

# Telecommuting Pilot Program Application

## A. Employee Information (to be completed 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.*

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Employee Name

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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