

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:

Please indicate the number of days you are seeking to telecommute each pay period:

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.

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 Deputy Commissioner/Director of Operations.**

This section to be completed by Deputy Commissioner/Director of Operations:

Approved through

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:

Please indicate the number of days the employee is approved to telecommute each pay period:

By entering your name, you are signing this document.

Deputy Commissioner/Director of Operations Name:

Date

Deputy Commissioner/Director of Operations Title:

Deputy Commissioner/Director of Operations Email Address:

***The completed form must be sent to HBA@nysed.gov**

Distribution: Personal History File

- Employee
- Supervisor/manager