANCE ISSUES

1. Position Descriptions. Changes to position descriptions should not be required, unless the Flexiplace arrangement changes the actual position duties. Minor modifications may be made to reflect the supervisory controls or work environment factors.

2. Performance Standards. Critical elements and performance standards must have clearly defined performance requirements that are measurable and results-oriented. The standards must provide a reasonable basis for measuring performance. Although not required, performance standards with quantitative or qualitative measures are recommended. Explicit and objective "norms" for work output should be based on experience with those required and sustained in the office and monitored through scheduled and required progress reports.

G. TIME AND ATTENDANCE ISSUES

1. Hours of Duty. Employees may work standards schedules or follow alternative work schedules depending upon the agreement between the employee and the supervisor. The work at the alternate duty station day(s) is selected by the supervisor and the employee. Normally, it is recommended that no more than three work-at-home days be allowed per week. Exceptions to this policy may be appropriate in certain instances which provide managers needed flexibility. For example, allowing an individual who for physical reasons, can not work in an office setting for 8 hours a day, working 4 hours per day in the office and 4 hours per day at an alternate approved location, 5 days per week. Completely unstructured arrangements where employees work at home at will, are not permitted. The tours of duty which may be established are:

a. Regular -- five 8-hour days, Monday through Friday, on one of the standard shifts, plus a 30-minute non-paid lunch period.

b. Flextime -- five 8-hour days, Monday through Friday, with a fixed beginning and ending time. Each workday must include a non-paid lunch period of 30 minutes.

c. Compressed -- eight 9-hour days and one 8-hour day, excluding Saturdays and Sundays (unless the employee's current assigned tour of duty includes these days), in a single two-week pay period, with established starting and ending times. Each work day must have a pre-determined non-paid lunch period of 30 minutes.

Within established EPA-Headquarters policy, and supervisory approval, organizations may establish "core" hours that the employee is to be available during the work-at-home day(s). Typically, the core time is from 9:00 a.m. to 3:00 p.m. (with one-half hour for a non-paid lunch period). Within this schedule, the employee could vary both starting and ending times, as long as the employee is available during the core hours.

2. Leave. The policies for requesting annual leave, sick leave, or leave without pay remain unchanged. Employees are responsible for requesting leave in advance from the supervisor and keeping the timekeeper informed of leave usage.

3. Certification and Control of Time and Attendance (T&A). Proper monitoring and certification of employee work time is critical to the success of the program. Supervisors must report time and attendance to ensure that employees are paid only for work performed and the absences from scheduled tours of duty are accounted for. Federal policy and procedures governing certification of time and attendance require agencies with employees working at remote sites to provide reasonable assurance that they are working when scheduled. Reasonable assurance may include occasional supervisory telephone calls, occasional visits by the supervisor to the employee's worksite, and determining reasonableness of work output for the time spent. Employees must complete the "Employee Self-Certification of Time and Attendance Report" (attachment to work agreement) and return it to their supervisor on a bi-weekly basis.

4. Administrative Leave, Dismissals, Emergency Closings. Although a variety of circumstances may affect individual situations, the principles governing administrative leave, dismissals, and closing remain unchanged. The ability to conduct work (and the nature of the impediments), whether at home or at the office, determines when an employee may be excused from duty.

H. FAIR LABOR STANDARDS ACT (FLSA). The existing rules in Title 5, U.S.C. and in the Fair Labor Standards Act governing overtime also apply to Flexible Workplace arrangements. Overtime is time worked at official duties in excess of the scheduled tour of duty that is ordered and approved. It is the responsibility of the supervisor to regulate and control the use of overtime. Employees are responsible for requesting, in advance, approval to work in excess of their normal hours of duty. This is particularly important when employees are working at home without direct supervisory oversight. Any employee who works overtime without advance supervisory approval should be immediately removed from the Flexiplace pilot.

I. WORKERS' COMPENSATION. Flexiplace employees are covered by the Federal Employees Compensation Act (FECA) and can qualify for continuation of pay or workers' compensation for on-the-job injury or occupational illness, if injured in the course of actually performing official duties at the official or alternate duty station. Supervisors must ensure that claims of this type are brought to the attention of the Headquarters Human Resources Management Office. Any accident or injury occurring at the alternate duty station must be brought to the immediate attention of the supervisor. Because an employment-related accident

sustained by an employee participating in the Pilot Flexible Workplace Project could occur outside of the premises of the official duty station, the supervisor must investigate all reports immediately following notification. Employees must complete the "Employee Self-Certification Safety Checklist" (attachment to work agreement), which identifies significant safety standards that should be met and return it to their supervisor prior to a Pilot Flexible Workplace Project Agreement being entered into.

J. PAY ISSUES

1. **Duty Station.** For pay purposes, the "official duty station" is the employee's Federal office.

2. **Special Salary Rates.** The employee's official duty station serves as the basis for determining special salary rates.

3. **Premium Pay.** The normal rules apply for night differentials, and Sunday and holiday pay whether work is accomplished at the conventional or alternate duty station. Official work schedules determine the entitlement to premium pay.

K. FACILITIES ISSUES

1. **Home Office Space.** Employees participating in the Flexible Workplace Project should have a designated work space or work station for performance of their work-at-home duties. Requirements will vary depending on the nature of the work and the equipment needed to perform the work. At a minimum, an employee should be able to easily communicate by telephone with their supervisor and organization during the work-at-home day.

2. **Home Utility Expenses.** Home utility costs associated with working at home are not paid by the Agency. Potential savings to the employee resulting from reduced commuting, meals, etc., may offset any incidental increase in utility expenses. Exceptions apply only where the personal expense directly benefits the Government (e.g., business-related long distance calls on the employee's personal phone).

L. TELECOMMUNICATIONS AND EQUIPMENT

1. **Telephones.** At present, Federal agencies are prohibited from using appropriated funds to pay for telephone installation and basic service in private residences. (The General Services Administration's (GSA) Office of General Counsel has confirmed this as an official legal opinion. However, a recent General Accounting Office (GAO) decision states that under certain

circumstances, telephones may be placed in employee's residences. GAO will recognize a limited exception to the prohibition stated in 31 U.S.C. provided the following criteria are met: (1) the service is considered essential, and (2) adequate safeguards exist to prevent abuse (See C.G. B-225159, June 19, 1989). The Agency may pay for use of the employee's personal phone for business related long-distance phone calls. Current GSA FPM regulation (CFR 41, 101-7i) allows for reimbursement of expenses incurred as a result of official duties, including telephone call expenses approved by the Agency. Modem and automatic voice/data switches are allowed. Employees will need to submit a claim for reimbursement to their office with a copy of their home phone bill with business-related calls clearly identified.

2. Computers, Government-owned Equipment, etc.. Government-owned property including computers and other telecommunications equipment may be removed from the Agency and used by employees in their private residences provided the equipment is used only for official business. However, GSA claims it is illegal to provide a fax machine for installation in a private residence. Strict adherence to regulations concerning the safeguarding and removal of all equipment is essential. Prior approval must be obtained before any property is removed from the Agency.

M. OTHER ISSUES

1. Privacy Act, Sensitive or Classified Data. Decisions regarding the proper use and handling of classified and sensitive data, as well as records subject to the Privacy Act, are delegated to individual supervisors who permit their employees to work-at-home. Off-site access to classified or sensitive data may be permitted provided ADP/Security officials certify the adequacy of the security of such access.

2. Liability. Advice and assistance regarding official matters involving legal claims or liabilities should be referred to the Office of General Counsel. Generally, Flexiplace employees are covered and may file claims under the Federal Employees Compensation Act, the Military Personnel and Civilian Employees Claims Act, and the Federal Tort Claims Act for personal injury, property loss/damage, or Federal employee negligence issues.

3. Tax Benefits. Generally, no expenses are allowed for home office or work space unless used exclusively on a regular basis as a principle place of business. Employees who believe they may be entitled to tax deductions based on home office or work space, depreciation of employee-owned personal computers and related equipment, etc., should consult their tax advisor or the Internal Revenue Service for information on tax laws and interpretations.

W. TRAINING AND EVALUATION

1. **Training.** Specific training has been developed for employees and supervisors participating in the Flexible Workplace Pilot. Training will cover Flexiplace policies and guidelines, as well as personal and occupational aspects of Flexiplace arrangements.

a. **Employee Topics May Include** -- expectations on personal responsibility, accountability, time management and self-discipline; communicating with supervisors, progress reporting, deadlines, contracts and meetings with co-workers, and support personnel; and ways to avoid isolation, family issues, finding the best home and office work schedule, image and self-esteem.

b. **Supervisory Topics May Include** -- managing for results, establishing quality and quantity norms, planning, scheduling and tracking assignments, and milestones; administration of work schedules, time and attendance and leave; and supervisory expectations and communicating with the work-at-home employee.

2. **Focus Groups.** Experience has shown that periodic meetings of focus groups are very helpful for successful adjustment to Flexiplace arrangements. All Flexiplace participants and their supervisors will meet to discuss and share their experience with Flexiplace.

3. **Evaluation.** Evaluation of this pilot program is critical to determine the feasibility and desirability of Flexiplace as an alternative work arrangement. Surveys have been developed and will be administered by the Office of Personnel Management (OPM), under the guidance of the President's Council on Management Improvement (PCMI), prior to project implementation, after the first six-month period, and overall at the completion of the pilot. Employees and supervisors will be surveyed to evaluate their perceptions of the impact of the Flexiplace arrangement. We anticipate evaluating the effectiveness of, and costs associated with, Flexiplace at the conclusion of the one-year pilot project.

IX. TERMINATION AND TRANSFER ISSUES

A. TERMINATION

-- An employee may terminate his/her Flexiplace arrangement at any time without prejudice.

-- A performance appraisal below fully successful automatically terminates an employee's Flexiplace arrangement.

-- Management retains the right to terminate an employee's Flexiplace participation if performance declines or if it no longer benefits the Agency to have the employee work at home.

It is very important that the Project Evaluation Team and the Agency Coordinator are properly and promptly notified whenever a Flexiplace employee decides to terminate participation or is, otherwise, terminated from the project prior to project completion. For all such termination cases, the following actions should be taken:

1. The terminating Flexiplace employee should complete the employee termination form (Attachment 1) and mail, directly to the Project Evaluation Team.

2. The supervisor of the Flexiplace employee should complete the project termination form (Attachment 2) and mail, directly to the Project Evaluation Team.

3. The supervisor should notify the Agency Coordinator.

The Project Evaluation Team will use this information for Research Purposes Only and needs both sets of information for adequate program evaluation.

B. TRANSFERS

This sections discusses procedures to be followed whenever there are job position changes (transfers) that may affect Flexiplace participation. Examples of such transfers are:

- The Flexiplace employee transfers to a different job and/or organizational unit
- The supervisor of a Flexiplace employee transfers to a different job
- The Flexiplace employee is assigned a new supervisor

Whenever such transfers or position changes occur, the following actions should be taken:

1. If the change results in a new supervisor for the Flexiplace employee and the employee is continuing Flexiplace participation -- the new supervisor should be provided orientation/training, scheduled for focus group attendance, and given any relevant information/materials associated with progress of the project; and the Agency Coordinator should be notified.

2. If the change results in participation termination for one or more Flexiplace employees, termination procedures, discussed in the previous section, should be followed for each employee affected.

**EPA HEADQUARTERS
PILOT FLEXIBLE WORKPLACE PROJECT
PARTICIPATION TERMINATION FORM FOR TERMINATION PRIOR TO
PROJECT COMPLETION**

**FEDERAL FLEXIBLE WORKPLACE PROJECT (TO BE COMPLETED BY FLEXIPLACE
EMPLOYEE)**

NAME _____

SSN _____ **PROJECT CODE** _____

AGENCY _____

AGENCY LOCATION _____

My participation in the Flexible Workplace Project is terminating,
prior to project completion, because:

Comments/Recommendations _____

(Attach additional sheets of paper if necessary)

PLEASE MAIL THIS COMPLETED FORM ALONG WITH ANY ATTACHMENTS TO:

**Dr. Wendell Joice
U.S. Office of Personnel Management
OPRD Room 6462
Washington, D.C. 20415**

(You may use the evaluation return envelope if available)

PLEASE SEND A COPY OF THIS COMPLETED FORM WITH ANY ATTACHMENTS TO:

**EPA-Headquarters Flexible Workplace Project Coordinator
Attention: Pat Spatarella (PM-212)
401 M Street, S.W. (Room 3020M)
Washington, D.C. 20460**

PRIVACY STATEMENT

The U. S. Office of Personnel Management is authorized by sections 1103, 1302, and 3301 of Title 5 of the U.S. Code to collect the information requested in this document. The information you provide will be aggregated with similar information from other participants and used, in summary form, to evaluate this project. We are requesting your name and social security number in order to accurately track, analyze, and categorize your responses during the project. Executive Order 9397 authorizes collection of your social security number. No information of an individually identifiable nature will be disclosed. Furnishing your response, including social security number, to this document is voluntary; without your response, however, we will be unable to adequately evaluate the feasibility of the flexible workplace option.

**EPA HEADQUARTERS
PILOT FLEXIBLE WORKPLACE PROJECT
PARTICIPATION TERMINATION FORM FOR TERMINATION PRIOR TO
PROJECT COMPLETION**

**FEDERAL FLEXIBLE WORKPLACE PROJECT (TO BE COMPLETED BY FLEXIPLACE
SUPERVISOR)**

TERMINATING EMPLOYEE NAME _____

SSN _____ **PROJECT CODE** _____

AGENCY _____

AGENCY LOCATION _____

The Flexible Workplace Project is terminating, prior to project
completion, because:

Comments/Recommendations _____

(Attach additional sheets of paper if necessary)

SUPERVISOR NAME _____

PLEASE MAIL THIS COMPLETED FORM ALONG WITH ANY ATTACHMENTS TO:

Dr. Wendell Joice
U.S. Office of Personnel Management
OPRD Room 6462
Washington, D.C. 20415
(You may use the evaluation return envelope if available)

PLEASE SEND A COPY OF THIS COMPLETED FORM WITH ANY ATTACHMENTS TO:

EPA-Headquarters Flexible Workplace Project Coordinator
Attention: Pat Spatarella (PM-212)
401 M Street, S.W. (Room 3020M)
Washington, D.C. 20460

PRIVACY STATEMENT

The U. S. Office of Personnel Management is authorized by sections 1103, 1302, and 3301 of Title 5 of the U.S. Code to collect the information requested in this document. The information you provide will be aggregated with similar information from other participants and used, in summary form, to evaluate this project. We are requesting your name and social security number in order to accurately track, analyze, and categorize your responses during the project. Executive Order 9397 authorizes collection of your social security number. No information of an individually identifiable nature will be disclosed. Furnishing your response, including social security number, to this document is voluntary; without your response, however, we will be unable to adequately evaluate the feasibility of the flexible workplace option.

**EPA HEADQUARTERS
PILOT FLEXIBLE WORKPLACE PROJECT
WORK AGREEMENT**

The following constitutes an agreement between:

(Agency) _____ **(Employee)** _____

**of the terms and conditions of the
Pilot Flexible Workplace Project**

1. Employee participates in the one year experimental pilot testing phase of the project and agrees to adhere to the applicable guidelines and policies. Agency concurs with employee participation and agrees to adhere to the applicable guidelines and policies.
2. Employee agrees to participate in the project for a period beginning _____ and ending _____.
3. Employee's official tour of duty and location, are as listed below:

Pay Period Work Week	Day	Hours		Duty Station	
		From	To	Official	Alternate
#1	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
#2	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				

(including a one-half hour non-paid lunch period) (above allows for compressed workweek)

Management reserves the right to alter the employee's established work schedule to accommodate peak workload office demands or for any other office purpose with advance notification.

4. Employee's official duty station is _____.
The alternate duty station (the location in which the employee is designated to work while not at the official duty station) is _____.
Describe the alternate duty station in detail _____.

All pay, special salary rates, leave and travel entitlements will be based on the employee's official duty station.

