

# Telecommuting Pilot Program Application

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

Please check one:  New Application  Application for Renewal

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

Job Title \_\_\_\_\_ Salary Grade: \_\_\_\_\_ Bargaining Unit \_\_\_\_\_

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

Supervisor/Manager: \_\_\_\_\_ Official Work Site: \_\_\_\_\_

Current Work Schedule (Hours/Days): \_\_\_\_\_

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

Emergency contact information: (voluntary)

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

Please provide a description of your Current Job Duties:

Describe the job duties you would perform while telecommuting:

Are you currently serving a probation period? Yes No

## 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 Pilot Program. This information will be retained by your agency. 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. Attestation

I am in receipt of, have read and agree to adhere to the Telecommuting Pilot Program Bulletin, my agency/campus employee handbook and the following additional 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 supervisor for review.**

**This section to be completed by 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)

**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 Name \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Title: \_\_\_\_\_

Supervisor Email Address: \_\_\_\_\_

**\*Supervisor: Submit application to your President's Council Designee.**

**This section to be completed by President's Council Designee:**

- Approve
- Disapprove (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.*

President's Council Designee Name \_\_\_\_\_ Date \_\_\_\_\_

President's Council Designee Title: \_\_\_\_\_

President's Council Designee Email Address: \_\_\_\_\_

**\*President's Council Designee: Submit form to the Director of Human Resources or designee for final processing.**

Distribution: Personnel File  
Employee  
Supervisor