

Telecommuting 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 Phone Number: _____ Cell Phone Number: _____

Supervisor: _____ Department: _____

Current Work Schedule (hours/days): _____

Employee Email Address: _____

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:

Telecommuting Location:

Address of Work Location:

Telephone:

Email Address:

Work Schedule: I will be available to my supervisor, other key customers, and the campus 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):

Applicant Name and Title: _____

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.			

Applicant Name and Title: _____

D. Attestation

I have received, read, and will comply with the SUNY Telecommuting Program, SUNY Potsdam Telecommuting Policy, campus policies and procedures, the faculty handbook, and the following policies if any:

I will also complete the Bizlibrary orientation training within seven (7) days of notification of the training.

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 for review.***

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

Date submitted to immediate 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:

Supervisor Name: _____ Date: _____

Supervisor Title: _____

Supervisor Email Address: _____

Supervisor Signature: _____

***Supervisor: submit application to your Dean/Department head.**

Applicant Name and Title: _____

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

Date submitted to Dean/Dept Head: _____

I have reviewed the application and the application is:

Approved

Not Approved (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 presence at official work site<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>
--

Dean/Dept Head Name: _____ Date: _____

Dean/Dept Head Title: _____

Dean/Dept Head Email Address: _____

Dean/Dept Head Signature: _____

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

Date submitted to Senior Campus Leader: _____

Senior Campus Leader Name: _____ Date: _____

Senior Campus Leader Title: _____

Senior Campus Leader Signature: _____

This agreement is: **Approved **Not Approved****

If not approved, please justify why:

Distribution: Personnel File
 Human Resources
 Employee
 Supervisor

Applicant Name and Title: _____