



# SUNY-wide Telecommuting Program Application and Work Plan

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## Telecommuting Work Plan

Rationale for the Telecommuting Agreement (please describe the reason for the request/assignment):

## Telecommuting Location:

Address of Work Location:

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## 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 and hours you will be working at the telecommuting work location. All other workdays are presumed to be on campus.):

**Proposed Telecommuting Work Schedule:** Each payroll period has a total of 10-working days. Please indicate the days you plan to telecommute each payroll period.

Pay Period: Week 1:

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Hours and/or schedule details:

Pay Period: Week 2:

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Hours and/or schedule details:

*\*Note, the maximum allowable days per pay period that may be approved for telecommuting is 5 (five) workdays and in no event will an employee telecommute for their full obligation.*

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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:

*\*\* Please note: If you need more space than provided above, please submit a separate document with this information.*

**D. Attestation**

I have received, read, and will comply with the [SUNY Telecommuting Program](#) and my campus policies and procedures. By entering your name, you are signing this document and agree to abide by all rules and guidelines.

\_\_\_\_\_   
 Employee Name

\_\_\_\_\_   
 Date

*Submit this application to your immediate supervisor/manager for review.*

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**This section should be completed by immediate supervisor/manager within 7 days of receipt.**

Date submitted to immediate supervisor/manager: \_\_\_\_\_

I have reviewed the application and the employee:

- Meets criteria
- Does not meet criteria (if this option is selected, you must complete 1. and 2. below)

1. Choose all that apply:

- performance concerns
- duties require physical presence at official work site
- technology/equipment limitations
- operational hardship
- tasks cannot be quantified and/or evaluated
- other

2. 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 E-mail: \_\_\_\_\_

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**This section should be completed by Department Head/Chair within 7 days of receipt.**

Date submitted to Department Head/Chair: \_\_\_\_\_

I have reviewed the application and the application is:

- Meets criteria
- Does not meet criteria (if this option is selected, you must complete 1. and 2. below)

1. Choose all that apply:

- performance concerns
- duties require physical presence at official work site
- technology/equipment limitations
- operational hardship
- tasks cannot be quantified and/or evaluated
- other

2. Provide additional information to support your decision:

By entering your name, you are signing this document.

Department Head/Chair Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Head/Chair Title: \_\_\_\_\_  
Department Head/Chair E-mail: \_\_\_\_\_

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# SUNY-wide Telecommuting Program Application and Work Plan

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**This section should be completed by next level supervisor below VP (if needed) within 7 days of receipt.**

Date submitted to next level supervisor: \_\_\_\_\_

I have reviewed the application and the application is:

- Meets criteria
- Does not meet criteria (if this option is selected, you must complete 1. and 2. below)

3. Choose all that apply:

- performance concerns
- duties require physical presence at official work site
- technology/equipment limitations
- operational hardship
- tasks cannot be quantified and/or evaluated
- other

4. Provide additional information to support your decision:

By entering your name, you are signing this document.

Next level supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Next level supervisor Title: \_\_\_\_\_  
Next level supervisor E-mail: \_\_\_\_\_

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**This section should be completed by Cabinet member within 7 days of**

**receipt.** Date submitted to Cabinet: \_\_\_\_\_

Cabinet member Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Cabinet member Title: \_\_\_\_\_

This agreement is:

- Approved
- Rejected. If this option is selected, please justify why:

Distribution: Employee, Human Resources, Supervisor/Manager, Department Head/Chair, Dean/Director/AVP, VP/Provost