Employee Name	
Supervisor Name	
Job Title	
Department	
Location(s) where work will typically be performed	
Most recent performance review rating (employees must at least meet expectations to have an alternative work agreement)	

Alternative work arrangements are only valid for up to one year and must be reviewed with any modifications made by July 1 for the next year. Employees and supervisors should date the document to note its review date each year.

The employee or department may end an alternative work arrangement by providing no less than two weeks' notice. This does not apply to accommodations through the Americans with Disabilities Act. All proposed changes are subject to department supervisor approval.

OPTION:

□ Compressed Full-Time

□ Remote Work

□ Flexible Schedule

WEEK	AVAILABLE HOURS	LUNCH
Mondays		
Tuesdays		
Wednesdays		
Thursdays		
Fridays		



Responsibilities & Expectations

An employee's work status and responsibilities will remain unchanged if working an alternative work arrangement. If there are specific expectations or alterations, please specify those below. Each employee will continue to meet job expectations in an alternative work arrangement.

All remote employees must complete the Alternate Worksite Safety Checklist

Guideline Acknowledgement	(Employees	should initial	each of the	following):

	as a result of this alternative work arrangement. In rit increases consistent with University guidelines. This ner terms and conditions of my employment;
I will continue to be subject to the cond procedures, or directives of my supervisor or	litions of the University PPM and all other rules, department;
I understand and agree to comply with	the Alternative Work Arrangement Procedures; and
	be evaluated regularly to determine whether the ide a written daily or weekly report or equivalent ween myself and my supervisor.
University, University conditions and departnermains at a satisfactory level. I understand the to the direction of my supervisor or the University determines the alternative work arrangement time. Supervisors should strive to provide read must be prepared to attend requested meeting	for as long as, in the opinion of my supervisor or the nent needs allow and that my overall job performance nat I may need to rearrange my work arrangement subject ersity. If either I, my supervisor, or the University is not working, this arrangement may be terminated at any sonable notice of termination. However, the employee is or perform other job requirements in person when the in such cases, the supervisor shall provide sufficient to travel to campus.
I have read, understand and agree to all p	provisions of the <u>Alternative Work Guidelines</u> .
the University and that the University may establish	s not constitute an employment contract between me and different work arrangements and work hours at their applied contract or promise of employment for a definite
I understand and agree to the terms and conditions sta	ated above.
Employee Signature	Date
Supervisor Signature	Date
Next Level Manager	Date
Human Resources	Data

This form will be reviewed again by arrangements are reviewed at least annually.	_(date). Alternative work
Note: If the funding for the position comes from a source of please consult with the administrator of the funding source	± ′