5. Employee's timekeeper will have a copy of the employee's Pilot Flexible Workplace Project schedule. Employee's time and attendance will be recorded as performing official duties at the official duty station. Employee's supervisor will certify bi-weekly time and attendance for hours worked. Employees must complete the "Employee Self-Certification Time and Attendance Report" (Attachment 1) and return it to their supervisor on a bi-weekly basis.
6. Employee must obtain supervisory approval before taking leave in accordance with established office procedures. By signing this agreement employee agrees to follow established procedures for requesting and obtaining approval of leave.
7. Employee will continue to work in pay status while working at his/her alternate duty station. An employee who works overtime, which has been ordered and approved in advance, will be compensated in accordance with applicable laws, regulations and FPM guidance. By signing this agreement, employee agrees to obtain proper approval for overtime work. Failure to adhere to proper approval for overtime work may result in the employee's removal from the Pilot Flexible Workplace Project or other appropriate action (e.g., disciplinary, etc.).
8. An employee who borrows Government equipment, will protect the Government equipment in accordance with the procedures established in FIRMR Bulletin 30 dated October 15, 1985. Government-owned equipment will be installed, serviced and maintained by the Government. An employee who provides his/her own equipment is responsible for installing, servicing and maintaining it.
9. Provided the employee is given at least 24 hours advance notice, the employee agrees to permit periodic home inspections by the Government of the alternate duty station during the employee's normal working hours to ensure proper maintenance of Government-owned equipment and duty station conformance with safety standards.

10. The Government is not liable for damages to an employee's personal or real property during the course of performance of official duties or while using Government equipment in the employee's alternate duty station, except to the extent the Government is liable under the Federal Tort Claims Act or under the Military Personnel and Civilian Employees Claims Act.
11. The Government is not responsible for operating costs, home maintenance or any other incidental costs (e.g., utilities) whatsoever associated with the use of the employee's alternate duty station (e.g., home residence). The Government can not pay for installation, monthly or local use charges for telephone service. The Government will provide all necessary office supplies (such as paper, pens, printer ribbons, diskettes, envelopes, tape, staples, etc.). By participating in the Pilot Flexible Workplace Project, the employee does not relinquish any entitlement to reimbursement for authorized expenses incurred while conducting business for the Government, as provided for by statute and implementing regulations. This includes pre-approved long distance business-related telephone calls.
12. Employee is covered under the Federal Employee's Compensation Act if injured in the course of actually performing official duties at the official or alternate duty station.

Any accident or injury occurring at the alternate duty station must be brought to the immediate attention of the supervisor. Because an employment-related accident sustained by an employee participating in the Pilot Flexible Workplace Project could occur outside of the premises of the official duty station, the supervisor must investigate all reports immediately following notification.

Employees must complete the "Employee Self-Certification Safety Checklist" (Attachment 2), which identifies significant safety standards that should be met and return it to their supervisor prior to a Pilot Flexible Workplace Project agreement being entered into.

13. Employee will communicate with the supervisor to receive assignments and have completed work reviewed in accordance with the supervisor's instructions.
14. Employee will complete all assigned work in accordance with the supervisor's instructions.
15. Supervisor will evaluate employee's job performance against performance standards and measures established in the employee's performance agreement.

16. Regular and required progress reporting, as defined by the supervisor, by the employee will be used by the supervisor in his/her assessment of employee's job performance.
17. At intervals specified in the Pilot Flexible Workplace Project (e.g., beginning of pilot, 6-month interval and end of pilot), the supervisor and the employee will complete surveys which summarize the impact of the Pilot Flexible Workplace Project on the office, the employee, the supervisor and other organizational components.
18. To participate in the Pilot Flexible Workplace Project, an employee's most recent performance rating of record must be fully successful or better. This does not apply to employees who are statutorily exempt from performance ratings (e.g., Administrative Law Judges).
19. To participate in the Pilot Flexible Workplace Project, an employee's current performance agreement must contain performance standards and measures covering work completed at the official duty station as well as work completed at the alternate duty station.
20. Employee agrees to use approved safeguards to protect Government records from unauthorized disclosure or damage and to comply with the requirements set forth in the Privacy Act of 1974, as amended, 5 U.S.C. 552a.
21. Employee and supervisor agree to complete and submit Pilot Flexible Workplace Project evaluation materials and to attend periodic (e.g., monthly, bi-monthly) focus group meetings as required by the project guidance.
22. Employee may terminate participation in the Pilot Flexible Workplace Project at any time. Management has the right to remove the employee from the Project if the employee's performance declines or if the Project fails to meet the needs of the organization, as defined by the supervisor.
23. Employee agrees to perform his/her officially assigned duties at either the official duty station or the alternate duty station. Failure to comply with this provision may result in charge of leave, loss of pay, termination of participation in the Project, or disciplinary action, as warranted, based on the situation.
24. Employee agrees not to conduct unauthorized personal business while in official duty status at the official or alternate duty station (e.g., childcare, eldercare, home repairs, real estate, etc.).

25. Supervisor must complete the "Supervisor-Employee Checkout List" (Attachment 3) and discuss the items covered on this list with the employee prior to initiating a Pilot Flexible Workplace Project agreement.

_____ Employee	_____ Date
_____ Supervisor	_____ Date
_____ Approving Official	_____ Date
_____ Headquarters Project Coordinator	_____ Date

Please return a copy of this agreement to:

Headquarters Flexible Workplace Project Coordinator
Attention: Pat Spatarella (PM-212)
401 M Street, S.W. (Room 3020M)
Washington, D.C. 20460

**EPA HEADQUARTERS
PILOT FLEXIBLE WORKPLACE PROJECT
EMPLOYEE SELF-CERTIFICATION TIME AND ATTENDANCE REPORT**

EMPLOYEE NAME _____

BEGINNING _____

ENDING _____

	FROM	TO	HOURS WORKED	A/L	S/L	CT/ OT
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
TOTAL						

SIGNATURE OF EMPLOYEE_____
SIGNATURE OF SUPERVISOR
 REMARKS: _____

**EPA HEADQUARTERS
PILOT FLEXIBLE WORKPLACE PROJECT
EMPLOYEE SELF-CERTIFICATION SAFETY CHECKLIST**

NAME: _____ **CODE NUMBER:** _____
AGENCY: _____ **HEADQUARTERS SUBCOMPONENT:** _____
ADDRESS: _____ **CITY AND STATE:** _____
BUSINESS TELEPHONE: _____ **HEADQUARTERS COORDINATOR:** _____

Dear Pilot Flexible Workplace Project Participant:

The following checklist is designed to assess the overall safety of the alternate duty station. Each participant should read and complete the self-certification safety checklist. Upon completion the checklist should be signed and dated by the participating employee and immediate supervisor.

The alternate duty station is _____.
Describe the designated work area in the alternate duty station

_____.

1. Is the space free of asbestos containing materials? Yes___ No___
2. If asbestos containing material is present, is it undamaged and in good condition?
* Only check if applicable Yes___ No___
3. Is the space free of indoor air quality problems? Yes___ No___
4. Is the space free of noise hazards (in excess of 85 decibels)? Yes___ No___
5. Is there a potable (drinkable) water supply? Yes___ No___
6. Is adequate ventilation present for the desired occupancy? Yes___ No___
7. Are laboratories available with hot and cold running water? Yes___ No___
8. Are all stairs with 4 or more steps equipped with handrails? Yes___ No___
9. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service? Yes___ No___
10. Do circuit breakers clearly indicate if they are in the open or closed position? Yes___ No___

11. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires fixed to the ceiling)? Yes___ No___
12. Will the building's electrical system permit the grounding of electrical equipment? Yes___ No___
13. Are aisles, doorways and corners free of obstructions to permit visibility and movement? Yes___ No___
14. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways? Yes___ No___
15. Do chairs have any loose casters (wheels)? Are the rungs and legs of chairs sturdy? Yes___ No___
16. Is the office overly furnished? Yes___ No___
17. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard? Yes___ No___
18. Is the office space neat, clean and free of excessive amounts of combustibles? Yes___ No___
19. Are floor surfaces clean, dry, level and free of worn or frayed seams? Yes___ No___
20. Are carpets well secured to the floor and free of frayed or worn seams? Yes___ No___

Employee Signature

Date

Immediate Supervisor's Signature
(approved/disapproved)

Date

SPECIAL NOTE: SUPERVISORS ARE ENCOURAGED TO CONDUCT AN ON-SITE INSPECTION FOR ANY EMPLOYEE CHECKING FIVE OR MORE NO ANSWERS. EMPLOYEES ARE RESPONSIBLE FOR INFORMING THEIR SUPERVISOR OF ANY SIGNIFICANT CHANGE.

Please return a copy of this form to:

Headquarters Flexible Workplace Project Coordinator
Attention: Pat Spatarella (PM-212)
401 M Street, S.W. (Room 3020M)
Washington, D.C. 20460

**EPA HEADQUARTERS
PILOT FLEXIBLE WORKPLACE PROJECT
SUPERVISOR-EMPLOYEE CHECKOUT LIST**

The following checklist is designed to ensure that your Pilot Flexible Workplace Project employee is properly oriented to the policies and procedures of the Project. Questions 4, 5 and 6 may not be applicable to your Pilot Flexible Workplace Project employee. If this is the case, simply state not-applicable or N/A.

NAME OF PILOT FLEXIBLE WORKPLACE PROJECT EMPLOYEE: _____

NAME OF IMMEDIATE SUPERVISOR: _____

Date
Completed

- | | | |
|----|---|-------|
| 1. | Employee has read PCMI and EPA project guidance outlining policies and procedures of the pilot program. | _____ |
| 2. | Employee has been provided with a schedule of duty hours and location to be conducted. | _____ |
| 3. | Employee has been issued/has not been issued equipment. | _____ |
| 4. | Equipment issued by the agency is documented. | _____ |
-
- | | | | |
|----------------------|-----|-----|--|
| Check as applicable: | Yes | No | |
| -- computer | ___ | ___ | |
| -- modem | ___ | ___ | |
| -- furniture | ___ | ___ | |
| -- other | ___ | ___ | |
-
- | | | |
|----|--|-------|
| 5. | Policies and procedures for care of equipment issued by the agency have been explained and are clearly understood. | _____ |
| 6. | Policies and procedures covering classified, secure or privacy act data have been discussed, and are clearly understood. | _____ |
| 7. | Requirements for an adequate and safe alternate duty station have been discussed, and the employee certifies those requirements are met. | _____ |
| 8. | Performance expectations have been discussed and are clearly understood. | _____ |

9. Employee understands that the supervisor may terminate employee participation at any time, in accordance with established administrative procedures and union negotiated agreements. _____

10. Employee has participated in the OPM training. _____

Employee Signature

Date

Immediate Supervisor Signature

Date

Please return a copy of this form to:

Headquarters Flexible Workplace Project Coordinator
Attention: Pat Spatarella (PM-212)
401 M Street, S.W. (Room 3020M)
Washington, D.C. 20460

**EPA Headquarters
The Federal Flexible Workplace
Project
FLEXIPLACE**



EVALUATION MATERIALS

**PROVIDED BY THE
PRESIDENT'S COUNCIL ON MANAGEMENT IMPROVEMENT**

TIMEFRAMES:

The Pilot project will operate for one calendar year.

For evaluation purposes, the one-year project will be divided into two 6-month evaluation periods.

Following are the timeframes for administering evaluation materials:

*** At Implementation:**

- (1) Background Questionnaire for FW Employees
- (2) Background Questionnaire for Control Group Employees (if any)
- (3) Supervisor Evaluation of FW or Control Employee Performance -- for supervisors of FW or Control Group Employees
- (4) Customer/Client Evaluation of FW Employee Performance -- for customers/clients (if any) of FW Employees

*** After First Six Months and After Final Six Months:**

- (1) Supervisor Evaluation of Organizational Unit Performance -- for supervisors of FW Employees
- (2) Supervisor Evaluation of FW or Control Employee Performance -- for supervisors of FW or Control Employees
- (3) Customer/Client (Interrelating Respondents) Evaluation of FW Employee Performance -- for customers/clients (if any) of FW Employees
- (4) Local Union Evaluation of FW Project -- for local union representatives
- (5) FW Employee Evaluation of Job Experience
- (6) Control Employee Evaluation of Job Experience

*** After Focus Group Meetings:**

Focus group facilitators submit narrative reports directly to OPM evaluation team. No forms are used and, generally, agency coordinators have no responsibility regarding submission of these reports.

**EPA HEADQUARTERS
PILOT FLEXIBLE WORKPLACE ARRANGEMENTS (FLEXIPLACE)
EVALUATION MATERIALS**

provided by

PRESIDENT'S COUNCIL ON MANAGEMENT IMPROVEMENT (PCMI)

EVALUATION PLAN

FEDERAL FLEXIBLE WORKPLACE (FW) PILOT PROJECT

This evaluation covers the initial large scale Federal involvement in Flexible Workplace arrangements (FLEXIPLACE). During this pilot, a great deal of refining and adjustment will occur as the various aspects of the project proceed; this is a learning process.

EVALUATION GOALS:

To determine the feasibility and desirability, from both individual and organizational standpoints, of Federal use of FW arrangements as an alternative to traditional, officebound working arrangements.

To profile optimal operating procedures for FW arrangements.

To evaluate the effectiveness of FW training.

To evaluate the effectiveness of FW focus groups.

EVALUATION PARTICIPANTS (see Selection Plans in Appendix B of guidelines for more details):

Flexiplace (FW) Employees

Supervisors of FW Employees

Control Group Employees (if available)

Supervisors of Control Group Employees (if available)

Customers/Clients of FW Employees (if available)

(Note: In the FLEXIPLACE Guidelines, these participants are referred to as Interrelating Respondents)

Local Union Representatives (if participating)

Focus Group Facilitators

PRIMARY EVALUATION AREAS:

Individual/Organizational Performance
Personal/Organizational Costs
Job Satisfaction
Personal Life Impact (including travel issues)

EVALUATION OBJECTIVES AND METHODS:

Goal -- Feasibility Determination:

- Objective 1: Determination of self-perceived impact of FW participation on employee's job performance.
- Objective 2: Determination of supervisor perception of impact of FW participation on organizational performance.
- Objective 3: Determination of supervisory and interrelating respondent appraisal of FW employee performance.
- Objective 4: Determination of supervisors estimation of FW costs.
- Objective 5: Determination of FW employee satisfaction with FW work site and FW costs.
- Objective 6: Determination of spontaneous focus group reactions regarding feasibility issues.
- Objective 7: Determination of Union reaction to FW.

Goal -- Desirability Determination:

- Objective 1: Determination of self-perceived impact of FW participation on employee personal factors (morale, personal life, travel/transportation, etc.)
- Objective 2: Determination of supervisor perception of impact of FW participation on organizational desirability factors.
- Objective 3: Determination of impact of FW program variations.
- Objective 4: Determination of spontaneous focus group reactions regarding program factors.

Goal -- Evaluation of FW Training/Focus Groups Effectiveness:

Objective 1: Determination of FW employee and supervisor perceptions of training/focus group impact and adequacy.

DATA COLLECTION:

Survey:

FW project participants (employees and supervisors) will be surveyed using questionnaires and optical scan answer sheets.

Survey materials will be sent from OPM to designated agency coordinators who will disseminate them to project participants.

Upon completion of surveys, participants will mail responses in pre-addressed envelopes directly to the OPM evaluation team.

Access to individual responses will be limited to the evaluation team.

The evaluation team will review submissions and report missing/incomplete submissions to agency coordinators who will conduct follow-up.

Focus Group Report:

Facilitators for FW focus groups will take notes during group meetings and, afterward, prepare narrative reports summarizing and highlighting the meetings.

The facilitators will forward these reports to the OPM evaluation team.

General instructions and information on the purpose and conduct of the focus groups is provided in Appendix D of the FLEXIPLACE Guidelines.

Data Analysis/Reporting by Project Evaluation Team:

Answer sheets will be scanned, evaluation data bases created, and statistical analysis performed.

Based on finding from data analysis, preliminary reports will be written.

A final report will be prepared at the conclusion of the project.

**The Federal Flexible Workplace
Project
FLEXIPLACE**



**FW EMPLOYEE
BACKGROUND
QUESTIONNAIRE**

**Evaluation Conducted by the
U. S. Office of Personnel Management**

ANSWER SHEET INSTRUCTIONS

I. On the answer sheet:

- Use a #2 pencil only.
- Code your name, birth date, sex, and grade (GS/GM-level) in the indicated spaces.
- Code your 10-digit project code in the grid labelled identification number. Your project code should have been provided to you by your agency coordinator or by your supervisor. If you do not have your code, check with your supervisor or your coordinator.
- Code your occupational series in the grid labelled special codes. Use columns M through P for 4-digit occupational series or columns N through P for 3-digit occupational series. Do not use columns K or L for coding occupational series (see example on answer sheet).
- Code your responses to the questionnaire items in the appropriate spaces on the answer sheet.
- At the end of this questionnaire, you will be asked to skip to answer sheet item #120 and code response "A". This code will be used by our computer program to determine which type of evaluation form is being processed.

