



Telecommuting Program Application and Work Plan

Applicable through June 30, 2024

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

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: _____

Are you currently serving a probation period? Yes No

Emergency Contact Information: (voluntary)

Name: _____ Phone Number: _____

B. Equipment

Do you have a state-issued laptop? Yes No Inventory 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 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:

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Telecommuting Location:

<i>Address of Work Location:</i>	<i>Telephone:</i>
<i>Email Address:</i>	

Work Schedule:

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

<i>Start Date of Telecommuting Schedule:</i>	<i>End Date of Telecommuting Schedule (not to exceed 6/30/2024):</i>
<i>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):</i>	

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.			

(Attach additional sheets if needed)

E. Attestation

I have received, read, and will comply with the SUNY Telecommuting Program, my campus employee handbook/policies, and the following policies if any (to be completed by manager):

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: _____

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)

<p>Choose all that apply:</p> <p><input type="checkbox"/> Performance concerns</p> <p><input type="checkbox"/> Duties require physical present at official worksite</p> <p><input type="checkbox"/> Technology/equipment limitations</p> <p><input type="checkbox"/> Operational hardship</p> <p><input type="checkbox"/> Task cannot be quantified and/or evaluated</p> <p><input type="checkbox"/> Other</p>	<p>Provide additional information to support your decision:</p>
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By entering your name, you are signing this document.

Immediate Supervisor/Manager Name: _____ Date: _____

Supervisor/Manager Title: _____

Supervisor/Manager Email Address: _____

***Supervisor/manager: submit application up through each supervisory level to your management/confidential divisional leader (AVP or VP).**

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If the above recommender is not a department head or chair, this section should be completed by the respective Department Head/Chair within 7 days of receipt

Date submitted to Department Head/Chair: _____

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)

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

Department Head/Chair Name: _____ Date: _____

Department Head/Chair Title: _____

Department Head/Chair Email Address: _____

Next Level Supervisor below AVP or VP (If needed), this section should be completed within 7 days of receipt

Date submitted to Next Level Supervisor: _____

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)

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

Department Head/Chair Name: _____ Date: _____

Department Head/Chair Title: _____

Department Head/Chair Email Address: _____

This section should be completed by Senior Campus Leader (MC AVP or VP) within 7 days of receipt:

Date submitted to Senior Campus Leader: _____

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