

Telecommuting Pilot Program Application

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

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 Service Tag# _____

Do you have a personal computer (PC)? Yes No

(Sticker on Device)

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/manager for review.**

This section to be completed by 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)

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 Director (or designee).**

This section to be completed by Division/Department Director (or 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.

Division Director/Designee Name _____ Date _____

Division Director/Designee Title: _____

Division Director/Designee Email Address: _____

Distribution: Personal History File
Employee
Supervisor/manager