## **Appendix 1.11: Role Viability Checklist**

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| **Hybrid Working Viability Checklist** |
| **NAME OF EMPLOYEE (BLOCK CAPITALS):**  |
|  | **Operational requirements** | **Yes / No** | **If you answer No, provide comments and required actions** |
| 1 | Can service and student needs be met during hybrid working? | Yes [ ]  No[ ]  |  |
| 2 | Can the efficiency of the office/service be maintained during hybrid working? | Yes [ ]  No[ ]  |  |
| 3 | Is it possible for the employee’s work to be done during hybrid working? | Yes [ ]  No[ ]  |  |
| 4 | Can all of the employee’s current activities be done while working remotely? | Yes [ ]  No[ ]  |  |
| 5 | Can the employee’s work be supervised effectively? | Yes [ ]  No[ ]  |  |
| 6 | Can the employee engage effectively in team and cross-functional work during hybrid working? | Yes [ ]  No[ ]  |  |
| 7 | Are sufficient arrangements in place for you to contact the employee easily? | Yes [ ]  No[ ]  |  |
|  | **Health & Safety** | **Yes/No** |  |
| 8 | Can the employee’s safety and wellbeing be maintained during hybrid working? | Yes [ ]  No[ ]  | If you answer No, provide further details:  |
| 9 | Does the employee want/is suitable for hybrid work? | Yes [ ]  No[ ]  | If you answer No, provide further details: |
| 10 | Are reasonable accommodations required for the employee? Note: consult with HR about this. | Yes [ ]  No[ ]  | If you answer Yes, provide further details: |
|  | **Data Protection / Business Confidentiality** |  |  |
| 11 | Are you satisfied that personal data and business confidentiality are adequately protected to permit the employee to work from home? Note: please consult with the Data Protection Officer if you require advice. | Yes ☐ No | Explain your answer: |
| **Line Manager Decision** |
| Is hybrid working viable? Yes [ ]  No [ ] If your answer is YES, list any criteria or conditions: If your answer is NO, provide a reason: **If you answer No, provide comments and further details** |
| **Signatures** |
| Employee signature  | Date  |
| Line Manager Name (BLOCK CAPITALS)  | Date |
| Line Manager Signature **Line managers: send this form via email to** **hr@carlowcollege.ie** |
| **HR Sign-Off for File** |
| HR Signature | Date |
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