

ALTERNATE WORK LOCATION REQUEST AND APPROVAL

Employee name: _____ UIN: _____

Job title: _____ Department/Unit: _____

Date of hire: _____ Date of current assignment: _____

FLSA Status (check one): Exempt from overtime Non-exempt from overtime

1. Complete proposed work schedule below:

	Primary Work Location Hours (e.g., 8:00-12:00 p.m.)	Alternate Work Location (AWL) Hours (e.g., 1:30-5:30 p.m.)	Lunch (e.g., 12:00-1:30 p.m.)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

2. Explain how the AWL will benefit employee: _____

3. Explain how the AWL will benefit department/unit: _____

4. Regular or primary work location address: _____

5. Regular or primary work phone number: _____ Email: _____

6. Alternate work location address: _____

7. Alternate work location phone number: _____ Alternate Email (if applicable): _____

8. Start date of proposed schedule: _____ End date of proposed schedule: _____

9. Describe how the employee will communicate with supervisor and department from AWL:

10. Briefly explain how hours worked will be tracked/recorded by the employee from AWL:

11. Describe how the quality and quantity of work will be evaluated. What measures will be used to determine that the AWL agreement is working successfully for the department/unit?

TERMS AND CONDITIONS OF ALTERNATE WORK LOCATION AGREEMENT

1. Working at an alternate work location is an option and not a right.
2. Participation in an alternate work location agreement can be terminated at any time by the supervisor or the employee.
3. The employee will develop and follow an effective communication strategy with their supervisor and co-workers.
4. Conditions of employment with Texas A&M AgriLife are not affected by working in an alternate work location.
5. The designated alternate work location is considered an extension of the department's or unit's workspace and is governed by the provisions of Workers' 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-related duties.
6. The alternate work location and specific work area are subject to periodic review by the supervisor, department head, unit head, or designee, with reasonable notice.
7. The alternate work location environment will be professional when receiving or making work-related phone calls (e.g., no barking dogs, loud music/television, crying children in the background, etc.).
8. Working in an alternate work location is not a substitute for dependent care.
9. Work hours, use of vacation leave, sick leave, and all other types of leave will conform to current Texas A&M University System Policies and Regulations, as well as Texas A&M AgriLife Rules and Procedures. The employee will maintain the work schedule and submit appropriate documentation requesting sick leave, annual leave, or other types of leave (when applicable).
10. On occasion, the employee may be required to report to the primary job location to attend meetings or tend to other responsibilities, regardless of the alternate work location agreement. Business meetings with third parties will be conducted at the primary on-site work location.
11. Long distance phone calls and faxes will be handled according to departmental/unit policy and the supervisor's directive.
12. Texas A&M AgriLife equipment to be used at the alternate work location will be listed on form AG-311, *Property Used Away From Assigned Location*, signed and dated by the employee and supervisor.
13. The employee will maintain a safe working environment at the alternate work location. The supervisor and employee will review and sign form AG-441, *Alternate Work Location Safety Checklist*, when the location is provided and/or maintained by the employee. (The AWL may be terminated if a safe working environment is not maintained.)

14. The employee will safeguard all work-related records and files from loss or damage. All products, documents, reports, and data created at the alternate work location as a result of work-related activities are the intellectual property of The Texas A&M University System and are subject to the Texas Public Information Act. The employee will return all work-related property to the department upon request.
15. A non-exempt employee must limit actual work hours to 40 hours per week unless prior approval has been obtained from the supervisor.
16. The employee is expected to follow all Texas A&M University System Policies and Regulations as well Texas A&M AgriLife Rules and Procedures, while at all work locations.
17. The employee must comply with the terms and conditions of this Texas A&M AgriLife Alternate Work Location Agreement. Failure of the employee to comply with these terms and conditions may result in the termination of the Alternate Work Location Agreement and may also result in other disciplinary action up to and including termination of employment.
18. Alternate Work Location agreements will be approved for only one fiscal year. Approval of a new form AG-438, *Alternate Work Location Request and Approval*, is required annually.

I request approval to work at an alternate work location. If my request is approved, I agree my supervisor and I will complete form AG-311, *Property Used Away From Assigned Location* (if applicable), and form AG-441, *Alternate Work Location Safety Checklist* (if applicable). I agree that Texas A&M AgriLife is not obligated to provide resources/equipment to establish an office away from the primary work location.

Employee signature: _____ Date: _____

Recommend approval: Yes No Explanation: _____

Supervisor signature: _____ Date: _____

If supervisor does not recommend approval, the employee and next level supervisor will be notified by providing them a copy of this completed form. No further action is necessary. If supervisor recommends approval, route through AgriLife Human Resources for review, prior to requesting approval from the Director or designee.

Request meets AWL requirements: Request **does not** meet AWL requirements:

Comments: _____

AgriLife Human Resources Reviewer: _____ Date: _____

Department/Unit Head signature: _____ Date: _____

Director or designee signature: _____ Date: _____

(With a few exceptions, you have the right to request, receive, review, and correct information about yourself collected using this form.)

For questions concerning this form, please call 979-845-2423.