

# Telecommuting Program Application and Work Plan

## A. Employee Information (to be completed by the applicant)

Please check one:  New Application  Application for Renewal

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Bargaining Unit: \_\_\_\_\_

Work Desk Phone Number: \_\_\_\_\_ Work Cell Phone Number: \_\_\_\_\_

Supervisor/Manager: \_\_\_\_\_ Department: \_\_\_\_\_

Current Work Schedule (hours/days): \_\_\_\_\_

Employee Email Address: \_\_\_\_\_

*Emergency Contact Information: (voluntary)*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you currently serving a probation period?    Y    N

## B. Equipment

Do you have a state-issued laptop?    Y    N    Inventory Tag \_\_\_\_\_

Do you have a personal computer (PC)?    Y    N

## C. Personal Privacy Protection Law Notification

The information you are providing will be used to determine your eligibility to participate in the Telecommuting Program. This information will be retained by Human Resources. Failure to provide the requested information may result in a delay in processing or denial of your application.

It is the responsibility and the intent of the State of New York to fully comply with the provisions of article 6-A of the Public Officer's Law, the Personal Privacy Protection Law. The Personal Privacy Law protects you from the random collection of personal information by state agencies. The law enables you to access and/or correct information on file which pertains to you. It also regulates disclosure of personal information to persons authorized by law to have access for official use.

Applicant Name and Title: \_\_\_\_\_

## D. Telecommuting Work Plan

### Rationale for the Telecommuting Agreement:

*Please describe the reason for the request/assignment:*

### Telecommuting Location:

*Address of Work Location:*

*Telephone:*

*Email Address:*

### Work Schedule:

I will be available to my manager and other key customers during the following times as part of this agreement:

*Start Date of Telecommuting Schedule:*

*End Date of Telecommuting Schedule:*

*Regular Telecommuting Schedule (Include days/hours you will be working at the telecommuting work location. All other workdays are presumed to be at the campus):*

**Performance Goals and Work Plan:**

<i>Projects/Job Functions to be performed while telecommuting:</i>	<i>Observable measures that demonstrate successful progress on each Project/Job Function:</i>	<i>Contacts/Others involved in completion of project:</i>	<i>Deadline date:</i>
1.			
2.			
3.			
4.			

### D. Attestation

I have received, read, and will comply with the SUNY Telecommuting Program, my campus employee handbook, and the following policies if any:

*By entering your name, you are signing this document and agree to abide by all rules and guidelines.*

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

***\*Submit the application to your immediate supervisor/manager for review.***

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**This section should be completed by immediate Supervisor/Manager within 7 days of receipt**

Date submitted to immediate Supervisor/Manager (or designee): \_\_\_\_\_

I have reviewed the application and the employee:

Meets criteria

Does not meet criteria (if this option is selected, you **must** complete both boxes below)

**Choose all that apply:**

- Performance concerns
- Duties require physical presence at official work site
- Technology/equipment limitations
- Operational hardship
- Task cannot be quantified and/or evaluated
- Other

**Provide additional information to support your decision:**

*By entering your name, you are signing this document.*

Supervisor/Manager Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Manager Title: \_\_\_\_\_

Supervisor/Manager Email Address: \_\_\_\_\_

**\*Supervisor/manager: submit application to your division/department head (or designee).**

**This section should be completed by Division/Department Head within 7 days of receipt**

Date submitted to Division/Department Head (or Designee): \_\_\_\_\_

I have reviewed the application and the application is:

Approved

Rejected (If this option is selected, you **must** complete both boxes below)

<p><b>Choose all that apply:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Performance concerns</li><li><input type="checkbox"/> Duties require physical presence at official work site</li><li><input type="checkbox"/> Technology/equipment limitations</li><li><input type="checkbox"/> Operational hardship</li><li><input type="checkbox"/> Task cannot be quantified and/or evaluated</li><li><input type="checkbox"/> Other</li></ul>
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<p><b>Provide additional information to support your decision:</b></p>
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*By entering your name, you are signing this document.*

Division/Department Head Name: \_\_\_\_\_ Date: \_\_\_\_\_

Division/Department Head Title: \_\_\_\_\_

Division/Department Head Email Address: \_\_\_\_\_

**This section should be completed by Senior Campus Leader within 7 days of receipt:**

Date submitted to Senior Campus Leader (or Designee): \_\_\_\_\_

Senior Campus Leader Name: \_\_\_\_\_ Date: \_\_\_\_\_

Senior Campus Leader Title: \_\_\_\_\_

**This agreement is (check one):      **Approved**      **Rejected****

*If rejected, please justify why:*

Distribution: Personnel File  
Employee  
Supervisor/manager

Applicant Name and Title: \_\_\_\_\_