II. When you have completed the questionnaire, check your answer sheet to ensure that you have coded all of the required information and that you have followed the marking instructions for errors or stray marks.

III. Place your answer sheet in the pre-addressed envelope (DO NOT FOLD THE ANSWER SHEET) and mail.

IV. DO NOT SUBMIT PHOTOCOPIES OF YOUR COMPLETED ANSWER SHEET.

**FLEXIPLACE EMPLOYEE BACKGROUND QUESTIONNAIRE
INSTRUCTIONS AND SAMPLE ANSWER SHEET**

GENERAL INSTRUCTIONS

**To be administered to Flexiplace (FW) Employees at Implementation
(immediately after training)**

Thank you for agreeing to participate in this very worthwhile project. As a participant, you will be instrumental in determining the feasibility, desirability and optimal design for Flexible Workplace (FW) as an alternative for Federal employees.

In order to evaluate the FW experience, we are asking that you provide us with information now and at the end of each 6-month period in this one-year project. The requested information will focus on general personal characteristics as well as your perceptions and opinions. Each 6-months, the evaluation forms will be sent to you, accompanied by a pre-addressed return envelope; when you have completed the forms, place them in the envelope and mail.

Attached is a questionnaire, one answer sheet, and one sample answer sheet. Please use the answer sheet to provide the requested information.

If you have any questions or problems, contact your agency coordinator whose name and phone number should be listed on this package.

Please complete all forms and mail in the return envelope within 5 days of receipt. Your responses are not subject to agency review, will remain strictly confidential, will be aggregated with other participant data, will be used for research purposes only, and will be mailed by you, directly to the project evaluation team. Access to your individual responses will be limited solely to the project evaluation team.

PRIVACY STATEMENT

The U. S. Office of Personnel Management is authorized by sections 1103, 1302 and 3301 of title 5 of the U. S. Code to collect the information requested in this document. The information you provide will be aggregated with similar information from other participants and used, in summary form, to evaluate this project. We are requesting your name in order to track, analyze and categorize your responses during the project. No information of an individually identifiable nature will be disclosed. Furnishing your responses to this document is voluntary; without your response, however, we will be unable to evaluate the feasibility of the flexible workplace option.

7. Pay Plan

- B. No
- A. GS (General Schedule)
- B. GM (General Merit)
- C. WG (Wage Grade)
- D. WL (Wage Leader)
- E. Other _____

8. Years in current position (the position with your current general job duties; do not confuse with grade or step)

- A. 1 to 2 years
- B. 3 to 4 years
- C. 5 to 6 years
- D. 7 to 8 years
- E. 9 or more years

9. Total years of work experience (include Federal and non-Federal; full and part-time; paid and volunteer experience)

- | | |
|------------------|---------------------|
| A. 1 to 2 years | F. 11 to 12 years |
| B. 3 to 4 years | G. 13 to 15 years |
| C. 5 to 6 years | H. 16 to 18 years |
| D. 7 to 8 years | I. 20 or more years |
| E. 9 to 10 years | |

10. Your current position

- A. Clerical/Secretarial (non-supervisor)
- B. Professional (non-supervisor)
- C. Technician (non-supervisor)
- D. Supervisor
- E. Manager (a person who supervises supervisors)
- F. Other _____

11. Does the major portion of your job have a set number (quota) of specific work products that you are routinely expected to complete (e.g., cases, forms, etc.) in a set period of time?

- A. Yes
- B. No

DEFINITION: In this questionnaire, "conventional worksite" refers to the worksite where you regularly performed your job prior to the flexible project.

12. Conventional worksite location

- . Downtown, central or business area of a city
- J. Within city, but not in central or business area
- C. Nearby suburbs of a city
- D. Rural or remote non-urban area

FLEXIBLE WORKPLACE (FW) PARTICIPANT BACKGROUND QUESTIONNAIRE

1. Marital/Family/Household Living Status
 - A. Married (living with spouse)
 - B. Not Married, but living in a family-type relationship with another adult
 - C. Single (not living in a family-type relationship with another adult)
 - D. Other _____
2. Indicate your racial category
 - A. American Indian or Alaskan Native
 - B. Asian or Pacific Islander
 - C. Black, non-Hispanic
 - D. White, non-Hispanic
 - E. Hispanic
3. Number of dependent children, age 4 and under, living with you
 - A. 0
 - B. 1
 - C. 2
 - D. 3
 - E. 4 or more
4. Number of dependent children, age 5 through 12, living with you
 - A. 0
 - B. 1
 - C. 2
 - D. 3
 - E. 4 or more
5. Number of dependent children, age 13 through 18, living with you
 - A. 0
 - B. 1
 - C. 2
 - D. 3
 - E. 4 or more
6. While participating in the FW project, will you be living with one or more children or adults who, because of a handicapping condition, are fully or partially dependent upon your physical assistance or who otherwise require your personal attention for their health and physical well-being?
 - A. Yes

- E. Other _____
13. Availability of free parking at your conventional worksite
- A. Abundant
 - B. Some
 - C. Very little
 - D. None
14. Convenience of public transportation from your residence to your conventional worksite
- A. No public transportation
 - B. Very inconvenient
 - C. Somewhat inconvenient
 - D. Somewhat convenient
 - E. Very convenient
15. Nature of traffic flow from your residence to your conventional worksite at times you are traveling to work
- A. High traffic with frequent gridlock
 - B. High traffic, but flows smoothly
 - C. Moderate traffic
 - D. Minimal traffic
16. Regarding amount of travel time, indicate your primary means of travel from your residence to your conventional worksite.
- A. Automobile (carpool)
 - B. Automobile (driving alone)
 - C. Motorcycle
 - D. Public Transportation (bus, subway, train, etc.)
 - E. Bicycle
 - F. Walking
 - G. Other _____
17. Indicate the amount of time typically required for your travel, one-way, from your residence to your conventional worksite. (select the response closest to your answer)
- A. 1/2 hour
 - B. 1 hour
 - C. 1 1/2 hours
 - D. 2 hours
 - E. 2 1/2 hours
 - F. 3 or more hours

18. Indicate the type of work station you utilized at your conventional worksite.

- A. Private cubicle
- B. Private office
- C. Semi-private office or cubicle (containing two or more workers)
- D. Open-space work area
- E. Other

19. Is your interest in participating in this project related to a physical disability that you have?

- A. Yes
- B. No

WORK EXPERIENCE QUESTIONNAIRE

Based on your personal opinion and experience during the last six months prior to the FLEXIPLACE project, rate the factors in items 20 through 57. Use the following scale for your responses:

A	B	C	D
Excellent	Good	Fair	Poor
<hr/>			
20.	Quality of your work.		
21.	Quantity of your work.		
22.	Timeliness of your completion of work assignments.		
23.	Your efficiency (relative time required to accomplish a given amount of work).		
24.	Your interest in your work.		
25.	Level of creativity or initiative regarding your work.		
26.	Ability to concentrate while working.		
27.	Your overall motivation toward work.		
28.	Your general worker status as perceived by others in your organizational unit.		
29.	Your chances for promotion.		
30.	Your chances of a fulfilling career.		
31.	The effectiveness of the process by which your supervisor assigns work to you.		
32.	The fairness of distribution of work assignments in your organizational unit.		
33.	Assigned timeframes for completing work assignments.		
34.	The challenge of your current work assignments.		
35.	Convenience of access to job-related material/equipment.		
36.	Quality of your relationships with co-workers.		
37.	Quality of your relationship with your supervisor.		
38.	Effectiveness of your communication with your supervisor.		

- | | A
Excellent | B
Good | C
Fair | D
Poor |
|-----|---|-------------------|-------------------|-------------------|
| 39. | Convenience of your communication with your supervisor. | | | |
| 40. | Effectiveness of your communication with fellow employees in your organizational unit. | | | |
| 41. | Effectiveness of work-related communication with individuals from other organizations. | | | |
| 42. | Convenience of your schedule of work hours relative to meeting work-related requirements and interests. | | | |
| 43. | Convenience of your schedule of work hours relative to meeting your personal life requirements and interests. | | | |
| 44. | Your sense of belonging to your organization. | | | |
| 45. | Your self-esteem as a worker. | | | |

YOUR PERSONAL LIFE PRIOR TO THE FLEXIPLACE PROJECT

46. Quantity of time available for family/personal life.
47. Quantity of time available for social/recreational activity.
48. Overall quality of family/personal life.
49. Flexibility of dependent care options.
50. Your physical health.
51. Your mental health.

YOUR WORK ENVIRONMENT (CONVENTIONAL WORKSITE)

52. Adequacy of work-related equipment including telecommunications and computer equipment.
53. Adequacy of work-related furnishings.
54. Adequacy of work-related space.
55. Comfort of your work station.
56. Freedom from distraction at your work station.
57. Health-related quality of your work environment.

Use the following scale for your responses to items 58 to 62.

A	B	C	D
Very High	High	Moderate	Low

- 58. Job-related transportation costs (day-to-day).
- 59. Job-related miscellaneous costs (day-to-day).
- 60. Dependent care costs.
- 61. Home maintenance/utility costs.
- 62. Overall costs (other than one-time costs for equipment, furnishings, facilities, etc.).

For items 63 to 72, select the response closest to your intended answer regarding your experience prior to FLEXIPLACE.

- 63. Indicate your Federal employment status.

- A. Permanent appointment/full-time schedule
- B. Permanent appointment/part-time schedule
- C. Temporary appointment/full-time schedule
- D. Temporary appointment/part-time schedule
- E. Other _____

- 64. If you were a part-time Federal employee, indicate your typical work schedule.

A. 4 days per week	F. Not employed part-time
B. 3 days per week	G. Other _____
C. 2 days per week	
D. 1 day per week	
E. Less than 1 day per week	

- 65. Was your schedule of work hours an alternative work schedule (AWS) which permits you to take certain week days off as a result of working extra hours on other days?

- A. Yes
- B. No

66. Which one of the following applies to your schedule of work hours prior to FLEXIPLACE?
- A. Permanent or rotating shifts occurring primarily between 6 p.m. and 7 a.m. on weekdays or weekends
 - B. Primarily normal business hours (between 7 a.m. and 6 p.m., no weekends)
 - C. Primarily normal business hours (including both weekdays and weekends on a regular basis)
 - D. Mixed and/or rotating shifts with approximately 1/3 to 1/2 of work hours between 7 a.m. and 6 p.m.
 - E. Work hours are highly variable and frequently do not occur in continuous shifts
 - F. Other (specify) _____
67. Was your typical schedule of work hours variable (flexible) in such a way that you frequently (once a week or more) changed your schedule by an hour or more?
- A. Yes
 - B. No
68. Which one of the following statements applies to your typical schedule of work hours prior to FLEXIPLACE?
- A. Work hours are primarily determined by me, but once established, may not vary
 - B. Work hours are primarily determined by me and may vary according to my determination
 - C. Work hours are primarily determined by my supervisor and/or agency management
 - D. Work hours are primarily established through negotiated and/or mutual agreement between me and my supervisor and, once established, may not vary
 - E. Same as D except work hours may vary
 - F. Other (specify) _____
69. Regardless of your current schedule of work hours, during which one of the following time periods are you likely to be more productive than during normal business hours (7 a.m. to 6 p.m.)?
- A. None, I am likely to be most productive during normal business hours
 - B. Late evening, weekdays (after 6 p.m.)
 - C. Early morning, weekdays (before 7 a.m.)
 - D. Weekends
 - E. Combination of B and C
 - F. Combination of B and D
 - G. Combination of C and D

70. Indicate your perception of the fairness/accuracy of your most recent performance appraisal in your current position.

- A. Very fair/accurate
- B. Moderately fair/accurate
- C. Somewhat fair/inaccurate
- D. Very unfair/inaccurate
- E. Have not received a performance appraisal in my current position.

71. Indicate the overall rating you received in your most recent official performance appraisal.

- | | |
|-----------------------------|-----------------|
| A. Outstanding | E. Unacceptable |
| B. Exceeds Fully Successful | F. Other _____ |
| C. Fully Successful | |
| D. Minimally Successful | |

72. Indicate the approximate distance in miles from your residence to your conventional worksite.

- | | |
|---------------------|----------------------|
| A. 2 or fewer miles | F. 60 miles |
| B. 5 miles | G. 100 miles |
| C. 10 miles | H. 150 miles |
| D. 20 miles | I. 200 miles |
| E. 40 miles | J. 250 or more miles |

**** ON YOUR ANSWER SHEET, SKIP TO ITEM #120 AND CODE RESPONSE "A"****

**The Federal Flexible Workplace
Project
FLEXIPLACE**



**EMPLOYEE
BACKGROUND
QUESTIONNAIRE
(Control)**

Evaluation Conducted by the
U. S. Office of Personnel Management

**QUESTIONNAIRE FOR CONTROL EMPLOYEE EVALUATION OF JOB EXPERIENCE
INSTRUCTIONS AND SAMPLE ANSWER SHEET**

GENERAL INSTRUCTIONS

To be administered immediately after the first six months and again after the final six months of the pilot.

Please use the following instructions, questionnaire, and enclosed answer sheet to provide evaluation information (ratings) regarding your recent job experience. Most of the items focus on your job experience during the past six months compared to your experience during the work year prior to the implementation of the FW Project. This Flexible Workplace project is scheduled to cover one full year. For evaluation purposes, we have divided the project year into 2 six-month EVALUATION PERIODS; we are requesting your response to this questionnaire for the first 6 months in the FW project (first evaluation period) and for the final six months (second evaluation period). YOUR RESPONSES WILL BE KEPT CONFIDENTIAL; THEY WILL BE SENT DIRECTLY TO THE OPM EVALUATION TEAM; THE EVALUATION TEAM WILL USE THESE RESPONSES FOR RESEARCH PURPOSES ONLY AND WILL BE THE ONLY PERSONNEL WITH ACCESS TO YOUR RESPONSES.

PRIVACY STATEMENT

The U. S. Office of Personnel Management is authorized by sections 1103, 1302, and 3301 of title 5 of the U.S. Code to collect the information requested in this document. The information you provide will be aggregated with similar information from other participants and used, in summary, to evaluate this project. We are requesting your name in order to track, analyze, and categorize your responses during the project. No information of an individually identifiable nature will be disclosed. Furnishing your response to this document is voluntary; without your response, however, we will be unable to evaluate the feasibility of the flexible workplace option.

**ANSWER SHEET INSTRUCTIONS
(USE THE SAMPLE ANSWER SHEET AS A GUIDE)**

I. ON THE ANSWER SHEET:

- o Use a #2 pencil only.
- o Code your name, birth date, sex, and grade (GS-level) in the indicated spaces.
- o Code your 10-digit PROJECT CODE in the grid labelled IDENTIFICATION NUMBER. Your project code should have been provided to you by your agency coordinator or by your supervisor. If you don't have your code, check with your supervisor or your coordinator.
- o At the end of this questionnaire, you will be asked to skip to answer sheet item #120 and code response "G". This code will be used by our computer program to determine which type of evaluation form is being processed.

II. When you have completed the questionnaire, check your answer sheet to ensure that you have coded all the required information and that you have followed the marking instructions for errors and stray marks.

III. Place your answer sheet in the pre-addressed envelope (DO NOT FOLD THE ANSWER SHEET) and mail.

IV. DO NOT SUBMIT PHOTOCOPIES OF YOUR COMPLETED ANSWER SHEET.

CONTROL EMPLOYEE EVALUATION OF RECENT JOB EXPERIENCE

FOR ITEMS 1-53 COMPARE THE LISTED FACTORS OF YOUR JOB EXPERIENCE DURING THE MOST RECENT EVALUATION PERIOD WITH YOUR EXPERIENCE DURING THE WORK YEAR PRIOR TO YOUR PARTICIPATION IN THIS PROJECT.

Use the following scale for your responses:

- A. Decline/Decrease**
- B. Slight Decline/Decrease**
- C. No Change**
- D. Slight Improvement/Increase**
- E. Improvement/Increase**

-
- (1) Quality of your work**
 - (2) Quantity of your work**
 - (3) Timeliness of your completion of work assignments**
 - (4) Your efficiency (relative time required to accomplish a given amount of work)**
 - (5) Your interest in your work**
 - (6) Level of creativity or initiative regarding your work**
 - (7) Ability to concentrate while working**
 - (8) Your overall motivation toward work**
 - (9) Your general worker status as perceived by others in your organizational unit**
 - (10) Your chances for promotion**
 - (11) Your chances for a fulfilling career**
 - (12) The effectiveness of the process by which your supervisor assigns work to you**
 - (13) The fairness of distribution of work assignments in your organizational unit**
 - (14) The fairness of assigned time frames for completing work assignments**
 - (15) The challenge of your current work assignments**
 - (16) Convenience of access to job-related material/equipment**
 - (17) Quality of your relationships with co-workers**

Use the following scale for your responses:

- A. Decline/Decrease
- B. Slight Decline/Decrease
- C. No Change
- D. Slight Improvement/Increase
- E. Improvement/Increase

-
- (18) Quality of your relationships with your supervisors
 - (19) Effectiveness of your communication with your supervisor
 - (20) Convenience of your communication with your supervisor
 - (21) Effectiveness of your communication with fellow employees in your organizational unit
 - (22) Effectiveness of work-related communication with individuals from other organizations
 - (23) Convenience of your schedule of work hours relative to meeting your work-related requirements and interests
 - (24) Convenience of your schedule of work hours relative to meeting your personal life requirements and interests
 - (25) Your sense of belonging to your organization
 - (26) Your self-esteem as a worker

YOUR INDIVIDUAL COSTS

- (27) Job-related transportation costs (day-to-day)
- (28) Job-related miscellaneous costs (day-to-day)
- (29) Dependent care costs
- (30) Home maintenance/utility costs
- (31) Overall job-related costs (other than one-time costs for equipment, furnishings, facilities, etc.)

YOUR PERSONAL LIFE

- (32) Quantity of time available for family/personal life
- (33) Quantity of time available for social/recreational activity
- (34) Overall quality of family/personal life
- (35) Flexibility of dependent care options

-
- A. Decline/Decrease
 - B. Slight Decline/Decrease
 - C. No Change
 - D. Slight Improvement/Increase
 - E. Improvement/Increase
-

(36) Your physical health

(37) Your mental health

YOUR WORK ENVIRONMENT

(38) Adequacy of work-related equipment (including telecommunications and computer equipment)

(39) Adequacy of work-related furnishings

(40) Adequacy of work-related space, room, etc.

(41) Work-related comfort

(42) Freedom from distraction

(43) Health-related quality of your work environment

FOR ITEMS 44-53, SELECT THE RESPONSE CLOSEST TO YOUR INTENDED ANSWER.

44. Indicate your current Federal employment status

- A. Permanent appointment/full-time schedule
- B. Permanent appointment/part-time schedule
- C. Temporary appointment/full-time schedule
- D. Temporary appointment/part-time schedule
- E. Other _____

45. If you are a part-time employee (in your Federal position), indicate your typical work schedule

- A. 4 days per week
- B. 3 days per week
- C. 2 days per week
- D. 1 day per week
- E. Less than 1 day per week
- F. Not employed part-time
- G. Other _____

46. Is your current schedule of work hours an alternative work schedule (AWS) which permits you to take certain week days off as a result of working extra hours on other days?

- A. Yes
- B. No

47. Which one of the following applies to your schedule of work hours?

- A. Permanent or rotating shifts occurring primarily between 6 p.m. and 7 a.m. on weekdays or weekends
- B. Primarily normal business hours (between 7 a.m. and 6 p.m., no weekends)
- C. Primarily normal business hours (including both weekdays and weekends on a regular basis)
- D. Mixed and/or rotating shifts with approximately 1/3 to 1/2 of work hours between 7 a.m. and 6 p.m.
- E. Work hours are highly variable and frequently do not occur in continuous shifts
- F. Other (specify) _____

48. Is your typical schedule of work hours variable (flexible) in such a way that you frequently (once a week or more) change your schedule by an hour or more?

- A. Yes
- B. No

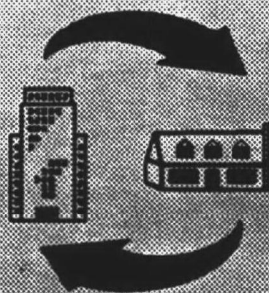
49. Which one of the following statements applies to your typical schedule of work hours?
- A. Work hours are primarily determined by me but, once established, may not vary
 - B. Work hours are primarily determined by me and may vary according to my determination
 - C. Work hours are primarily determined by my supervisor and/or agency management
 - D. Work hours are primarily established through negotiated and/or mutual agreement between me and my supervisor and, once established, may not vary
 - E. Same as D except work hours may vary
 - F. Other (specify) _____
50. Regardless of your current schedule of work hours, during which one of the following time periods are you likely to be more productive than during normal business hours (7 a.m. to 6 p.m.)?
- A. None, I am likely to be most productive during normal business hours
 - B. Late evening, weekdays (after 6 p.m.)
 - C. Early morning, weekdays (before 7 a.m.)
 - D. Weekends
 - E. Combination of B and C
 - F. Combination of B and D
 - G. Combination of C and D
51. If you have received an official performance appraisal (by your supervisor) during the past six-month period, indicate your perception of the fairness/accuracy of the appraisal.
- A. Have not received an appraisal during this period
 - B. Very fair/accurate
 - C. Somewhat fair/accurate
 - D. Somewhat unfair/inaccurate
 - E. Very unfair/inaccurate
52. If you have received an official performance appraisal (by your supervisor) during the past six-month period, how did it compare to the previous appraisal?
- A. Have not received an appraisal during this period
 - B. Higher than previous appraisal
 - C. Lower than previous appraisal
 - D. Equal to the previous appraisal

53. Comparing your recent use of sick leave during the past six months with your sick leave usage during the same six months of the previous year (excluding catastrophic long term illness or pregnancy), which one of the following is true?

- A. Recent use of sick leave was generally higher than in the previous year
- B. Recent use of sick leave was generally lower than in the previous year
- C. Recent use of sick leave was generally the same as in the previous year
- D. Cannot make a determination

****ON YOUR ANSWER SHEET, SKIP TO ITEM #120 AND CODE RESPONSE "G".****

**The Federal Flexible Workplace
Project
FLEXIPLACE**



**FW EMPLOYEE
EVALUATION OF
FLEXIPLACE EXPERIENCE**

**Evaluation Conducted by the
U. S. Office of Personnel Management**

**FORMS FOR PARTICIPATING EMPLOYEE EVALUATION
OF THE FLEXIPLACE EXPERIENCE**

**To be Administered Immediately After the First Six Months and
Again After the Final Six Months of the Pilot**

Please use the following instructions, questionnaire and enclosed answer sheet to provide evaluation information (ratings) regarding your experience with the flexible workplace (FW) arrangement. Most of the items focus on your experience while participating in flexiplace compared to your experience during the work year prior to the implementation of the FW Project. This Flexible Workplace (FW) project is scheduled to cover one full year. For evaluation purposes, we have divided the project year into 2 six-month EVALUATION PERIODS; we are requesting your response to this questionnaire for the first 6 months in the FW project (first evaluation period) and for the final six months (second evaluation period). YOUR RESPONSES WILL BE KEPT CONFIDENTIAL; THEY WILL BE SENT DIRECTLY TO THE OPM EVALUATION TEAM; THE EVALUATION TEAM WILL USE THESE RESPONSES FOR RESEARCH PURPOSES ONLY AND WILL BE THE ONLY PERSONNEL WITH ACCESS TO YOUR RESPONSES.

Privacy Statement

The U. S. Office of Personnel Management is authorized by sections 1103, 1302 and 3301 of title 5 U. S. Code to collect the information requested in this document. The information you provide will be aggregated with similar information from other participants and used, in summary form, to evaluate this project. We are requesting your name in order to track, analyze, and categorize your responses during the project. No information of an individually identifiable nature will be disclosed. Furnishing your response to this document is voluntary; without your response, however, we will be unable to evaluate the feasibility of the flexible workplace option.

ANSWER SHEET INSTRUCTIONS

I. On the answer sheet:

- Use a #2 pencil only.
- Code your name, birth date, sex, and grade (GS/GM-level) in the indicated spaces.
- Code your 10-digit PROJECT CODE in the grid labelled IDENTIFICATION NUMBER. Your project code should have been provided to you by your agency coordinator or by your supervisor. If you do not have your code, check with your supervisor or your coordinator.
- At the end of this questionnaire, you will be asked to SKIP TO ANSWER SHEET ITEM #120 and CODE RESPONSE "B". This code will be used by our computer program to determine which type of evaluation form is being processed.

II. When you have completed the questionnaire, check your answer sheet to ensure that you have coded all of the required information and that you have followed the marking instructions for errors and stray marks.

III. Place your answer sheet in the pre-addressed envelope (DO NOT FOLD THE ANSWER SHEET) and mail.

IV. DO NOT SUBMIT PHOTOCOPIES OF YOUR COMPLETED ANSWER SHEET.

EMPLOYEE EVALUATION OF FLEXIBLE WORKPLACE (FW) EXPERIENCE

For items 1 to 45, compare the listed factors of your FW work experience during THE MOST RECENT evaluation period with your experience during the work year prior to your participation in this project.

Use the following scale for your responses:

A	B	C	D	E
Decline/ Decrease	Slight Decline/ Decrease	No Change	Slight Improvement/ Increase	Improvement/ Increase

NOTE: WE ARE PRIMARILY INTERESTED IN THE IMPACT OF YOUR FW EXPERIENCE. IF YOU HAVE NOT EXPERIENCED A CHANGE FOR A GIVEN FACTOR, INDICATE 'NO CHANGE'; ALSO INDICATE 'NO CHANGE' FOR ANY FACTOR IN WHICH YOU HAVE EXPERIENCED A CHANGE BUT YOU CONSIDER THE CHANGE UNRELATED TO YOUR FW PARTICIPATION.

1. Quality of your work.
2. Quantity of your work.
3. Timeliness of your completion of work assignments.
4. Your efficiency (relative time required to accomplish a given amount of work).
5. Your interest in your work.
6. Level of creativity or initiative regarding your work.
7. Ability to concentrate while working.
8. Your overall motivation toward work.
9. Your general worker status as perceived by others in your organizational unit.
10. Your chances for promotion.
11. Your chances for a fulfilling career.
12. The effectiveness of the process by which your supervisor assigns work to you.
13. The fairness of distribution of work assignments in your organizational unit.

14. The fairness of assigned timeframes for completing work assignments.
15. The challenge of your current work assignments.
16. Convenience of access to job-related material/equipment.
17. Quality of your relationships with co-workers.
18. Quality of your relationship with your supervisor.
19. Your supervisor's support of your FW work arrangement.
20. Effectiveness of your communication with your supervisor.
21. Convenience of your communication with your supervisor.
22. Effectiveness of your communication with fellow employees in your organizational unit.
23. Effectiveness of your work-related communication with individuals from other organizations.
24. Convenience of your schedule of work hours relative to meeting your work-related requirements and interests.
25. Convenience of your schedule of work hours relative to meeting personal life requirements and interests.
26. Your sense of belonging to your organization.
27. Your self-esteem as a worker.

YOUR INDIVIDUAL COSTS

28. Job-related transportation costs (day-to-day).
29. Job-related miscellaneous costs (day-to-day).
30. Dependent care costs.
31. Home maintenance/utility costs.
32. Overall costs (other than one-time costs for equipment, furnishings, facilities, etc.) associated with FW participation.

YOUR PERSONAL LIFE

33. Quantity of time available for family/personal life.
34. Quantity of time available for social/recreational activity
35. Overall quality of family/personal life.

36. Flexibility of dependent care options.

37. Your physical health.

38. Your mental health.

YOUR WORK ENVIRONMENT

39. Adequacy of work-related equipment at your FW site (including telecommunications and computer equipment).

40. Adequacy of work-related furnishings at your FW site.

41. Adequacy of work-related space, room, etc. at your FW site.

42. Work-related comfort of your FW site.

43. Freedom from distraction at your FW site.

44. Health-related quality of your FW work environment.

OVERALL

45. The overall quality, for you, of your employment arrangement.

For items 45 to 56, select the response closest to your intended answer.

46. Indicate your current Federal employment status.

- A. Permanent appointment/full-time schedule
- B. Permanent appointment/part-time schedule
- C. Temporary appointment/full-time schedule
- D. Temporary appointment/part-time schedule
- E. Other _____

47. If you are a part-time employee (in your Federal position), indicate your typical work schedule.

- | | |
|-----------------------------|---------------------------|
| A. 4 days per week | F. Not employed part-time |
| B. 3 days per week | G. Other _____ |
| C. 2 days per week | |
| D. 1 day per week | |
| E. Less than 1 day per week | |

48. Is your current schedule of work hours an alternative work schedule (AWS) which permits you to take certain week days off as a result of working extra hours on other days?

- A. Yes
- B. No

49. Which one of the following applies to your schedule of work hours?
- A. Permanent or rotating shifts occurring primarily between 6 p.m. and 7 a.m. on weekdays or weekends
 - B. Primarily normal business hours (between 7 a.m. and 6 p.m., no weekends)
 - C. Primarily normal business hours (including both weekdays and weekends on a regular basis)
 - D. Mixed and/or rotating shifts with approximately 1/3 to 1/2 of work hours between 7 a.m. and 6 p.m.
 - E. Work hours are highly variable and frequently do not occur in continuous shifts
 - F. Other (specify) _____
50. Is your typical schedule of work hours variable (flexible) in such a way that you frequently (once a week or more) change your schedule by an hour or more?
- A. Yes
 - B. No
51. Which one of the following statements applies to your typical schedule of work hours?
- A. Work hours are primarily determined by me but, once established, many not vary
 - B. Work hours are primarily determined by me and may vary according to my determination
 - C. Work hours are primarily determined by my supervisor and/or agency management
 - D. Work hours are primarily established through negotiated and/or mutual agreement between me and my supervisor and, once established, may not vary
 - E. Same as D, except work hours may vary
 - F. Other (specify) _____
52. Regardless of your current schedule of work hours, during which one of the following time periods are you likely to be more productive than during normal business hours (7 a.m. to 6 p.m.)?
- A. None, I am likely to be most productive during normal business hours
 - B. Late evening, weekdays (after 6 p.m.)
 - C. Early morning, weekdays (before 7 a.m.)
 - D. Weekends
 - E. Combination of B and C
 - F. Combination of B and D
 - G. Combination of C and D

53. Indicate the difference, if any, between your FW schedule of work hours and the hours you typically worked during the year prior to this project? FW schedule is:
- A. Substantially more flexible
 - B. Slightly more flexible
 - C. Substantially more fixed
 - D. Slightly more fixed
 - E. Not different
54. If you have received an official performance appraisal (by your supervisor) during the past six-month period while participating in FW, indicate your perception of the fairness/accuracy of the appraisal.
- A. Have not received an appraisal during this period
 - B. Very fair/accurate
 - C. Somewhat fair/accurate
 - D. Somewhat unfair/inaccurate
 - E. Very unfair/inaccurate
55. If you have received an official performance appraisal (by your supervisor) during the past six-month period while participating in FW, how did it compare to the previous appraisal?
- A. Have not received an appraisal during this period
 - B. Higher than previous appraisal
 - C. Lower than previous appraisal
 - D. Equal to the previous appraisal
56. Comparing your recent use of sick leave during the past six months with your sick leave useage during the same six months of the previous year (excluding catastrophic long term illness or pregnancy), which one of the following is true?
- A. Recent use of sick leave was generally higher than in the previous year
 - B. Recent use of sick leave was generally lower than in the previous year
 - C. Recent use of sick leave was generally the same as in the previous year
 - D. Cannot make determination

Items 57 through 66 refer to the **FLEXIBLE WORKPLACE PARTICIPANT TRAINING** you received at the beginning of the program. Base your responses on your personal opinion.

57. To what extent did your FW training help provide a successful transition to the FW arrangement?

- A. Very helpful
- B. Helpful
- C. Slightly helpful
- D. Not helpful
- E. Did not receive training

IF YOU DID NOT RECEIVE FLEXIPLACE TRAINING, SKIP TO ITEM 67.

