UNITED STATES DEPARTMENT OF AGRICULTURE
Farm Service Agency
Washington, DC 20250

Notice PM-2178

For: RMA Field Office Employees

Evaluating the RMA Flexiplace Pilot Program

Approved by: Acting Deputy Administrator, Management

1 Overview

A Background

In July 1999, Notice PM-2121 announced the RMA Flexiplace Pilot Program, and Notice PM-2159 extended the pilot program until June 30, 2000.

B Purpose

This notice requests RMA Field Office employees to evaluate the RMA Flexiplace Pilot Program.

C Contacts

Direct any questions about this notice to either of the following:

- Susan Brown, 202-418-9039, TDD 202-418-9116
- Charles Soisson, 202-418-9000.

2 Action

A RMA Field Office Employee Action

All RMA Field Office employees, except Kansas City, should:

- complete the evaluation in Exhibit 1, even if they did not participate in the program

  Note: All answers will be kept confidential.

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Disposal Date	Distribution
July 1, 2000	All RMA Field Office Employees; Except Kansas City

2 Action (Continued)

A
RMA Field Office Employee Action (Continued)

- return the evaluation by 1 of the following:
  - mail to:

    Susan Brown RMA Field Flexiplace Evaluation
    USDA FSA HRD PMBAB STOP 0595
    1400 INDEPENDENCE AVE SW
    WASHINGTON DC 20250-0595

  - FAX to 202-418-9129
  - e-mail to susan_brown@wdc.fsa.usda.gov.

Notes: An electronic copy may be found at http://dc.ffasintranet.usda.gov/hrd/flexipla.htm.

All evaluations should be completed and received by COB, Wednesday, May 10, 2000.

B
Regional Office and Compliance Office Director Action

Regional Office and Compliance Office Directors shall also submit a list of flexiplace participants that includes the following:

- name
- grade
- title
- type of flexiplace
- number of days on flexiplace.

This report is requested in the event HRD did not receive flexiplace agreements on participants and to capture any data on short-term flexiplace participants.

RMA Field Pilot Flexiplace Evaluation

RMA FIELD PILOT FLEXIPLACE EVALUATION Response Due Date: May 10, 2000	**Return This Evaluation To:** **By Mail:** USDA-FSA-HRD-PMBAB-STOP 0595 ATTN: Susan Brown-RMA Field Flexiplace Evaluation 1400 Independence Ave., SW Washington, D.C. 20250 **Or By FAX:** (202) 418-9129 **No. of Pages:**_____

Part A: To Be Completed by All RMA Field Employees

You have been asked to evaluate the pilot Flexiplace program in RMA. Please note that **all survey responses are kept confidential.** All employees, including supervisors and managers, please answer questions 1 and 2 below. After completing question 2, you will be given directions to proceed to other parts of the survey that are applicable to your situation.

1. Please fill in the amount of your work which is portable: _____% of my work is portable.
(Portable work is work which is not dependent on the location to be accomplished. Examples include: telephone calls, reading journals, report writing, computer-oriented tasks like programming, data entry, and word processing.

2. I am currently in a Flexiplace program. . . . . YES ☐ NO ☐

STOP!! If you answered **YES to item 2**, go to Part B to continue the survey. If you answered **NO,** continue with question 3 below:

3. Employees do not participate in Flexiplace for many reasons. Please answer this section on why you are not participating. **Check off** as many reasons that apply to your personal situation.

a	Don't want to		j	No one else in my office does it	
b	Don't have enough "portable" work		k	My boss always wants me here	
c	Would miss office atmosphere		l	Have too many meetings here	
d	Would miss colleagues		m	Doesn't fit in with personal lifestyle	
e	Don't want to work at home		n	Will be perceived as less than serious about my work	
f	Tried it and didn't like it		o	Too complicated to set up	
g	No longer have medical need for accommodation		p	Afraid I would get little work done	
h	Three days a week is not enough to make Flexiplace worthwhile		q	Technical problems logging on in the past	
i	Portable work I have is unpredictable		r		

Other (please explain):

STOP!! If you are a supervisor or manager who does not participate in Flexiplace and
1. **does not** have employees that participate in Flexiplace, **go to Part C** to continue the survey, or
2. **does** have employees that participate in Flexiplace, **go to Part D** to continue the survey.

Other employees who do not participate in Flexiplace, your part of this survey is complete. Thank you for your time! Your results will be tabulated as soon as possible. Mail or FAX this page according to the instructions at the top of page 1.

