



# SUNY ESF's Telecommuting Program Application and Work Plan

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

Please check one:  New Application  Application for Renewal

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Bargaining Unit: \_\_\_\_\_

Work Desk Phone Number: \_\_\_\_\_ Work Cell Phone Number: \_\_\_\_\_

Supervisor/Manager: \_\_\_\_\_ Department: \_\_\_\_\_

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. Personal Privacy Protection Law Notification

The information you are providing will be used to determine your eligibility to participate in the Remote Friday/ 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.

Applicant Name and Title: \_\_\_\_\_

### C. Telecommuting Work Plan

**Rationale for the Telecommuting Agreement:**

*Please describe the reason for the request/assignment:*

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**Telecommuting Location:**

<i>Address of Work Location:</i>	<i>Telephone:</i>
<i>Email Address:</i>	

**Work Schedule:**

I will be available to my manager and other key customers during the following times as part of this agreement:

<i>Start Date of Telecommuting Schedule:</i>	<i>End Date of Telecommuting Schedule:</i>
<i>Regular Telecommuting Schedule (Include days/hours you will be working at the telecommuting work location. All other workdays are presumed to be at the campus):</i>	

Applicant Name and Title: \_\_\_\_\_



**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 Projects:	Deadline Date:
1.			
2.			
3.			
4.			

Applicant Name and Title: \_\_\_\_\_



## D. Attestation

I have received, read, and will comply with the SUNY Telecommuting Program, SUNY ESF employee handbook, SUNY ESF Policies and Procedures.

By Signing this document, you agree to abide by all rules and guidelines.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**\*Submit the 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 (or designee): \_\_\_\_\_

I have reviewed the application and the employee:

- Meets criteria SEE FAQ's pages 6-8 for further guidance  
 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:**

**Supervisor/Manager Name:** \_\_\_\_\_

**Supervisor/Manager Title:** \_\_\_\_\_

**Supervisor/Manager Email Address:** \_\_\_\_\_

**Supervisor/Manager Signature:** \_\_\_\_\_

**By signing this document, you attest that you have reviewed the supervisor's responsibilities in the SUNY policy and approve of the above request.**

**\*Supervisor/Manager: Submit application to your Department/Division Head (or designee).**

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Applicant Name and Title: \_\_\_\_\_

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

Date submitted to Division/Department Head (or Designee): \_\_\_\_\_

I have reviewed the application and the application is:

Approved

Rejected (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:**

Division/Department Head Name: \_\_\_\_\_

Division/Department Head Title: \_\_\_\_\_

Division/Department Head Email Address: \_\_\_\_\_

Division/Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Division/Department Head: SUBMIT APPLICATION TO YOUR SENIOR CAMPUS LEADER WHO OVERSEES YOUR UNIT.**  
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**This section should be completed by Senior Campus Leader within 7 days of receipt:**

Date submitted to Senior Campus Leader (or Designee): \_\_\_\_\_

Senior Campus Leader Name: \_\_\_\_\_ Title: \_\_\_\_\_

Senior Campus Leader Signature: \_\_\_\_\_

**This agreement is (circle one): Approved Rejected**

*If rejected, please justify why:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Return a copy to the supervisor and employee. Forward approved applications to the Human Resources Department.**

Distribution: Personnel File

Employee

Supervisor/Manager

Applicant Name and Title: \_\_\_\_\_



## FAQ's

### **How do I request a remote working arrangement from my supervisor?**

First, have a conversation with your supervisor about the desire to work remotely some of the time. Explain your reasons for the request and the set schedule desired. After a conversation has taken place, submit the application form for review. Please note, approval is not guaranteed despite the previous conversation, as each manager has to review the requests of the entire team before approving individual requests to ensure business and operational needs are covered.