58. Was adequate time allotted for training?

- A. Yes
- B. No

59. Rate the coverage of the training.

- A. Training covered too many topics
- B. Training covered too few topics
- C. Training coverage was adequate

60. Were there topics that you think should be added or should receive greater emphasis?

- A. Yes (specify) _____
- B. No (specify) _____

61. Were there topics that you think should be omitted or deemphasized?

- A. Yes (specify) _____
- B. No (specify) _____

62. Were the training materials adequate?

- A. Adequate
- B. Fair
- C. Inadequate

63. Was the training environment adequate?

- A. Yes
- B. No

64. Was the trainer effective?

- A. Very effective
- B. Effective
- C. Fair
- D. Ineffective

65. Was the class size appropriate?

- A. Yes
- B. Too small
- C. Too large

66. Was the method of presentation effective?

- A. Very effective
- B. Effective
- C. Fair
- D. Ineffective

Items 67 through 71 refer to the Flexible Workplace Focus Groups which you attend.

67. To what extent is your FW focus group helpful to your FW participation?

- A. Very helpful
- B. Helpful
- C. Slightly helpful
- D. Not helpful
- E. Do not belong to a FW focus group

IF YOU DO NOT BELONG TO A FLEXIPLACE FOCUS GROUP, SKIP ITEMS 68 THROUGH 71.

68. Rate the frequency of focus group meetings.

- A. Unnecessarily frequent
- B. Not sufficiently frequent
- C. Frequency is appropriate

69. Rate the length of focus group meetings.

- A. Too long
- B. Too short
- C. Just right

70. Rate the effectiveness of the group facilitator

- | | | |
|-------------------|----------|-------|
| A. Very effective | Comments | _____ |
| B. Effective | | _____ |
| C. Fair | | _____ |
| D. Ineffective | | _____ |

71. Rate the format of the group meetings (i.e., how the group is run)

- | | | |
|-------------------|----------|-------|
| A. Very effective | Comments | _____ |
| B. Effective | | _____ |
| C. Fair | | _____ |
| D. Ineffective | | _____ |

72. Considering only transportation/travel issues, how desirable for you is your flexiplace arrangement?

- A. With some modification, very desirable
- B. Very desirable, as is
- C. With some modification, desirable
- D. Desirable, as is
- E. Neutral (neither desirable nor undesirable)
- F. Undesirable
- G. Don't know

Comments _____

73. Considering only personal cost issues, is flexiplace a feasible work arrangement for you?

- A. With some modifications, yes
- B. Yes, as is
- C. No
- D. Don't know

Comments _____

74. Considering only personal cost issues, how desirable for you is your flexiplace arrangement?

- A. With some modification, very desirable
- B. Very desirable, as is
- C. With some modification, desirable
- D. Desirable, as is
- E. Neutral (neither desirable nor undesirable)
- F. Undesirable
- G. Don't know

Comments _____

75. Considering only job performance and job satisfaction issues, is flexiplace a feasible work arrangement for you?

- A. With some modifications, yes
- B. Yes, as is
- C. No
- D. Don't know

Comments _____

76. Considering only job performance and job satisfaction issues, how desirable for you is your flexiplace arrangement?

- A. With some modification, very desirable
- B. Very desirable, as is
- C. With some modification, desirable
- D. Desirable, as is
- E. Neutral (neither desirable nor undesirable)
- F. Undesirable
- G. Don't know

Comments _____

77. Considering only personal life issues in general, how desirable, for you, is your flexiplace arrangement?

- A. With some modification, very desirable
- B. Very desirable, as is
- C. With some modification, desirable
- D. Desirable, as is
- E. Neutral (neither desirable nor undesirable)
- F. Undesirable
- G. Don't know

Comments _____

78. Considering all issues, is flexiplace a feasible work assignment for you?

- A. With some modifications, yes
- B. Yes, as is
- C. No
- D. Don't know

Comments _____

79. Considering all issues, how desirable for you is your flexiplace arrangement?

- A. With some modification, very desirable
- B. Very desirable, as is
- C. With some modification, desirable
- D. Desirable, as is
- E. Neutral (neither desirable or undesirable)
- F. Undesirable
- G. Don't know

Comments _____

TRANSPORTATION IMPACT

One of the long-range goals of the Flexiplace Project is to improve peak-period transportation and other traffic flow problems. Thus, it is important that we determine the flexiplace impact on your travel patterns. The following questions focus on your travel patterns.

DEFINITIONS:

- **Conventional Worksite** refers to your main worksite prior to your flexiplace arrangement
- **Alternative Worksite** refers to your home, satellite office, or other location that serves as your flexiplace alternative to your conventional worksite

Refer to the grid labelled "special codes" on side 1 of your answer sheet. Using columns K, L, and M, code the distance (in miles) from your residence to your conventional worksite. Begin your coding in column M; code a zero in column K or L if not used in your response. See example on sample answer sheet.

80. Is your alternative worksite your home?

- A. Yes
B. No (specify) _____

81. During a typical 2-week period, on how many days do you work at your alternative worksite?

- | | |
|------|---------------|
| A. 1 | F. 6 |
| B. 2 | G. 7 |
| C. 3 | H. 8 |
| D. 4 | I. 9 |
| E. 5 | J. 10 or more |

82. During a typical 2-week period, prior to your flexiplace participation, on how many days did you work at your conventional worksite?

- | | |
|------|---------------|
| A. 1 | F. 6 |
| B. 2 | G. 7 |
| C. 3 | H. 8 |
| D. 4 | I. 9 |
| E. 5 | J. 10 or more |

83. During a typical 2-week period while participating in flexiplace, on how many days do you work at your conventional worksite?

- | | | | |
|----|---|----|------------|
| A. | 1 | F. | 6 |
| B. | 2 | G. | 7 |
| C. | 3 | H. | 8 |
| D. | 4 | I. | 9 |
| E. | 5 | J. | 10 or more |

In items 84 through 97, PROFILE your most typical means of traveling, ONE-WAY, from your residence to work (CONVENTIONAL WORKSITE). If you have more than one most typical profile, refer to the one most likely involved in heavy traffic.

For each item, estimate the percentage of your ONE-WAY trip distance covered by the indicated means of travel. Use the following scale for your responses (select the response closest to your intended answer).

A	B	C	D	E	F	G	H	I	J
Don't Use	10%	20%	30%	40%	50%	60%	70%	80%	90-100%

PRIOR TO FLEXIPLACE PARTICIPATION (residence-to-conventional worksite, one way)

- 84. Driving alone in car, van or truck.
- 85. Motorcycle, motorbike or motorscooter.
- 86. Carpool or vanpool.
- 87. Bus.
- 88. Train, subway or commuter rail.
- 89. Walk, job or bicycle.
- 90. Other (specify) _____

DURING FLEXIPLACE PARTICIPATION

- 91. Driving alone in car, van or truck.
- 92. Motorcycle, motorbike or motorscooter.
- 93. Carpool or vanpool.
- 94. Bus.
- 95. Train, subway or commuter rail.

96. Walk, job or bicycle.

97. Other (specify) _____

Items 98 through 105, refer to the number of PROFILED trips you made or make during a TYPICAL TWO-WEEK PERIOD. Use the following scale for your responses.

A	B	C	D	E	F	G	H	I	J
1	2	3	4	5	6	7	8	9	10

PRIOR TO FLEXIPLACE PARTICIPATION (refers to the type of trips you indicated as most typical prior to Flexiplace)

98. Number of most typical one-way trips made during first week of two-week period.
99. Number of such trips made during rush (peak period) hours during first week.
100. Number of most typical one-way trips made during second week of two-week period.
101. Number of such trips made during rush (peak period) hours during second week.

DURING FLEXIPLACE PARTICIPATION (refers to the type of trips you indicated as most typical during Flexiplace participation)

102. Number of most typical one-way trips made during first week of two-week period.
103. Number of such trips made during rush (peak period) hours during first week.
104. Number of most typical one-way trips made during second week of two-week period.
105. Number of such trips made during rush (peak period) hours during second week.
106. If your most typical trip profile prior to flexiplace is different from that during flexiplace, how much did the flexiplace arrangement influence this change?
- A. It was the most important factor
 - B. It was an important factor, but there were other factors at least as important
 - C. It was not an important factor
 - D. There was no change in trip profiles

107. Has your participation in flexiplace resulted in a changed amount of net overall usage (miles driven), of one or more vehicles (cars, vans or light trucks), regardless of ownership, during rush (peak period) hours? (If more than one vehicle is involved, base your response on the net combined usage of these vehicles).

- A. Yes, substantial reduction
- B. Yes, minor reduction
- C. Yes, substantial increase
- D. Yes, minor increase
- E. No, no net change

108. Has your participation in flexiplace resulted in a changed amount of net overall usage (miles driven) of one or more vehicles (cars, vans or light trucks), regardless of ownership, during non-rush (peak period) hours? (If more than one vehicle is involved, base your response on the net combined usage of these vehicles).

- A. Yes, substantial reduction
- B. Yes, minor reduction
- C. Yes, substantial increase
- D. Yes, minor increase
- E. No, no net change

**** ON YOUR ANSWER SHEET, SKIP TO ITEM #120 AND CODE RESPONSE "B"****

**The Federal Flexible Workplace
Project
FLEXIPLACE**



**EMPLOYEE EVALUATION
OF JOB
EXPERIENCE (Control)**

**Evaluation Conducted by the
U. S. Office of Personnel Management**

FORMS FOR CONTROL EMPLOYEE EVALUATION OF THE JOB EXPERIENCE

Dear Flexible-Workplace Control Participant,

Please use the following instructions, questionnaire, and enclosed answer sheet to provide evaluation information (ratings) regarding your job experience. Most of the items focus on your job experience compared to your experience during the work year prior to the implementation of the FW Project. This Flexible Workplace (FW) project is scheduled to cover one full year. For evaluation purposes, we have divided the project year into 2 six-month EVALUATION PERIODS; we are requesting your response to this questionnaire for the first 6 months in the FW project (first evaluation period) and for the final six months (second evaluation period). YOUR RESPONSES WILL BE KEPT CONFIDENTIAL; THEY WILL BE SENT DIRECTLY TO THE OPM EVALUATION TEAM; THE EVALUATION TEAM WILL USE THESE RESPONSES FOR RESEARCH PURPOSES ONLY AND WILL BE THE ONLY PERSONNEL WITH ACCESS TO YOUR RESPONSES.

PRIVACY STATEMENT

The U. S. Office of Personnel Management is authorized by sections 1103, 1302, and 3301 of title 5 of the U. S. Code to collect the information requested in this document. The information you provide will be aggregated with similar information from other participants and used, in summary form, to evaluate this project. We are requesting your name in order to track, analyze, and categorize your responses during the project. No information of an individually identifiable nature will be disclosed. Furnishing your response to this document is voluntary; without your response, however, we will be unable to evaluate the feasibility of the flexible workplace option.

ANSWER SHEET INSTRUCTIONS
(USE THE SAMPLE ANSWER SHEET AS A GUIDE)

I. ON THE ANSWER SHEET:

- o Use a #2 pencil only.
- o Code your name, birth date, sex, and grade (GS-level) in the indicated spaces.
- o Code your 10-digit PROJECT CODE in the grid labelled IDENTIFICATION NUMBER. Your project code should have been provided to you by your agency coordinator or by your supervisor. If you don't have your code, check with your supervisor or your coordinator.
- o At the end of this questionnaire, you will be asked to skip to answer sheet item #120 and code response "G". This code will be used by our computer program to determine which type of evaluation form is being processed.

II. When you have completed the questionnaire, check your answer sheet to ensure that you have coded all the required information and that you have followed the marking instructions for errors and stray marks.

III. Place your answer sheet in the pre-addressed envelope (DO NOT FOLD THE ANSWER SHEET) and mail.

IV. DO NOT SUBMIT PHOTOCOPIES OF YOUR COMPLETED ANSWER SHEET.

FOR ITEMS 1-37, COMPARE THE LISTED FACTORS OF YOUR JOB EXPERIENCE DURING THE MOST RECENT EVALUATION PERIOD WITH YOUR EXPERIENCE DURING THE WORK YEAR PRIOR TO YOUR PARTICIPATION IN THIS PROJECT.

Use the following scale for your responses:

- A. Decline/Decrease
- B. Slight Decline/Decrease
- C. No Change
- D. Slight Improvement/Increase
- E. Improvement/Increase

-
1. Quality of your work
 2. Quantity of your work
 3. Timeliness of your completion of work assignments
 4. Your efficiency (relative time required to accomplish a given amount of work)
 5. Your interest in your work
 6. Level of creativity or initiative regarding your work
 7. Ability to concentrate while working
 8. Your overall motivation toward work
 9. Your general worker status as perceived by others in your organizational unit
 10. Your chances for a fulfilling career
 11. The effectiveness of the process by which your supervisor assigns work to you
 12. The fairness of distribution work assignments in your organizational unit
 13. Assigned time frames for completing work assignments
 14. The challenge of your current work assignments
 15. Convenience of access to job-related material/equipment
 16. Quality of your relationships with co-workers
 17. Quality of your relationship with your supervisor

-
- A. Decline/Decrease
 - B. Slight Decline/Decrease
 - C. No Change
 - D. Slight Improvement/Increase
 - E. Improvement/Increase
-

- 18. Effectiveness of your communication with your supervisor
- 19. Convenience of your communication with your supervisor
- 20. Effectiveness of your communication with fellow employees in your organizational unit
- 21. Effectiveness of work-related communication with individuals from other organizations
- 22. Convenience of your schedule of work hours relative to meeting your work-related requirements and interests
- 23. Convenience of your schedule of work hours relative to meeting your personal life requirements and interests
- 24. Your sense of belonging to your organization
- 25. Your self-esteem as a worker

YOUR PERSONAL LIFE

- 26. Quantity of time available for family/personal life
- 27. Quantity of time available for social/recreational activity
- 28. Overall quality of family/personal life
- 29. Flexibility of dependent care options
- 30. Your physical health
- 31. Your mental health

YOUR WORK ENVIRONMENT

- 32. Adequacy of work-related equipment including telecommunications and computer equipment
- 33. Adequacy of work-related furnishings
- 34. Adequacy of work-related space, room, etc.
- 35. Work-related comfort

36. Freedom from distraction

37. Health-related quality of your work environment

FOR ITEMS 38-42, USE THE FOLLOWING SCALE FOR YOUR RATINGS:

- A. Decrease
- B. Slight Decrease
- C. No Change
- D. Slight Increase
- E. Increase

YOUR INDIVIDUAL COSTS

38. Job-related transportation costs (day-to-day)

39. Job-related miscellaneous costs (day-to-day)

40. Dependent care costs

41. Home maintenance/utility costs

42. Overall job-related costs (other than one-time costs for equipment, furnishings, facilities, etc.)

FOR ITEMS 43-52, SELECT THE RESPONSE CLOSEST TO YOUR INTENDED ANSWER.

43. Indicate your current Federal employment status

- A. Permanent appointment/full-time schedule
- B. Permanent appointment/part-time schedule
- C. Temporary appointment/full-time schedule
- D. Temporary appointment/part-time schedule
- E. Other _____

44. If you are a part-time employee (in your Federal position), indicate your typical work schedule

- | | |
|--------------------|-----------------------------|
| A. 5 days per week | F. Less than 1 day per week |
| B. 4 days per week | G. Not employed part-time |
| C. 3 days per week | H. Other _____ |
| D. 2 days per week | |
| E. 1 day per week | |

45. Is your current schedule of work hours an alternative work schedule (AWS) which permits you to take certain week days off as a result of working extra hours on other days?

