

SUNY-wide Telecommuting Program Application and Work Plan

Employees may submit this application to request to participate in the [SUNY-wide Telecommuting Program](#). Requests are subject to the approval of their supervisor, department head, and Cabinet member. Determinations as to which positions are eligible for telecommuting is subject to management discretion and based on operational need. An employee's participation in the telecommuting arrangement may be modified, suspended, or cancelled at any time by management per the policy.

All requests must be based on the expectation that Buffalo State University, and all its units/offices, are open for in-person business, providing forward-facing services with adequate staffing to meet the needs of our community. We understand that due to the nature of their work, not all employees have the flexibility to make use of the telecommuting program. An employee should initiate a conversation with their supervisor, if they wish to and believe they can perform their essential duties and responsibilities with the telecommuting program. Please review the [SUNY-wide Telecommuting Program Policy](#) before submitting your request.

Note:

- A telecommuting work arrangement shall not commence until it has received written final approval.
- The maximum allowable days per pay period that may be approved for telecommuting is 2 (two) workdays and in no event will an employee telecommute for their full obligation.
- An employee must submit to their immediate supervisor/manager bi-weekly progress reports describing work completed while telecommuting every pay period. If an employee fails to do so, their telecommuting agreement will be canceled.

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

Please check one: new application application for renewal

Last Name: _____ First Name: _____

Budget Title: _____

Department: _____ Supervisor: _____

Employee Work E-mail: _____ Employee Work Desk Phone: _____

Bargaining Unit or Union: _____ Employee Work Cell Phone: _____

Current Work Schedule (hours/days): _____
select one

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:

Are you currently serving a probation* period? Yes No

If unsure, please contact HR.

B. Equipment

Do you have a state-issued laptop? Yes No Inventory Tag/Device ID: _____

Do you have a personal computer? 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.

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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 2 (two) 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: _____

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: _____

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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:

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

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