

Telecommuting Application Addendum Campus Guidelines and Requirements

SUNY and Farmingdale State College policy is designed to support telecommuting where it is reasonable to do so based on the College's mission, operational and program needs. These guidelines and requirements are the basis for a telecommuting program that is beneficial to the College's operations, employees, and students. Every application will be considered on an individual basis.

1. Telecommuting approval is contingent upon completion of all campus mandatory trainings.
2. A current performance program is required to be on file with Human Resources.
3. Approval of remote work is at the discretion management to ensure campus offices remain open five days per week.
4. Telecommuting will not be approved if job duties require a physical presence at the College including roles commonly providing services and support to students, faculty, and/or staff.
5. This arrangement can be canceled at any time at the discretion of management.
6. A maximum of two (2) days per work week will be approved.
7. The remote work schedule will not be approved with a Friday/Monday combination.
8. While working remotely, you must be logged into Mitel Connect during regular business hours.
9. While working remotely, you must be logged into Microsoft Teams during regular business hours
10. No official campus records, original documents, or other documents containing personal financial information or any restricted or controlled information under FERPA, HIPPA, or other regulation may be removed from campus for the purposes of telecommuting.
11. If a student/staff member requests an appointment, a virtual or phone meeting must be arranged.
12. If your office is short staffed, you may be required to come to campus to work in person upon reasonable notice and at the discretion of your supervisor.
13. If your presence is required for an on-campus event, you must come to campus for that day.

I have read the above stipulations and agree to abide by these conditions for telecommuting *and the telecommuting policy of the State University of New York.*

Print Name _____

Signature _____

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.***

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)

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.

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: _____