- A. Yes
- B. No

46. Which one of the following applies to your schedule of work hours?
- A. Permanent or rotating shifts occurring primarily between 6 p.m. and 7 a.m. on weekdays or weekends
 - B. Primarily normal business hours (between 7 a.m. and 6 p.m., no weekends)
 - C. Primarily normal business hours (including both weekdays and weekends on a regular basis)
 - D. Mixed and/or rotating shifts with approximately 1/3 to 1/2 of work hours between 7 a.m. and 6 p.m.
 - E. Work hours are highly variable and frequently do not occur in continuous shifts
 - F. Other (specify) _____
47. Is your typical schedule of work hours variable (flexible) in such a way that you frequently (once a week or more) change your schedule by an hour or more?
- A. Yes
 - B. No
48. Which one of the following statements applies to your typical schedule of work hours?
- A. Work hours are primarily determined by me but, once established may not vary
 - B. Work hours are primarily determined by me and may vary according to my determination
 - C. Work hours are primarily determined by my supervisor and/or agency management
 - D. Work hours are primarily established through negotiated and/or mutual agreement between me and my supervisor and, once established, may not vary
 - E. Same as D except work hours may vary
 - F. Other (specify) _____
49. Regardless of your current schedule of work hours, during which one of the following time periods are you likely to be more productive than during normal business hours (7 a.m. to 6 p.m.)?
- A. None, I am likely to be most productive during normal business hours
 - B. Late evening, weekdays (after 6 p.m.)
 - C. Early morning, weekdays (before 7 a.m.)
 - D. Weekends
 - E. Combination of B and C
 - F. Combination of B and D
 - G. Combination of C and D

50. If you have received an official performance appraisal (by your supervisor) during the past six-month period, indicate your perception of the fairness/accuracy of the appraisal.
- A. Have not received an appraisal during this period
 - B. Very fair/accurate
 - C. Somewhat fair/accurate
 - D. Somewhat unfair/inaccurate
 - E. Very unfair/inaccurate
51. If you have received an official performance appraisal (by your supervisor) during the past six-month period, how did it compare to the previous appraisal?
- A. Have not received an appraisal during this period
 - B. Higher than previous appraisal
 - C. Lower than previous appraisal
 - D. Equal to previous appraisal
52. Comparing your recent use of sick leave during the past six months with your sick leave usage during the same six months of the previous year (excluding catastrophic long term illness or pregnancy), which one of the following is true?
- A. Recent use of sick leave was generally higher than in the previous year
 - B. Recent use of sick leave was generally lower than in the previous year
 - C. Recent use of sick leave was generally the same as in the previous year
 - D. Cannot make determination

****ON YOUR ANSWER SHEET, SKIP TO ITEM #120 AND CODE RESPONSE "G".****

**The Federal Flexible Workplace
Project
FLEXIPLACE**



**SUPERVISORY EVALUATION
OF ORGANIZATIONAL
UNIT (Baseline)**

**Evaluation Conducted by the
U. S. Office of Personnel Management**

COVER LETTER TO SUPERVISORS OF FW EMPLOYEES

Dear Supervisor,

Thank you for agreeing to participate in the Federal Flexible Workplace (FW) Pilot Project. This is a very challenging and progressive effort on behalf of the Federal workforce. Your participation will be instrumental in determining the feasibility, desirability, and optimal operating procedures for the FW alternative for Federal employees.

Evaluation is a key element in this project and we are asking you and your employees to provide evaluation information about your FW experiences.

This is a one-year pilot project. We are requesting evaluation information on 3 occasions: at the beginning of the project, after 6 months, and at the end of the pilot.

Enclosed are questionnaires, answer sheets, sample answer sheets, and a pre-addressed return envelope.

If you have any questions or problems, contact your agency coordinator whose name and phone number should be listed on this package.

PLEASE COMPLETE ALL FORMS AND MAIL IN THE RETURN ENVELOPE WITHIN 5 DAYS OF RECEIPT.

YOUR RESPONSES ARE NOT SUBJECT TO AGENCY REVIEW, WILL REMAIN STRICTLY CONFIDENTIAL, WILL BE AGGREGATED WITH OTHER PARTICIPANT DATA, WILL BE USED FOR RESEARCH PURPOSES ONLY, AND WILL BE MAILED, BY YOU, DIRECTLY TO THE PROJECT EVALUATION TEAM. ACCESS TO YOUR INDIVIDUAL RESPONSES WILL BE LIMITED SOLELY TO THE PROJECT EVALUATION TEAM.

FORMS FOR SUPERVISORY EVALUATION OF INITIAL ORGANIZATIONAL UNIT PERFORMANCE

Dear Supervisor,

The enclosed evaluation materials focus on the performance and functioning of the organizational unit which you supervise. Most of the items request your evaluation of your organizational unit's performance during the most recent evaluation period. Other items request personal profile information which we are collecting from all participants and supervisors.

PRIVACY STATEMENT

The U. S. Office of Personnel Management is authorized by sections 1103, 1302, and 3301 of title 5 of the U. S. Code to collect the information requested in this document. The information you provide will be aggregated with similar information from other participants and used, in summary form, to evaluate this project. We are requesting your name in order to track, analyze, and categorize your responses during the project. No information of an individually identifiable nature will be disclosed. Furnishing your response to this document is voluntary; without your response, however, we will be unable to evaluate the feasibility of the flexible workplace option.

QUESTIONNAIRE INSTRUCTIONS

I. We are requesting that you respond to this questionnaire prior to your participation in the project, another questionnaire will be used after six months into the project, and at the end (12 months) of your participation in the project.

II. When you complete the questionnaire after six months in the project or at the end of the project, base your responses on your organizational unit's performance during the most recent six month period in the project (EVALUATION PERIOD) compared to its performance during the work year prior to the project.

**ANSWER SHEET INSTRUCTIONS
(USE THE SAMPLE ANSWER SHEET AS A GUIDE)**

I. ON THE ANSWER SHEET:

- o Use a #2 pencil only.
- o Code your name, birth date, sex, and grade (GS-level) in the indicated spaces.
- o Code your 10-digit PROJECT CODE in the grid labelled IDENTIFICATION NUMBER. Your project code should have been provided to you by your agency coordinator or by your supervisor. If you don't have your code, check with your supervisor or your coordinator.
- o At the end of this questionnaire, you will be asked to skip to answer sheet item #120 and code response "G". This code will be used by our computer program to determine which type of evaluation form is being processed.

II. When you have completed the questionnaire, check your answer sheet to ensure that you have coded all the required information and that you have followed the marking instructions for errors and stray marks.

III. Place your answer sheet in the pre-addressed envelope (DO NOT FOLD THE ANSWER SHEET) and mail.

IV. DO NOT SUBMIT PHOTOCOPIES OF YOUR COMPLETED ANSWER SHEET.

INDICATE YOUR PERSONAL ASSESSMENT OF THE ORGANIZATIONAL UNIT AS A WHOLE. FOR QUESTIONS 1-4, USE THE FOLLOWING SCALE TO RECORD YOUR RATINGS:

A	B	C	D
Minimal	Moderate	Substantial	Very Substantial

1. The amount of sick leave usage by employees
2. The amount of administrative leave granted to employees for weather-related or other work shut-down reasons
3. Effort required to supervise employees
4. Level of difficulty involved in supervising employees

FOR ITEMS 5-8, SELECT THE RESPONSE CATEGORY THAT IS CLOSEST TO YOUR INTENDED ANSWER.

5. Indicate the number of Workers' Compensation claims within your organizational unit in the past 6 months.

A. 0	F. 5
B. 1	G. 6
C. 2	H. 7
D. 3	I. 8
E. 4	J. 9 or more

6. Indicate the length of time you have supervised this organizational unit.

A. 1 to 3 months	F. 9 to 10 years
B. 1 to 2 years	G. 11 to 15 years
C. 3 to 4 years	H. 16 or more years
D. 13 to 23 months	
E. 2 to 3 years	

7. Indicate the length of your total experience as a supervisor.

A. Less than a year	F. 9 to 10 years
B. 1 to 2 years	G. 11 to 15 years
C. 3 to 4 years	H. 16 or more years
D. 5 to 6 years	
E. 7 to 8 years	

8. Total years of work experience

A. 1 to 2 years	F. 11 to 12 years
B. 3 to 4 years	G. 13 to 15 years
C. 5 to 6 years	H. 16 to 18 years
D. 7 to 8 years	I. 20 or more years
E. 9 to 10 years	

****ON YOUR ANSWER SHEET, SKIP TO ITEM #1210 AND CODE RESPONSE "I".****

**The Federal Flexible Workplace
Project
FLEXIPLACE**



**SUPERVISORY
EVALUATION OF
ORGANIZATIONAL UNIT**

Evaluation Conducted by the
U. S. Office of Personnel Management

COVER LETTER TO SUPERVISORS OF FW EMPLOYEES

Dear Supervisor,

Thank you for agreeing to participate in the Federal Flexible Workplace (FW) Pilot Project. This is a very challenging and progressive effort on behalf of the Federal workforce. Your participation will be instrumental in determining the feasibility, desirability, and optimal operating procedures for the FW alternative for Federal employees.

Evaluation is a key element in this project and we are asking you and your employees to provide evaluation information about your FW experiences.

This is a one-year pilot project. We are requesting evaluation information on 3 occasions: at the beginning of the project, after 6 months, and at the end of the pilot.

If you have any questions or problems, contact the your agency coordinator whose name and phone number should be listed on this package.

PLEASE COMPLETE ALL FORMS AND MAIL IN THE RETURN ENVELOPE WITHIN 5 DAYS OF RECEIPT.

YOUR RESPONSES ARE NOT SUBJECT TO AGENCY REVIEW, WILL REMAIN STRICTLY CONFIDENTIAL, WILL BE AGGREGATED WITH OTHER PARTICIPANT DATA, WILL BE USED FOR RESEARCH PURPOSES ONLY, AND WILL BE MAILED, BY YOU, DIRECTLY TO THE PROJECT EVALUATION TEAM. ACCESS TO YOUR INDIVIDUAL RESPONSES WILL BE LIMITED SOLELY TO THE PROJECT EVALUATION TEAM.

**FORMS FOR SUPERVISORY EVALUATION OF ORGANIZATIONAL UNIT
PERFORMANCE**

Dear Supervisor,

The enclosed evaluation materials focus on the performance and functioning of the organizational unit which you supervise. Most of the items request your evaluation of you organizational unit's performance during the most recent evaluation period. Other items request personal profile information which we are collecting from all participants and supervisors.

PRIVACY STATEMENT

This U.S. Office of Personnel Management is authorized by sections 1103, 1302, and 3301 of title 5 of the U.S. Code to collect the information you provide will be aggregated with similar information from other participants and used, in summary form, to evaluate this project. We are requesting your name in order to track, analyze, and categorize your responses during the project. No information of an individually identifiable nature will be disclosed. Furnishing your response to this document is voluntary; without your response, however, we will be unable to evaluate the feasibility of the flexible workplace option.

QUESTIONNAIRE INSTRUCTIONS

- I. We are requesting that you respond to this questionnaire on 3 separate evaluation occasions: (1) prior to your participation in the project, (2) after six months into the project, and (3) at the end (12 months) of your participation in the project.
- II. When you complete the questionnaire after six months in the project or at the end of the project, base your responses on your organizational unit's performance during the most recent six month period in the project (EVALUATION PERIOD) compared to its performance during the work year prior to the project.

ANSWER SHEET INSTRUCTIONS

(USE THE SAMPLE ANSWER SHEET AS A GUIDE)

- I. ON THE ANSWER SHEET:
 - o Read the instructions on the front of the answer sheet.
 - o Use a #2 pencil only.
 - o Code your name, birth date, and grade (GS or WG level) in the indicated spaces.

- o Code your 10-digit PROJECT CODE in the grid labelled IDENTIFICATION NUMBER. Your project code should have been provided to you by your agency coordinator. If you don't have your code, check with your coordinator.
 - o Code your occupational series in the grid labelled SPECIAL CODES. Use columns M through P for 4-digit occupational series or columns N through P for 3-digit occupational series. Do not use columns K or L for coding occupational series (see example on sample answer sheet).
 - o Code your responses to the questionnaire items in the appropriate spaces on the answer sheet.
 - o At the end of this questionnaire, you will be asked to skip to answer sheet item #120 and code response "C". This code will be used by our computer program to determine which type of evaluation form is being processed.
- II. When you have completed the questionnaire, check your answer sheet to ensure that you have coded all the required information and that you have followed the marking instructions for errors and stray marks.
- III. Place your answer sheet in the pre-addressed envelope (DO NOT FOLD THE ANSWER SHEET) and mail.
- IV. DO NOT SUBMIT PHOTOCOPIES OF YOUR COMPLETED ANSWER SHEET

REGARDING THE FACTORS IN ITEMS 1 THROUGH 16, INDICATE WHETHER, DURING THE PREVIOUS SIX MONTHS, THERE HAS BEEN IMPROVEMENT/INCREASE OR DECLINE/DECREASE ASSOCIATED WITH THE UTILIZATION OF FW IN YOUR ORGANIZATIONAL UNIT RELATIVE TO YOUR EXPERIENCE WITH THIS UNIT PRIOR TO THE FW PROJECT. FOCUS YOUR RATINGS ON THE PERFORMANCE OF YOUR ORGANIZATIONAL UNIT AS A WHOLE. FOR ITEMS 1-8, USE THE FOLLOWING SCALE FOR YOUR RATINGS:

A	B	C	D	E
Decrease	Slight Decrease	No Change	Slight Increase	Increase

-
1. The amount of sick leave usage by FW employees
 2. The amount of sick leave usage by non-FW employees
 3. The amount of administrative leave granted to FW employees for weather-related or other work shut-down reasons
 4. The amount of administrative leave granted to non-FW employees for weather-related or other work shut-down reasons

A	B	C	D	E
Decrease	Slight Decrease	No Change	Slight Increase	Increase

5. Effort required to supervise FW employees

6. Effort required to supervise non-FW employees

7. Level of difficulty involved in supervising FW employees

8. Level of difficulty involved in supervising non-FW employees

FOR ITEMS 9 THROUGH 12, SELECT THE RESPONSE CATEGORY THAT IS CLOSEST TO YOUR INTENDED ANSWER.

9. Indicate the number of Workman's Compensation claims within your organizational unit in the last six months.

- | | |
|------|--------------|
| A. 0 | F. 5 |
| B. 1 | G. 6 |
| C. 2 | H. 7 |
| D. 3 | I. 8 |
| E. 4 | J. 9 or more |

10. Indicate the length of time you have supervised this organizational unit.

- | | |
|--------------------|---------------------|
| A. 1 to 3 months | F. 4 to 6 years |
| B. 4 to 6 months | G. 7 to 10 years |
| C. 7 to 12 months | H. 11 or more years |
| D. 13 to 23 months | |
| E. 2 to 3 years | |

11. Indicate the length of your total experience as a supervisor.

- | | |
|---------------------|---------------------|
| A. Less than a year | F. 9 to 10 years |
| B. 1 to 2 years | G. 11 to 15 years |
| C. 3 to 4 years | H. 16 or more years |
| D. 5 to 6 years | |
| E. 7 to 8 years | |

12. Total years of work experience

- | | |
|------------------|---------------------|
| A. 1 to 2 years | F. 11 to 12 years |
| B. 3 to 4 years | G. 13 to 15 years |
| C. 5 to 6 years | H. 16 to 18 years |
| D. 7 to 8 years | I. 20 or more years |
| E. 9 to 10 years | |

The following items refer to costs incurred by your organization as direct result of FW Participation. We are interested in ascertaining estimates of cost difference, if any, between what you spent during the last six months of FW participation and what would be normally incurred without FW participation. For each expense category listed below, indicate

- the approximate difference, in dollars, between what your organizational unit spent during the last six months of FW participation and what normally would have been spent,
- whether the difference is an increase or decrease relative to what would have been spent, and
- the percentage (divide the difference by your estimate of the normal expenditure and multiply the result by 100) of the difference relative to normal expense

Again this information should be restricted to costs incurred during the last six months of FW participation. SELECT THE RESPONSE THAT IS CLOSEST TO YOUR INTENDED ANSWER.