### **When can I expect a response to my application for a remote working arrangement?**

Once submitted, it may take up to 21 days for final approval. The process is as follows:

- The supervisor has 7 days to review the initial request and approve or deny.
- For approvals, the Senior Leadership for each unit is required and they have 7 days upon receipt to review the request. An email acknowledgement of the approval/denial will be sent to the employee within 7 days upon receipt to notify the employee of the official approval/denial status.
- The form then is sent to Human Resources for tracking purposes.

### **What if my department denies my request for a remote working arrangement?**

- An employee may appeal a denial to the Executive People Officer in writing within seven calendar days following receipt of the denial. The appeal shall state the reasons for disagreement with management's determination. Please note, a conversation between Human Resources and the manager/Dean/VP involved will occur before any additional consideration is given to the request. Please review the "SUNY Telecommuting Policy" for additional information.

### **What should I write in the reason box on the form?**

Keep the reasons brief and concise. Examples include Increased productivity when I complete these tasks (name tasks) at home, improved time management, enjoy increased flexibility and work/life balance.

### **What are the reasons a request may be denied?**

This procedure leaves the decision to each individual manager to determine the practicality of each request. This decision may be based on many factors, some of which include business and operational needs, service expectations from the customer and the performance of each employee in remote situations. Employees of good standing who have proven their ability to work independently are more likely to be approved if the request does not interfere with normal operational functions and services of the unit.

### **Once approved, how long does my remote work arrangement last?**

Managers have the ability to revoke the approval at any time due to insufficient performance, operational needs of the unit or a handful of other business reasons. Managers can also specify a check-in/review period (i.e. – every 14 or 30 days).

### **What are the notification requirements if an approved remote work arrangement is subsequently suspended/cancelled?**

Typically, 30 days' notice would be provided. However, it may be shortened in cases of operational needs or emergency (i.e., sudden increase in volume of work in unit or someone needs to be out on unplanned sick leave and coverage is needed).

### **If a request is denied by the department, does HR want a copy in case the employee appeals?**

No, denials will not need to be submitted to HR.

### **Do requests for remote work arrangements due to inclement weather issues or childcare (i.e., I have to get kids on and off the bus every day) fall under this procedure?**

This procedure speaks to working remotely on a consistent and predictable schedule. Asking for a remote work situation in the event of inclement weather is outside of this procedure as it is intermittent and cannot be planned for on a routine basis. Leaving the workplace for two hours per day to get children on and off a bus is also outside the telecommuting procedure. This is because employees are not working while gathering children from school. A better option for this situation would be an arrangement with flexible start and stop times for their workday.

### **How detailed of a work description will be required on the form when it is submitted?**

It is up to the discretion of the manager, and based on the relationship between manager and employee, but it is recommended that a high-level overview of major projects, buckets of work or tasks be identified in bullet format for ease of review.

### **How much notice is required for an employee to attend an on-campus meeting on a day they are approved to work remotely?**

It is up to the manager's discretion, but it is recommended that the employee be given the courtesy of enough advanced notice to make any arrangements necessary to be in the office on that unscheduled day (i.e. – arrange a ride, etc.).

**Does this procedure apply only to UUP and CSEA employees? Does this apply to staff only or also to faculty who have obligations other than teaching?**

This procedure applies to all full-time staff, bargaining units and funding sources, however a faculty member typically already has flexibility built into their work schedule and in most cases would not be approved if they completed this form for a remote work accommodation. This procedure does not apply to any student employees (TA/GA/RAs, etc.)

**What if I have a medical need to continue to work remotely?**

If you believe that you are in need of a medical accommodation under the ADA then reach out to Ellen Brown, Sr. Personnel Associate, in Human Resources for additional information at 315-470-6613 or [ebrown@esf.edu](mailto:ebrown@esf.edu).

**Is there technology guidance for remote computing?**

Yes, you can find information online by visiting: <https://www.esf.edu/computing/>

**How do I factor the 5 out of 10 remote eligible workdays as per the SUNY Telecommuting Policy into working remote Fridays option?**

As per the SUNY telecommuting policy, based upon supervisory approval, you would be eligible for 3 additional telecommuting days beyond the 2 Fridays that will be worked remotely.