

WORK TO WELLNESS

Psychological safety is a shared responsibility: Checklist

Job Demands

	Employee	Employer
What are my key responsibilities for work?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
What are the deliverables for my role? List them.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
What are my priorities? – (Number the above list 1-5)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Job Control

	Employee	Employer
What is my workplan/schedule for the day?		
What are my meeting needs for my manager/team/clients? (weekly, daily, several times/day)		
What are potential distractions that will impact on my work?		
What strategies can I put in place to minimize these distractions?		

Job Support

	Employee	Employer
What are the technology requirements for my job? (internet speed, video/audio, software, privacy, phone, other)		
In what ways does my supervisor provide support?		
What is a reasonable communication support system?		
What is the nature and frequency of performance feedback? i.e. Daily, weekly, monthly.	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Social Support- What are my needs for face to face communication from my supervisor/team/others?	<input type="checkbox"/> Supervisor <input type="checkbox"/> Team <input type="checkbox"/> Others	

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Personal Life Demands

What are the life role demands on me (childcare, elder care, medical caregiving, home schooling, partner working from home)?

What are the priorities? – (Number the above list 1-5)

Employee	Employer
<input type="checkbox"/>	<input type="checkbox"/>

Personal Control

What things can I control/not control? (other family member schedules)

Employee	Employer
<input type="checkbox"/>	<input type="checkbox"/>

Personal Support

What are my practical support needs in my home working environment? (personal space, scheduled quiet time, frequent breaks)

What are my mental health needs? (i.e. Access to counselor, doctor, EAP)

Employee	Employer

Special considerations

What are my unique limitations, challenges or safety risks my supervisor may need to know? (history of mental ill health, special family circumstances, religious considerations, domestic violence)

Employee	Employer
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Summary

My top 3 challenges for working remotely?

Employee	Employer
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

*This checklist is intended as a starting point for dialogue to explore individual needs to thrive in the home working environment. All information shared via this checklist requires privacy considerations. Additional checklists to explore physical safety needs can be found at various WCB websites. Recommendations can be provided on request. This checklist is not intended as legal or medical advice.