# Telecommuting Program Application and Work Plan

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

Please check one: ☐ New Application ☐ Application for Renewal		
Name:		
	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? Yes No		
В.	Equipment	
Do you have a state-issued laptop? Yes No Inv	ventory Tag #:	
Do you have a personal computer (PC)? Yes No		
C. Personal Privacy	Protection Law Notification	
The information you are providing will be used to det	ermine your eligibility to participate in the	

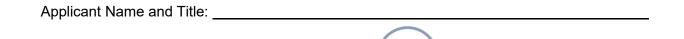
The information you are providing will be used to determine your eligibility to participate in the Telecommuting Program. This information will be retained by Human Resources. Failure to provide the requested information may result in a delay in processing or denial of your application.

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.



## D. Telecommuting Work Plan

Please describe the reason for the request/assign	gnment:
elecommuting Location:  Address of Work Location:	Telephone:
Email Address:	
Vork Schedule: will be available to my manager and other key c	sustomers during the following times as part of this agreeme
Start Date of Telecommuting Schedule:	End Date of Telecommuting Schedule:
Regular Telecommuting Schedule (Include days location. All other workdays are presumed to be	s/hours you will be working at the telecommuting work e at the campus):





#### **Performance Goals and Work Plan:**

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

Applicant Name and Title:	

#### 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 docume	ent 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 immed	diate Supervisor/Manager within 7 days of receipt	
Date submitted to immediate Supervisor/Manager (	or designee):	
have reviewed the application and the employee: ☐ Meets criteria ☐ Does not meet criteria (if this option is selected, y	you <b>must</b> complete both boxes below)	
Choose all that apply:	Provide additional information to	
□ Performance concerns	support your decision:	
<ul> <li>Duties require physical presence at official work site</li> </ul>		
☐ Technology/equipment limitations		
□ Operational hardship		
<ul> <li>Task cannot be quantified and/or evaluated</li> </ul>		
□ Other		
By entering your name, you are signing this docume	ent.	
Supervisor/Manager Name:	Date:	
Supervisor/Manager Title:		
*Supervisor/manager: submit application	to your division/department head (or designee).	
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Applicant Name and Title:

### 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 <b>must</b> 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:			
Division/Department Head Title:			
This section should be completed by	y Senior Campus Leader within 7 days of receipt:		
Senior Campus Leader Name:	Date:		
Senior Campus Leader Title:			
This agreement is (circle one): Approved Rejected, please justify why:	ected		
Distribution:Personnel File Employee Supervisor/manager			



Applicant Name and Title: