

# Alternative Work Arrangement Agreement Form

Please fill out, sign, and submit to your immediate supervisor for their review.

## Employee Information

Name: \_\_\_\_\_ UHV Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

### 1. What type of Alternative Work Arrangement are you requesting?

Alternative Work Schedule (If selected, skip to Alternative Work Schedule on page 2)

Hybrid Work (40% off-campus)

Telecommuting/Remote Work (100% off-campus)

2. Is your position classified to participate in AWA?    Yes     No

### 3. Requested Schedule for Off-Campus Work

Alternative Work Location: Home  Other

Days of the Week:                      Monday  Tuesday  Wednesday  Thursday  Friday

Saturday  Sunday

### 4. What date would you like the Alternative Work Arrangement to begin?

If temporary, please indicate the end date:

### 5. How will you be able to maintain the expected productivity level to achieve the goals of your position? Please explain. (For Hybrid and Telecommuting/Remote Work Requests)

**6. What arrangements have you made to provide a safe workspace and all necessary resources (i.e. computer, equipment, internet, etc.) required by Policy C-24 to perform all expected duties of your position? Please explain. (For Hybrid and Telecommuting/ Remote Work Requests)**

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**Only complete the following section if you selected Alternative Work Schedule.**

Select from one of the following alternative work schedules using these guidelines for all programs:

Normal University office hours are 8:00 a.m. – 5:00 p.m., Monday through Friday  
 A lunch break of 30 or 60 minutes is required when working 5 or more hours a day  
 Arrival Time must be between 7 a.m. to 10 a.m.; Departure Time must be between 3:30 p.m. to 7 p.m.

- 4/10/40 Compressed Work Week: (Exempt or Non-Exempt staff option)
- 4/9/4/40 Compressed Work Week: (Exempt or Non-Exempt staff option)
- 9/8/80 Compressed Work Week: (Exempt staff only due to FLSA Regulations)
  
- Alternate Compressed Work Week: (Schedule must adhere to FLSA Regulations)
- Flex-time Schedule: (Five 8-hour days {40 hours weekly} at other than normal 8:00 a.m. - 5:00 p.m. hours)

**Week 1**

	MORNING		LUNCH		AFTERNOON		Total Daily Hours Worked
	From	To	From	To	From	To	
Wednesday							
Thursday							
Friday							
Monday							
Tuesday							
<i>Total Hours Worked Weekly must be 40 (cannot exceed regularly scheduled weekly hours)</i>							

**Week 2 (Complete only if different from Week 1)**

	MORNING		LUNCH		AFTERNOON		Total Daily Hours Worked
	From	To	From	To	From	To	
Wednesday							
Thursday							
Friday							
Monday							
Tuesday							
<i>Total Hours Worked Weekly must be 40 (cannot exceed regularly scheduled weekly hours)</i>							

Comments:

**I hereby affirm by my signature that I have reviewed, understand, and agree to comply with all provisions stated in this Alternative Work Arrangement Agreement and Policy C-24. I also acknowledge that I have taken the required Alternative Work Arrangement Mandatory training. I understand that the approval of an Alternative Work Arrangement agreement is conditional and may be suspended or revoked by management at any time.**

\_\_\_\_\_  
Employee's Signature  
*Please attach completion of AWA Training*

\_\_\_\_\_  
Date

**Approvals**

\_\_\_\_\_  
Supervisor Signature  
*Please attach completion of AWA Training*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Director

\_\_\_\_\_  
Date

\_\_\_\_\_

**Denied**

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Signature and Title

Date

Reason for denial based on C-24 section:

**Explanation of Denial:**