AMOUNT SPENT ON ACQUISITION OF EQUIPMENT TO SUPPORT ALTERNATIVE WORK SITES

13. Difference (dollars) in amount spent relative to normal costs

- | | |
|---------------|------------------|
| A. \$0 | F. \$1100 - 1400 |
| B. 100 - 200 | G. 1500 - 1900 |
| C. 300 - 400 | H. 2000 - 3000 |
| D. 500 - 700 | I. 4000 - 5000 |
| E. 800 - 1000 | J. 6000 or more |

14. Is difference and increase or decrease relative to normal costs?

- A. Increase
- B. Decrease
- C. No difference in this expense category

15. Percentage of difference relative to normal costs

- | | |
|--------------|-----------------|
| A. 0 - 4 % | F. 25 - 29 % |
| B. 5 - 9 % | G. 30 - 34 % |
| C. 10 - 14 % | H. 35 - 39 % |
| D. 15 - 19 % | I. 40 - 44 % |
| E. 20 - 24 % | J. 45 % or more |

AMOUNT SPENT ON ACQUISITION OF FURNISHINGS FOR ALTERNATIVE WORK SITES

16. Difference (dollars in amount spent relative to normal costs

- | | |
|---------------|------------------|
| A. \$0 | F. \$1100 - 1400 |
| B. 100 - 200 | G. 1500 - 1900 |
| C. 300 - 400 | H. 2000 - 3000 |
| D. 500 - 700 | I. 4000 - 5000 |
| E. 800 - 1000 | J. 6000 or more |

17. Is difference an increase or decrease relative to normal costs?

- A. Increase
- B. Decrease
- C. No difference in this expense category

18. Percentage of difference relative to normal costs

- | | |
|--------------|-----------------|
| A. 0 - 4 % | F. 25 - 29 % |
| B. 5 - 9 % | G. 30 - 34 % |
| C. 10 - 14 % | H. 35 - 39 % |
| D. 15 - 19 % | I. 40 - 44 % |
| E. 20 - 24 % | J. 45 % or more |

19. Difference (dollars) in amount spent relative to normal costs

- | | |
|---------------|------------------|
| A. \$0 | F. \$1100 - 1400 |
| B. 100 - 200 | G. 1500 - 1900 |
| C. 300 - 400 | H. 2000 - 3000 |
| D. 500 - 700 | I. 4000 - 5000 |
| E. 800 - 1000 | J. 6000 or more |

20. Is difference an increase or decrease relative to normal costs?

- A. Increase
- B. Decrease
- C. No difference in this expense category

21. Percentage of difference relative to normal costs

- | | |
|--------------|-----------------|
| A. 0 - 4 % | F. 25 - 29 % |
| B. 5 - 9 % | G. 30 - 34 % |
| C. 10 - 14 % | H. 35 - 39 % |
| D. 15 - 19 % | I. 40 - 44 % |
| E. 20 - 24 % | J. 45 % or more |

22. Difference (dollars) in amount spent relative to normal costs

- | | |
|---------------|------------------|
| A. \$0 | F. \$1100 - 1400 |
| B. 100 - 200 | G. 1500 - 1900 |
| C. 300 - 400 | H. 2000 - 3000 |
| D. 500 - 700 | I. 4000 - 5000 |
| E. 800 - 1000 | J. 6000 or more |

23. Is difference an increase or decrease relative to normal costs?

- A. Increase
- B. Decrease
- C. No difference in this expense category

24. Percentage of difference relative to normal costs

- | | |
|--------------|-----------------|
| A. 0 - 4 % | F. 25 - 29 % |
| B. 5 - 9 % | G. 30 - 34 % |
| C. 10 - 14 % | H. 35 - 39 % |
| D. 15 - 19 % | I. 40 - 44 % |
| E. 20 - 24 % | J. 45 % or more |

AMOUNT SPENT ON MAINTENANCE/REPAIR OF EQUIPMENT OR FURNISHINGS

25. Difference (dollars) in amount spent relative to normal costs

- | | |
|---------------|------------------|
| A. \$0 | F. \$1100 - 1400 |
| B. 100 - 200 | G. 1500 - 1900 |
| C. 300 - 400 | H. 2000 - 3000 |
| D. 500 - 700 | I. 4000 - 5000 |
| E. 800 - 1000 | J. 6000 or more |

26. Is difference an increase or decrease relative to normal costs?

- A. Increase
- B. Decrease
- C. No difference in this expense category

27. Percentage of difference relative to normal costs

- | | |
|--------------|-----------------|
| A. 0 - 4 % | F. 25 - 29 % |
| B. 5 - 9 % | G. 30 - 34 % |
| C. 10 - 14 % | H. 35 - 39 % |
| D. 15 - 19 % | I. 40 - 44 % |
| E. 20 - 24 % | J. 45 % or more |

AMOUNT SPENT ON PREMIUM PAY (e.g., overtime, night differential, Sunday, and holiday pay)

28. Difference (dollars) in amount spent relative to normal costs

- | | |
|---------------|------------------|
| A. \$0 | F. \$1100 - 1400 |
| B. 100 - 200 | G. 1500 - 1900 |
| C. 300 - 400 | H. 2000 - 3000 |
| D. 500 - 700 | I. 4000 - 5000 |
| E. 800 - 1000 | J. 6000 or more |

29. Is difference an increase or decrease relative to normal costs?

- A. Increase
- B. Decrease
- C. No difference in this expense category

30. Percentage of difference relative to normal costs

- | | |
|--------------|-----------------|
| A. 0 - 4 % | F. 25 - 29 % |
| B. 5 - 9 % | G. 30 - 34 % |
| C. 10 - 14 % | H. 35 - 39 % |
| D. 15 - 19 % | I. 40 - 44 % |
| E. 20 - 24 % | J. 45 % or more |

AMOUNT SPENT ON OTHER ITEMS (Specify nature of expense).

31. Difference (dollars) in amount spent relative to normal costs

- | | |
|---------------|------------------|
| A. \$0 | F. \$1100 - 1400 |
| B. 100 - 200 | G. 1500 - 1900 |
| C. 300 - 400 | H. 2000 - 3000 |
| D. 500 - 700 | I. 4000 - 5000 |
| E. 800 - 1000 | J. 6000 or more |

32. Is difference an increase or decrease relative to normal costs?

- A. Increase
- B. Decrease
- C. No difference in this expense category

33. Percentage of difference relative to normal costs

- | | |
|--------------|-----------------|
| A. 0 - 4 % | F. 25 - 29 % |
| B. 5 - 9 % | G. 30 - 34 % |
| C. 10 - 14 % | H. 35 - 39 % |
| D. 15 - 19 % | I. 40 - 44 % |
| E. 20 - 24 % | J. 45 % or more |

34. Strictly in terms of supervising FW employees, rate the feasibility of flexiplace arrangements in your organizational unit.

- A. Feasible, but flexiplace program requires modifications
- B. Feasible, with existing program
- C. Not feasible, too difficult to supervise
- D. Not sure

Comment _____

35. In terms of meeting your organization performance objectives, rate the feasibility of flexiplace arrangements.

- A. Feasible, but flexiplace program requires modifications
- B. Feasible, with existing program
- C. Not feasible, can't meet performance objectives
- D. Not sure

Comment _____

36. In terms of costs associated with flexiplace arrangements in your organizational unit, rate the feasibility of flexiplace arrangements.

- A. Feasible and cost-effective
- B. Feasible but not very cost-effective
- C. Not feasible, too expensive
- D. Not sure

37. Considering feasibility, performance, costs, employee morale, and other relevant factors, rate the overall desirability of further implementation of the flexiplace arrangement.

- A. Desirable with substantial refinement
- B. Desirable with minimal refinement
- C. Desirable as is
- D. Undesirable
- E. Neither desirable nor undesirable
- F. Not sure

ITEMS 38 THROUGH 47 REFER TO THE FLEXIBLE WORKPLACE PARTICIPANT TRAINING YOU RECEIVED AT THE BEGINNING OF THE PROGRAM. BASE YOUR RESPONSES ON YOUR PERSONAL OPINION.

38. To what extent did your FW training help provide a successful transition to the FW arrangement?

- A. Very helpful
- B. Helpful
- C. Slightly helpful
- D. Not helpful
- E. Did not receive training

If you did not receive Flexiplace training skip items 39-52.

39. Was adequate time allotted for training?

- A. Yes
- B. No

40. Rate the coverage of the training

- A. Training covered too many topics
- B. Training covered too few topics
- C. Training coverage was adequate

41. Were there topics that you think should be added or should receive greater emphasis?

- A. Yes (specify) _____

42. Were there topics that you think should be omitted or deemphasized?

- A. Yes (specify) _____

- B. No

43. Were the training materials adequate?
- A. Adequate
 - B. Fair
 - C. Inadequate
44. Was the training environment adequate?
- A. Adequate
 - B. Fair
 - C. Inadequate
45. Was the trainer effective?
- A. Very Effective
 - B. Effective
 - C. Fair
 - D. Ineffective
46. Was the class size appropriate?
- A. yes
 - B. Too Large
 - C. Too Small
47. Was the method of presentation effective?
- A. Very Effective
 - B. Effective
 - C. Fair
 - D. Ineffective

ITEMS 48 THROUGH 52 REFER TO THE FLEXIBLE WORKPLACE FOCUS GROUPS WHICH YOU ATTEND.

48. To what extent is your FW focus group helpful to your FW participation?
- A. Very helpful
 - B. Helpful
 - C. Slightly helpful
 - D. Not helpful
 - E. Do not belong to a FW focus group

- A. Unnecessarily frequent
B. Not sufficiently frequent
C. Frequency is appropriate

- A. Too long
B. Too short
C. Just right

- A. Very effective Comment _____
B. Effective _____
C. Slightly effective _____

- A. Excellent Comment _____
B. Good _____
C. Ineffective _____

****ON YOUR ANSWER SHEET, SKIP TO ITEM #120 AND CODE RESPONSE "C".****

**The Federal Flexible Workplace
Project
FLEXIPLACE**



**SUPERVISORY EVALUATION
OF FW/CONTROL
EMPLOYEE PERFORMANCE**

Evaluation Conducted by the
U. S. Office of Personnel Management

COVER LETTER TO SUPERVISORS OF FW EMPLOYEES

Dear Supervisor,

Thank you for agreeing to participate in the Federal Flexible Workplace (FW) Pilot Project. This is a very challenging and progressive effort on behalf of the Federal workforce. Your participation will be instrumental in determining the feasibility, desirability, and optimal operating procedures for the FW alternative for Federal employees.

Evaluation is a key element in this project and we are asking you and your employees to provide evaluation information about your FW experiences.

This is a one-year pilot project. We are requesting evaluation information on 3 occasions: at the beginning of the project, after 6 months, and at the end of the pilot.

Enclosed are questionnaires, answer sheets, sample answer sheets, and a pre-addressed return envelope.

If you have any questions or problems, contact your agency coordinator whose name and phone number should be listed on this package.

PLEASE COMPLETE ALL FORMS AND MAIL IN THE RETURN ENVELOPE WITHIN 5 DAYS OF RECEIPT.

YOUR RESPONSES ARE NOT SUBJECT TO AGENCY REVIEW, WILL REMAIN STRICTLY CONFIDENTIAL, WILL BE AGGREGATED WITH OTHER PARTICIPANT DATA, WILL BE USED FOR RESEARCH PURPOSES ONLY, AND WILL BE MAILED, BY YOU, DIRECTLY TO THE PROJECT EVALUATION TEAM. ACCESS TO YOUR INDIVIDUAL RESPONSES WILL BE LIMITED SOLELY TO THE PROJECT EVALUATION TEAM.

FORMS FOR SUPERVISORY EVALUATION OF FW CONTROL EMPLOYEE PERFORMANCE

Dear Supervisor,

Please use the following instructions to provide job performance ratings for your subordinates who are participating in the flexible workplace (FW) project as FW employees or as control employees. USE A SEPARATE ANSWER SHEET FOR EACH PARTICIPATING SUBORDINATE. If you do not have enough answer sheets, contact you agency FW project coordinator.

RATING INSTRUCTIONS

- I. Regardless of whether you are supervising FW or control employees, you are being asked to submit performance rating information on three separate evaluation occasions:
 - (1) At the beginning of the FW project in your organization- Ratings should cover employee performance during the six months immediately preceeding implementation of the FW project.
 - (2) After six months in the project - Ratings should cover employee performance during the first six months of the project.
 - (3) After 12 months (end of project) - Ratings should cover employee performance during the final six months of the project.
- II. The ratings you submit should cover the specified rating period only.
- III. Except where requested, do not be influenced by the employee's prior performance and ratings associated with periods prior to that covered by this form. Avoid over-generalizing; evaluate the employee honetly and accurately for each separate rating.

IMPORTANT: THE PERFORMANCE RATINGS REQUESTED IN THIS DOCUMENT ARE FOR RESEARCH PURPOSES ONLY. THEY ARE NOT OFFICIAL EMPLOYEE PERFORMANCE APPRAISALS, ARE NOT SUBJECT TO REGULATIONS GOVERNING OFFICIAL PERFORMANCE APPRAISALS, AND WILL HAVE NO BEARING ON OFFICIAL PERFORMANCE APPRAISALS.

PRIVACY STATEMENT

The U.S. Office of Personnel Management is authorized by sections 1103, 1302, and 3301 of title 5 of the U.S. Code to collect the information requested in this document. The information you provide will be aggregated with similar information from other participants and used, in summary form, to evaluate this project. We are requesting your name in order to track, analyze, and categorize your responses during the project. No information of an individually identifiable nature will be disclosed. Furnishing your responses to this document is voluntary; without your response, however, we will be unable to evaluate the feasibility of the flexible workplace option.

PLEASE COMPLETE ALL FORMS AND MAIL IN THE RETURN ENVELOPE WITHIN 5 DAYS OF RECEIPT.

YOUR RESPONSES ARE NOT SUBJECT TO AGENCY REVIEW, WILL REMAIN STRICTLY CONFIDENTIAL, WILL BE AGGREGATED WITH OTHER PARTICIPANT DATA, WILL BE USED FOR RESEARCH PURPOSES ONLY, AND WILL BE MAILED, BY YOU, DIRECTLY TO THE PROJECT EVALUATION TEAM, ACCESS TO YOUR INDIVIDUAL RESPONSES WILL BE LIMITED SOLELY TO THE PROJECT EVALUATION TEAM.

If you have any questions, contact the agency coordinator whose name and phone number are listed on the cover of this material.

ANSWER SHEET INSTRUCTIONS

I. ON THE ANSWER SHEET:

- o Read instruction on the front of the answer sheet
- o Use a # 2 pencil only.
- o Code your name, birth date, sex, and grade (GS-level) in indicated spaces.
- o Code your 10-digit PROJECT CODE in the grid labelled IDENTIFICATION NUMBER. Your project code should have been provided to you by your agency coordinator or by your supervisor. If you don't have your code, check with your supervisor or your coordinator.
- o In the grid labelled SPECIAL CODES, code the last six digits of the project code of the employee being rated.
- o Code your responses to the questionnaire items in the appropriate spaces on the answer sheet.
- o At the end of this questionnaire, you will be asked to skip to answer sheet item #120 and code response "D". This code will be used by our computer program to determine which type of evaluation form is being processed.

- II. When you have completed the questionnaire, check your answer sheet to ensure that you have coded all the required information and that you have followed the marking instructions for errors and stray marks.
- III. Place your answer sheet in the pre-addressed envelope (DO NOT FOLD THE ANSWER SHEET) and mail.
- IV. DO NOT SUBMIT PHOTOCOPIES OF YOUR COMPLETED ANSWER SHEET

EMPLOYEE PERFORMANCE QUESTIONNAIRE

USE THE FOLLOWING SCALE TO RATE THE FW OR CONTROL EMPLOYEE ON THE FACTORS DESCRIBED BELOW:

A	B	C	D	E
Unsatisfactory	Somewhat Less Than Satisfactory	Satisfactory	Somewhat More Than Satisfactory	Excellent

1. Quality - The extent to which, on consistent basis during the evaluation period, the quality of the employee's work met the generally applied standards in your office or reasonable expectations.
2. Quantity - The extent to which, on a consistent basis during the evaluation period, the quantity of the employee's work met the generally applied standards in your office or reasonable expectations.
3. Timeliness - The extent to which, on a consistent basis during the evaluation period, the timeliness of the employee's work met the generally applies standards in your office or reasonable expectations.
4. Interpersonal Disposition - The extent to which, on a consistent basis during the evaluation period, the employee was pleasant/cooperative to work with.
5. Independence - The extens to which, on a consistent basis during the evaluation period, the employee handled work assignments with the independence generlly expected for the employee's experience, work assignments, and conditions in your office.
6. Currency of KSA'S - The extent to which, during the evaluation period, the employee's knowledge, skills and

abilities were up-to-date.

7. Availability - The extent to which, on a consistent basis
Accessibility during the evaluation period, the employee
was available/accessible for the timely
conduct of business.
8. Overall - The overall job performance during this
evaluation period.
9. The quality of this employee's relationships with co-workers
10. The quality of your relationship with this employee.
11. The effectiveness of communication between you and this
employee.
12. The effectiveness of communication between this employee and
co-workers
-
13. Indicate the length of time you have supervised this employee.
(Select the response category closest to your intended answer)
- | | |
|-------------------|--------------------|
| A. 1 to 3 months | F. 4 years |
| B. 4 to 6 months | G. 5 years |
| C. 7 to 12 months | H. 6 years |
| D. 2 years | I. 7 years |
| E. 3 years | J. 8 or more years |

*** If the work performed by the employee can be routinely measured by numbers of work products completed in a given time period and the resulting numbers are fair and accurate measures of employee performance, please provide a summary of these numbers to us in the form typically used. Enclose the summary in the return envelope along with your completed answer sheet. ***

THE FOLLOWING ITEMS SHOULD BE COMPLETED ONLY AFTER 6 OR 12 MONTHS IN THE PROJECT. IF YOU ARE COMPLETING THIS QUESTIONNAIRE AT THE BEGINNING OF THE PROJECT, PLEASE SKIP TO THE CODING INSTRUCTION AT THE END OF THIS QUESTIONNAIRE.

ITEMS 14-27 REFER TO THE PRECEDING RATING FACTORS. FOR EACH OF THESE FACTORS, INDICATE WHETHER, DURING THE RATING PERIOD UNDER CONSIDERATION, THERE HAS BEEN IMPROVEMENT/DECLINE IN THE EMPLOYEE'S PERFORMANCE RELATIVE TO THE EMPLOYEE'S PERFORMANCE DURING THE WORK YEAR PRIOR TO THE FW PROJECT. USE THE FOLLOWING SCALE FOR YOUR RATINGS:

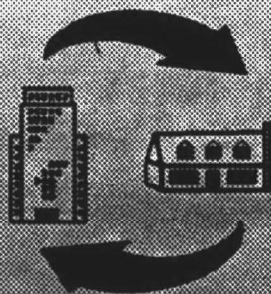
A	B	C	D	E
Decline	Slight Decline	No Change	Slight Improvement	Improvement

-
14. Quality
 15. Quantity
 16. Timeliness
 17. Interpersonal Disposition
 18. Independence
 19. Currency
 20. Availability/Accessibility
 21. Overall
 22. Chances for promotion
 23. Quality of relationship with co-workers
 24. Quality of relationship with you
 25. Effectiveness of communication between you and this employee
 26. Effectiveness of communication between this employee and co-workers.

27. Comparing this employee's sick leave usage during the past six months with that of the same period during previous year, which one of the following is true (exclude catastrophic long-term illness or pregnancy)?
- A. Recent use of sick leave was generally higher than in the previous year
 - B. Recent use of sick leave was generally lower than in the previous year
 - C. Recent use of sick leave was generally the same as in the previous year
 - D. Cannot make determination

****ON YOUR ANSWER SHEET, SKIP TO ITEM #120 AND CODE RESPONSE "D".****

**The Federal Flexible Workplace
Project
FLEXIPLACE**



**Evaluation Materials
for
Local Unions**

**Evaluation Conducted by the
U. S. Office of Personnel Management**

**FLEXIPLACE QUESTIONNAIRE FOR LOCAL UNIONS
INSTRUCTIONS AND SAMPLE ANSWER SHEET**

GENERAL INSTRUCTIONS

To be administered to the Local Union Representative after the first six months and again after the final six months of this pilot.

The Federal Government is conducting a one-year pilot project of flexible workplace (FW) arrangements in which Federal employees perform substantial amounts of their officially assigned work at home, at satellite offices, or at some other location away from their conventional office sites. The project evaluation team is interested in the reactions of local unions who represent employees participating in the project.

Enclosed is a brief questionnaire and pre-addressed return envelope. The questionnaire focuses on the quality of your involvement in the local project and your perceptions of the progress of the project.

Evaluations will occur at the middle and end of the one-year project. Generally, your evaluation should reflect your experience with the FW project during the previous six months.

Please complete all forms and mail in the return envelope within 5 days of receipt.

Your responses are not subject to Agency review, will remain strictly confidential, will be used for research purposes only, and will be mailed, by you, directly to the project evaluation team. Access to your individual responses will be limited solely to the project evaluation team.

If you have any questions, contact the agency coordinator whose name and phone number are listed on the cover of this material.

LOCAL UNION FLEXIPLACE EVALUATION QUESTIONNAIRE

Please submit your responses, typed, on this form and/or on additional sheets of paper.

1. Agency: _____

2. Location: _____

3. Union: _____

4. Was your union provided an adequate opportunity to participate in planning/designing local aspects of the flexiplace project at this agency?

Yes: _____ No: _____

Comments:

5. Did your union agree to the specifics established for the flexiplace project at this agency?

Yes: _____ No: _____

Comments:

6. To what extent has your union monitored progress of the project?

7. Please evaluate the impact, if observed, of the project on the following:

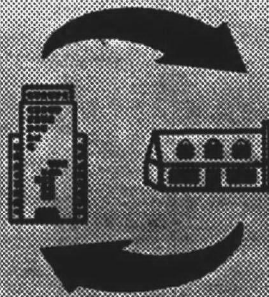
* Participating employees _____

* Supervisors of participants _____

* Your union _____

8. Recommendations

**The Federal Flexible Workplace
Project
FLEXIPLACE**



**CUSTOMER/CLIENT
EVALUATION**

Evaluation Conducted by the
U. S. Office of Personnel Management

QUESTIONNAIRE FOR CUSTOMERS/CLIENTS OF FLEXIBLE WORKPLACE EMPLOYEES

**-----
GENERAL INSTRUCTIONS**

To be administered to Federal employees who have work-based customer/client interrelationships with flexible workplace employees (1) at implementation (2) after the first six months (3) after the final six months.

The Federal Government is conducting a one-year pilot project of flexible workplace (FW) arrangements in which selected Federal employees perform substantial amounts of their officially assigned work at home, at satellite office, or at some other location away from their conventional office sites. The project evaluation team is interested in the reactions of non-participating individuals who regularly receive services, work products, consultations, etc. from an FW participant and who have been receiving these services since at least 3 months prior to the FW project implementation. Examples of such individuals include clients, customers, certain co-workers, and certain subordinates of FW participants. Such individuals do not include supervisors of FW participants, or employees designated as control respondents.

You have been identified as such a respondent; the project team appreciates your cooperation with this effort.

Enclosed is a brief questionnaire, answer sheet, sample answer sheet, and pre-addressed return envelope. The questionnaire focuses on your evaluation of services received from the JFW participant identified on the sample answer sheet.

RATING INSTRUCTIONS

I. You will be asked to submit your ratings on three separate occasions: at the beginning of the project, after six months, and at the end of the project.

(1) At the beginning of the FW project - ratings should cover services received during the six months immediately preceding implementation of the FW project. On this occasions, skip items 9-14.

(2) After six months in the project - ratings should cover services received during the first six months of the project.

(3) After 12 months (end of the project) - ratings should cover services received during the final six months of the project.

II. The ratings you submit should cover the specified evaluation period only.

III. Except where requested, do not be influenced by employee's job performance associated with periods prior to that covered by this form. Avoid over-generalizing; evaluate the services honestly and accurately for each separate rating.

PRIVACY STATEMENT

The U. S. Office of Personnel Management is authorized by sections 1103, 1302, and 3301 of title 5 of the U. S. Code to collect the information requested in this document. The information you provide will be aggregated with similar information from other participants and used, in summary form, to evaluate this project. We are requesting your name in order to track, analyze, and categorize your responses during the project. No information of an individually identifiable nature will be disclosed. Furnishing your response to this document is voluntary; without your response, however, we will be unable to evaluate the feasibility of the flexible workplace option.

PLEASE COMPLETE ALL FORMS AND MAIL IN THE RETURN ENVELOPE WITHIN 5 DAYS OF RECEIPT.

YOUR RESPONSES ARE NOT SUBJECT TO AGENCY REVIEW, WILL REMAIN STRICTLY CONFIDENTIAL, WILL BE AGGREGATED WITH OTHER PARTICIPANT DATA, WILL BE USED FOR RESEARCH PURPOSES ONLY, AND WILL BE MAILED, BY YOU, DIRECTLY TO THE PROJECT EVALUATION TEAM. ACCESS TO YOUR INDIVIDUAL RESPONSES WILL BE LIMITED SOLELY TO THE PROJECT EVALUATION TEAM.

If you have any questions, contact the agency coordinator whose name and phone number are listed on the cover of this material.

ANSWER SHEET INSTRUCTIONS
(USE THE SAMPLE ANSWER SHEET AS A GUIDE)

I. ON THE ANSWER SHEET:

- o Use a #2 pencil only.
- o Code your name and grade (GS-level) in the indicated spaces
- o Code your 10-digit PROJECT CODE in the grid labelled IDENTIFICATION NUMBER. Your project code should have been provided to you by your agency coordinator or by your supervisor. If you don't have your code, check with your supervisor or your coordinator.
- o In the grid labelled SPECIAL CODES, code the last six digits of the project code of the employee being rated. These six digits should be indicated on the sample answer sheet. If not indicated, contact your agency coordinator.
- o Code your responses to the questionnaire items in the appropriate spaces on the answer sheet.
- o At the end of this questionnaire, you will be asked to skip to answer sheet item #1'20 and code response "H". This code will be used by our computer program to determine which type of evaluation form is being processed.

II. When you have completed the questionnaire, check your answer sheet to ensure that you have coded all the required information and that you have followed the marking instructions for errors and stray marks.

III. Place your answer sheet in the pre-addressed envelope (DO NOT FOLD THE ANSWER SHEET) and mail.

IV. DO NOT SUBMIT PHOTOCOPIES OF YOUR COMPLETED ANSWER SHEET.

CUSTOMER/CLIENT QUESTIONNAIRE

USE THE FOLLOWING SCALE TO EVALUATE THE SERVICES YOU RECEIVED DURING THE PAST SIX MONTHS:

- A Unsatisfactory
- B Somewhat less than satisfactory
- C Satisfactory
- D Somewhat more than satisfactory
- E Excellent

1. Quality - The extent to which, on a consistent basis during the evaluation period, the quality of the services met generally applied standards or reasonable expectations.
2. Quantity - The extent to which, on a consistent basis during the evaluation period, the quantity of the services met generally applied standards or reasonable expectations.
3. Timeliness - The extent to which, on a consistent basis during the evaluation period, the timeliness of the service delivery met generally applied standards or reasonable expectations.
4. Interpersonal Disposition - The extent to which, on a consistent basis during the rating period, the employee was pleasant/cooperative to work with.
5. Availability/Accessibility - The extent to which, on a consistent basis during the rating period, the employee was available/accessible for the timely conduct of business.
6. The effectiveness of communication between you and this employee.
7. Indicate the nature of your work-based interrelationship with the FW employee (select the response closest to your intended answer).
 - A. Employed in the same organizational unit
 - B. Employed in different organizational units in same agency
 - C. Employed in different agencies
 - D. Other (specify) _____

8. Indicate the total length of time you have received services from this FW employee.

- A. 2 months or less
- B. 3 to 5 months
- C. 6 to 12 months

- D. 2 to 3 years
- E. 4 or more years

ITEMS 9-14 REFER TO THE PRECEDING RATING FACTORS. FOR EACH OF THESE FACTORS, INDICATE WHETHER, DURING THIS EVALUATION PERIOD, THERE HAS BEEN IMPROVEMENT/DECLINE IN THE EMPLOYEE'S PERFORMANCE RELATIVE TO THE EMPLOYEE'S PERFORMANCE DURING THE WORK YEAR PRIOR TO PARTICIPATION IN FLEXIPLACE. USE THE FOLLOWING SCALE FOR YOUR RATINGS:

- A. Decline
- B. Slight Decline
- C. No Change

- D. Slight Improvement
- E. Improvement

9. Quality

10. Quantity

11. Timeliness

12. Interpersonal Disposition

13. Availability/Accessibility

14. Effectiveness of communication between you and this employee

****ON YOUR ANSWER SHEET, SKIP TO ITEM #120 AND CODE RESPONSE "H"****

**PROCEDURES FOR TERMINATION OR TRANSFER OF PARTICIPATION PRIOR TO
PROJECT COMPLETION
INSTRUCTIONS AND TERMINATION FORMS**

Termination

It is very important that the project evaluation team and the agency coordinator are properly and promptly notified whenever an FW employee decides to terminate participation or is, otherwise, terminated from the project prior to project completion. For all such termination cases, the following actions should be taken:

- (1) The termination FW employee should complete the employee termination form (attached) and mail, directly, to the project evaluation team.
- (2) The supervisor of the terminating FW employee should complete the Project termination form for supervisors (attached) and mail, directly, to the project evaluation team.
- (3) The supervisor should notify the agency coordinator.

The project evaluation team will use this information for research purposes only and needs both sets of information for adequate program evaluation.

Transfers

This section discusses procedures to be followed whenever there are job position changes (transfers) that may affect FW participation. Examples of such transfers are:

- o The FW employee transfers to a different job and/or organizational unit
- o The supervisor of an FW employee transfers to a different job
- o The FW employee is assigned a new supervisor

Whenever such transfers or position changes occur, the following actions should be taken:

- (1) If the change results in a new supervisor for the FW employee and the employee is continuing FW participation, the new supervisor should be provided orientation/training, scheduled for focus group attendance, and given any relevant information/materials associated with progress of the project. The agency coordinator should be notified.

- (2) If the change results in participation termination for one or more FW employees, termination procedures discussed in the previous section should be followed for each employee affected.

**PARTICIPATION TERMINATION FORM FOR TERMINATION PRIOR TO
PROJECT COMPLETION**

**FEDERAL FLEXIBLE WORKPLACE PROJECT (TO BE COMPLETED BY FW
EMPLOYEE)**

NAME _____

SSN _____

PROJECT CODE _____

AGENCY _____

AGENCY LOCATION _____

My participation in the Flexible Workplace Project is
terminating, prior to project completion, because

Comment/Recommendation _____

(ATTACH ADDITIONAL SHEETS OF PAPER IF NECESSARY)

PLEASE MAIL THIS COMPLETED FORM ALONG WITH ANY ATTACHMENTS TO:

DR. CHERI BRIDGEFORTH
U. S. OFFICE OF PERSONNEL MANAGEMENT
OPRD, ROOM 6462
WASHINGTON, D.C. 20415

YOU MAY USE THE EVALUATION RETURN ENVELOPE IF AVAILABLE

PRIVACY STATEMENT

The U. S. Office of Personnel Management is authorized by sections 1103, 1302, and 3301 of title 5 of the U. S. Code to collect the information requested in this document. The information you provide will be aggregated with similar information from other participants and used, in summary form, to evaluate this project. We are requesting your name and social security number in order to accurately track, analyze, and categorize your responses during the project. Executive Order 9397 authorizes collection of your social security number. No information of an individually identifiable nature will be disclosed. Furnishing your response, including your social security number, to this document is voluntary; without your response, however, we will be unable to adequately evaluate the feasibility of the flexible workplace option.

**PARTICIPATION TERMINATION FORM FOR TERMINATION PRIOR TO
PROJECT COMPLETION**

**FEDERAL FLEXIBLE WORKPLACE PROJECT (TO BE COMPLETED BY
SUPERVISOR)**

TERMINATING EMPLOYEE NAME _____

SSN _____ **PROJECT CODE** _____

AGENCY _____

AGENCY LOCATION _____

The Flexible Workplace participation of this employee is
terminating, prior to project completion, because:

Comment/Recommendation _____

(ATTACH ADDITIONAL SHEETS OF PAPER IF NECESSARY)

SUPERVISOR NAME _____

PLEASE MAIL THIS COMPLETED FORM ALONG WITH ANY ATTACHMENT TO:

DR. WENDELL JOICE
U. S. OFFICE OF PERSONNEL MANAGEMENT
OPRD, ROOM 6462
WASHINGTON, D.C. 20415

YOU MAY USE THE EVALUATION RETURN ENVELOPE IF AVAILABLE

PRIVACY STATEMENT

The U. S. Office of Personnel Management is authorized by sections 1103, 1302, 3301 of title 5 of the U. S. Code to collect the information requested in this document. The information you provide will be aggregated with similar information from other participants and used, in summary form, to evaluate this project. We are requesting your name and social security number in order to track, analyze, and categorize your responses during the project. No information of an individually identifiable nature will be disclosed. Furnishing your response to this document is voluntary; without your response, however, we will be unable to evaluate the feasibility of the flexible workplace option.