Telecommuting Program Application and Work Plan
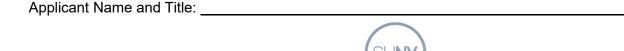
A. Employee Information (to be completed by the applicant) – PLEASE PRINT

Please check one: ☐ New Application ☐ Application for Renewal

Name: _____ Stony Brook ID Number: _____

Job Title: _____ 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

B. Equipment

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

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

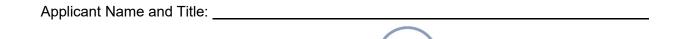## C. Personal Privacy Protection Law Notification

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 manager and other key customers 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: _____

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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 (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 (or designee): _____

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:	**Provide additional information to support your decision:**
☐ Performance concerns ☐ Duties require physical presence at official work site ☐ Technology/equipment limitations ☐ Operational hardship ☐ Task cannot be quantified and/or evaluated ☐ Other	

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 head (or designee).

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Applicant Name and Title: _____

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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 **must** complete both boxes below)

Choose all that apply:	**Provide additional information to support your decision:**
☐ Performance concerns ☐ Duties require physical presence at official work site ☐ Technology/equipment limitations ☐ Operational hardship ☐ Task cannot be quantified and/or evaluated ☐ Other	

By entering your name, you are signing this document.

Division/Department Head Name: _____ Date: _____

Division/Department Head Title: _____

Division/Department Head Email Address: _____

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

Date submitted to Senior Campus Leader (or Designee): _____

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

Applicant Name and Title: _____

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