



OFFICE OF PERSONNEL & LABOR RELATIONS

CITY OF SYRACUSE, MAYOR BEN WALSH

TELEWORKING EVALUATION

Donna D. Briscoe
Director

Employee Information

Name: _____ Evaluation Date: _____

Job title: _____

Department: _____

Supervisor's Expectations (from Teleworking Agreement):

1. _____

Has this expectation been met? Explain. _____

2. _____

Has this expectation been met? Explain. _____

3. _____

Has this expectation been met? Explain. _____

4. _____

Has this expectation been met? Explain. _____

5. _____

Has this expectation been met? _____

Do you recommend continuing Teleworking Agreement with employee? _____

Supervisor Signature

Date

Department Head Signature

Date

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