



University of Maryland Libraries

Library Staff Pre-Telework Survey

This survey has been designed to assess your need, preparedness, and expectations of the Library's Telework Program. Individual responses are confidential and will only be used to assess the value and development of the Telework Program for Library staff.

Name: _____

Position: _____ Supervisor: _____

Library location: _____ Office phone Number: _____

Please answer each question as completely as possible.

1. How do you currently commute to work?
(Please check what applies to you and give the number of days)
 A ___ Drive alone B ___ Car pool C ___ Van pool D ___ Bus
 E ___ Walk F ___ Bicycle G ___ Motorcycle/bike
2. What is the round-trip distance from your home to work location? ____ miles
3. What is your normal start at work? _____(A) AM / (B) PM
4. What is your normal end time? _____(A) AM / (B) PM
5. How many days per week do you expect to telework? _____
6. Please indicate the equipment you currently have to telework
 A ___ Computer B ___ Printer C ___ Modem
 D ___ Electronic Mail E ___ Software F ___ Fax Machine
 G ___ Speakerphone H ___ Two-line phone I ___ Internet Access
7. After checking ITD specifications for access please indicate what equipment you will need to get in order to access your work through the Libraries.
 A _____ B _____
 C _____ D. _____
8. If you need additional equipment do you plan to purchase this additional equipment to facilitate teleworking? A _____ Yes B _____ No
9. Do you currently have a second telephone line? A _____ Yes B _____ No

10 Do you plan to acquire an additional telephone line? A _____ Yes B _____ No

11 Do you already take work home? (check all that apply)
A ___ During the day B ___ During the evening C _____ During the weekend

If so, how often do you take work home?

A _____ days/weeks B _____ evenings/week C _____ weekends/month

12 Does the idea of telework make you feel uneasy or uncomfortable about getting your work finished on time? A ___ Not at all B _____ A little C _____ A lot

13 How much do you think telework will favorably affect the quality of your work?
A _____ None (remains the same) B _____ A little C _____ A lot

14 Do you think telework will help you better manage the time you spend on your work? A _____ No (remains the same) B _____ A little C _____ A lot

15 Are you concerned if, the relationship might change between you and your supervisor after you begin teleworking? A ___ Not concerned at all
B ___ A Little concerned C _____ Very concerned

Please explain _____

16 Do you think telework will help you spend more time working on tasks and objectives? A __Not at all B __ A Little C __ Much more time

17 What benefits do you anticipate as a result of telework? (Check all that apply)
a. __ Increase productivity b. __ Better morale
c. __ Minimize stressful commute d. __ Ability to try new ways of working
e. __ Improvement in communication skills
f. __ Ability to complete large tasks in large blocks of time
g. __ Other (Please specify) _____

18 Do you think you will need training to telework? A __ Yes B __ No
If Yes, Explain what you feel you need in training.

19. Keeping in mind that telework is a long-term commitment, how long are you willing to do so?

A. _____ 6 months B. _____ 9 Months C. _____ 10 months
D. _____ 12 Months E. _____ 15 Months D. _____ 18 months

If you wish to telework for a longer period of time please specify. _____
