## **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**](mailto:hr@carlowcollege.ie) | | | | |
| **HR Sign-Off for File** | | | | |
| HR Signature | | | Date | |
|  | | | | |