**STATE TELEWORK PROGRAM**

**Telework Program Evaluation Form**

**Instructions:** The information requested on this form will be used to help the Maryland Department of Budget and Management (DBM) evaluate the effectiveness of the State Telework Program.

- This form is to be completed at the time of the initial telework agreement and at anytime there is a change in the information below.
- Telework Coordinators are responsible for collecting Telework Program Evaluation forms from all of their agency’s teleworkers and submitting them to the State Telework Program Coordinator within 30 days of any initial agreement or change in information.

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**Reporting Period (month/year): ________________________

1. Name of Teleworker: ________________________________________________  
   First MI Last

2. Department Name:__________________________________________________________

3. Work Site Location (city/state): ________________________________________________

4. Number of miles between your home and work site location (one way):____________ Avg. Miles Per Gallon: _________

5. How do you usually commute on non-telework days:  
   _____ Drive Alone   _____ Carpool/Vanpool   _____ Transit (bus or rail)   _____ Bike/Walk

6. Do you normally commute through any of the following corridors on non-telework days (check as many as apply):  
   _____ Washington Beltway (495)   _____ Baltimore Beltway (695)   _____ Baltimore/Washington Parkway (295)  
   _____ I-270   _____ I-95   _____ I-83

7. Telework activity for the current reporting period:

<table>
<thead>
<tr>
<th>Telework Site</th>
<th>Location (City/State)</th>
<th>Number of Days Teleworked per Month</th>
<th>Average Number of Hours per Workday</th>
<th>Total Number of Miles From Home to Telework Site (one-way)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>TELEWORK CENTER</td>
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<tr>
<td>SATELLITE OFFICE</td>
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<tr>
<td>OTHER</td>
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