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RMA Field Pilot Flexiplace Evaluation (Continued)

Part B - To be Completed by Flexiplace Participants Only

While participating in the Pilot program, many people say they are more productive, citing such factors as fewer distractions, more comfortable and quieter environment, less commuting time and stress. Others believe they are less productive, citing such factors as need to socialize with colleagues, need for personal oversight and supervision, or difficulty in accessing the LAN.

1. While participating in the Pilot Program, I have improved my work productivity. . . . . Yes ☐ No ☐ No Change ☐

2. Please check off where your work productivity has improved:

a	I can do more in same amount of time.	
b	I am able to think more clearly.	
c	There are fewer distractions.	
d	For me, working "offline" is faster and more efficient.	
e	I organize my work time more efficiently.	
Other (please explain):		

3. Please check off where your work productivity has been impaired.

a	I spent too much time trying to get Flexiplace set up.	
b	I spend time on personal activities.	
c	Connecting using Reachout is difficult.	
d	While connected, working is more difficult.	
Other (please explain):		

While participating in Flexiplace, many people say their quality of life is improved citing such factors as less stress and time spent from the commute to work on scheduled Flexiplace work days. Others feel their quality of life is worse, because they feel pressure to perform to justify working under Flexiplace.

4. While participating in the Pilot program, I have improved my quality of life. . . . . Yes ☐ No ☐ No Change ☐

5. How has Flexiplace affected your performance? . . . . . Positive ☐ Nega-tive ☐ No Change ☐

6. If you could choose, how many days would you work on a Flexiplace schedule each week? . . . . . _____days each week

7. How does connecting using Reachout work for you? . . . . . a. Extremely well ☐ b. Okay ☐ c. Difficult ☐ d. Very Difficult ☐ e. Not Applicable ☐

8. How was your experience in getting set up for Flexiplace? . . . a. Extremely well ☐ b. Okay ☐ c. Difficult ☐ d. Very Difficult ☐ e. Not Applicable ☐

9. How was your experience in getting software properly loaded - Reachout and other special software? . . . . . a. Extremely well ☐ b. Okay ☐ c. Difficult ☐ d. Very Difficult ☐ e. Not Applicable ☐

10. Employees, please add any additional comments you have on the pilot Flexiplace program:_____

STOP!! If you are a supervisor or manager, continue with Part C. For all other employees, your part of the survey is complete. Thank you for your participation! Please mail or FAX your survey according to instructions on Page 1. Results will be tabulated as soon as possible.

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RMA Field Pilot Flexiplace Evaluation (Continued)

Supervisors and Managers Only

Supervisors and managers **without Flexiplace participants**, complete Part C. Supervisors and managers **with Flexiplace** participants, complete Part D.

Part C - Supervisors/Managers Without Flexiplace Participants Complete this Part

1. Has anyone in your office applied for Flexiplace? . . . . . YES ☐ NO ☐

2. I have employees I believe qualify for the program. . . . . YES ☐ NO ☐

3. I have encouraged my employees to apply for Flexiplace. . . . . YES ☐ NO ☐

4. There are many valid reasons to not have an Employee participate in Flexiplace. Please **check off** as many that apply to your staff.

a	The employee's work was not flexible.		d	The employee's participation would result in adverse work efficiency (mission of office).	
b	The employee had less than "Fully Successful" performance.		e	The employee had performance issues.	
c	Valid customer complaints have been made.		f	Lack of resources needed to set up employee at Flexiplace work site.	

Other (please explain):

5. The current limit on Flexiplace is 3 days per week. If you could choose, would you like to see this: . . . . . Reduced ☐ Expanded ☐ No Change ☐

6. I have employees that participate in Flexible or Compressed work schedules. . . . . YES ☐ NO ☐

7. Please fill in the amount of your employees' work which is portable: _____% of their work is portable.

8. Please add any additional comments you have on the pilot Flexiplace program

Part D - Supervisors/Managers With Flexiplace Participants Complete this Part

1. How has the performance of your employee(s) on Flexiplace been affected by participation? . . . . . Positive ☐ Negative ☐ No Change ☐

2. How has the performance of the workgroup been affected by participation in Flexiplace? . . . . . Positive ☐ Negative ☐ No Change ☐

3. Please add any additional comments you have on the pilot Flexiplace program

Thank you for your participation! Please mail or FAX your survey according to instructions on Page 1.
Your results will be tabulated as soon as possible.

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