The Texas A&M University System
System Offices
Alternate Work Location Request

INSTRUCTIONS This form is used to request approval to establish remote work at an alternate work location (AWL) per System Regulation 33.06.01 *Flexible Work Arrangements*, and to document the terms and condition of the AWL. An AWL may be at the request of an employee or required by the department head. This form must be routed through appropriate chain of authority and retained in the employee's personnel file within the Human Resources Department.

TERMS AND CONDITIONS

1. A job function acceptable to work at an AWL is one that can be performed at a remote site without diminishing the quality of the work or disrupting the productivity of an office.
2. The employee working remotely will be available during scheduled work hours and will submit appropriate documentation requesting sick leave, vacation or other types of leave, as applicable, and in accordance with established policies and procedures.
3. Employees working remotely may have shared office space within a system building.
4. The location stated as the AWL is the only approved AWL to perform the responsibilities of this position.
5. Continued participation in an AWL agreement is subject to department approval, business and operational needs and employee need. Working remotely is an option and not a right.
6. The employee is expected to follow all System Polices, Regulations, Rules and Procedures while working remotely. The AWL agreement does not modify the "at will" status of the employee.
7. A non-exempt employee must limit actual work hours to 40 hours per week, unless prior approval has been obtained from the supervisor.
8. The designated AWL is considered an extension of the department's work space and is governed by the provisions of Worker's Compensation during the agreed upon work hours while performing work-related duties. The employee will immediately report to their supervisor job-related accidents which occur at the alternate work location during the agreed upon work hours while performing work-relatedduties.
9. The employee may be required to report to the primary workstation to attend meetings or attend to other responsibilities regardless of the AWL agreement.
10. The System Offices will provide technology appropriate for the employee's assigned tasks which includes, but not limited to a computer and monitor and will be listed on the Inventory of Equipment form (if applicable). All other equipment, furniture, and sufficient Internet access to accomplish assigned tasks are the employee's responsibility.
11. The employee will safeguard all work-related resources (including, but not limited to: electronic and physical records and files, other data, and computing/storage devices) from loss, damage, and unauthorized access or disclosure, and will return all work-related property to the department upon request.
12. The employee must comply with the terms and conditions of this AWL Agreement. Failure of the employee to comply with these terms and conditions may result in the termination of the AWL Agreement and may also result in other disciplinary action up to and including termination of employment.

EMPLOYEE/POSITION INFORMATION *(for vacant positions state 'Vacant' in Name and the PIN in UIN)*	
Name:	UIN:
Department:	Title:
Describe the benefit/need for the AWL:	

WORK LOCATION INFORMATION	AWL required for this position?	Select No
Regular/Primary work location (if applicable):		
Primary work phone number (if applicable):		
Alternate work location:		
Alternate work location phone number:		

SCHEDULE INFORMATION ◯ Exempt from overtime ◯ Nonexempt from overtime

Start Date:_____ End Date:_____ OR Reevaluate each fiscal year (no end date)

	Primary Duty Station Hours (example: 8:00-5:00 M, W, F)	**Alternate Work Location Hours** (example: 8:00-5:00 T, TH)	**Lunch** (example: 12:30-1:30)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

EMPLOYEE AGREEMENT

I have read, understand, and will comply with all of the terms and conditions of this AWL Agreement.

Signature: Date:

SUPERVISOR AGREEMENT

I have reviewed this AWL Agreement with the employee and will hold the employee accountable to the terms and conditions of this agreement.

Signature: Date:

DEPARTMENT HEAD APPROVAL

Signature: Date:

HUMAN RESOURCES REVIEW

Signature: Date:

CEO OR DESIGNEE APPROVAL

Signature: Date: