## **Telecommuting Program Application and Work Plan**

Application for Renewal

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

**New Application** 

Please check one:

Do you have a personal computer (PC)?

Name:

Job Title:

Work Desk Phone Number:

Supervisor/Manager:

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

InventoryTag #:

### C. Personal Privacy Protection Law Notification

No

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.

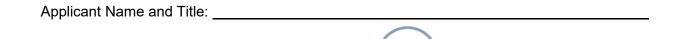
Yes

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. Telecommuting Work Plan

Please describe the reason for the request/assign	gnment:
elecommuting Location:  Address of Work Location:	Telephone:
Email Address:	
Vork Schedule: will be available to my manager and other key c	sustomers during the following times as part of this agreeme
Start Date of Telecommuting Schedule:	End Date of Telecommuting Schedule:
Regular Telecommuting Schedule (Include days location. All other workdays are presumed to be	s/hours you will be working at the telecommuting work e at the campus):





#### **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

By entering your name, you are signing this docu	ument and agree to abide by all rules and guidelines.
Employee Name	Date
*Submit the application to your l 	immediate supervisor/manager for review. 
This section should be completed by imme	ediate Supervisor/Manager within 7 days of receipt.
Date submitted to immediate Supervisor/Manager (or	designee):
I have reviewed the application and the employee: Meets the criteria	
Does not meet the criteria (if this option is selec	cted, you <b>must</b> 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	
Task cannot be quantified or evaluated	
Other	
By entering your name, you are signing this docum	nent.
Supervisor/Manager Name:	Date:
Supervisor/Manager Title:	
	n to your division/department head (or designee).
Supervisor/manager: Submit applicatio	n to your division/department nead (or designee).
END OF DAGE INTEN	ITIONALLY LEFT BLANK



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

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