



Alternate Work Location Request for Nonfaculty Employees

INSTRUCTIONS This form is used to request approval to establish an Alternate Work Location (AWL) and to document the terms and conditions of the AWL agreement if approved. The form is initiated by employee and routed through appropriate chain of authority to the final approver.

I. To Be Completed by Employee

Employee Name	Title	UIN
Department		Date of Hire

Benefit of AWL

To Employee
To Department

Proposed Duration and Location of AWL

Duration must be in accordance with Standard Administrative Procedure 33.06.01.M0.01 *Alternate Work Location for Non-Faculty Employees*, Section 4.3 <https://rules-saps.tamu.edu/PDFs/33.06.01.M0.01.pdf>

Start Date	End Date
Location (Physical Address)	

Proposed Work Schedule

FLSA Status <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt – Actual hours worked must not exceed 40 hours per week unless overtime is preapproved by supervisor.			
	Hours Worked at Primary Duty Station	Hours Worked at Alternate Work Location	Lunch
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total Hours:			

<input type="checkbox"/> Yes <input type="checkbox"/> No My total hours worked during AWL will decrease below my regularly scheduled number of hours.
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Terms and Conditions of Participating in the Alternate Work Location Agreement (AWL)

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact HR@tamug.edu or 409.740.4532.

- Continued participation in an AWL agreement is subject to continued department approval, business and operational needs and employee need.
- The AWL agreement does not modify the “at will” status of any A&M University nonfaculty employee.
- The designated alternate work location is considered an extension of the department’s workspace. The employee is expected to follow all Texas A&M University System Policies, Regulations and Texas A&M University Rules (located at <http://rules-saps.tamu.edu/>) while at the AWL.
- The AWL is governed by the provisions of Workers’ Compensation during the agreed upon work hours while performing work-related duties.
- The employee will submit appropriate documentation requesting sick leave, vacation or other types of leave, as applicable, and in accordance with established policies and procedures.
- The employee may be required to report to the primary workstation to attend meetings or attend to other responsibilities regardless of the AWL agreement. For employees working from home, Texas A&M University will not reimburse expenses relating to mileage, hotel, or food between the employee’s home and their work location. Business mileage does not include the normal commute to and from work. Under IRS Reg. § 1.262-1(b)(5), costs of commuting to the place of business or employment are personal expenses.
- The AWL and specific work area are subject to periodic review by the supervisor/department / unit head, or designee with reasonable notice to the employee.
- Texas A&M University equipment to be utilized at the AWL will be listed on an *Inventory of Equipment* form (if applicable), signed and dated by the employee and supervisor.
- The supervisor and employee will review and sign *the Alternate Work Location Safety and Security Checklist (if applicable)* when the location is provided and/or maintained by the employee.
- All products, documents, reports and data created at the AWL as a result of work-related activities are the property of Texas A&M University and are subject to the Texas Public Information Act.
- The employee will safeguard all work-related records and files from loss, damage, or unauthorized disclosure and will return all work-related property to the department upon request.
- The employee is responsible for providing the required work-related services such as internet and mobile data. The University will not reimburse or pay directly for the services and the cost will be considered a personal expense. Personal expenses are considered, but are not limited to, mobile data, internet, hotspots, access fees/charges, and/or service expenses.

<input type="checkbox"/> By checking this box, I acknowledge that I have read, understand and accept the terms and conditions of this agreement. I further acknowledge that my failure to comply with this agreement may result in termination of the alternate work location agreement and may also result in disciplinary action up to and including termination.	
_____ Employee Signature	_____ Date

II. To Be Completed by Department Head

Describe how the employee will communicate with supervisor and department:	
Briefly explain how hours worked will be tracked/recorded, if applicable:	
Briefly describe how work performance will be evaluated:	
Will completion of AWL Inventory of Equipment checklist be required? <i>If yes, complete section VII</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will completion of AWL Safety and Security Checklist be required? <i>If yes, complete section VIII</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Description attached <input type="checkbox"/> Yes <input type="checkbox"/> No	Recommendation <input type="checkbox"/> Approve Employee meets eligibility criteria listed in 33.06.01.M0.01 <i>Alternate Work Location and Regular budgeted employee as defined in 31.01.01 Compensation Administration</i> <input type="checkbox"/> Denied (Return to Employee; No Further Action Required)
Is employee able to perform job duties at AWL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> By checking this box, I certify having completed the above information and making the designated recommendation.	
_____	_____
Department Head Signature	Date

III. To Be Completed by TAMUG AVP

Select one. <input type="checkbox"/> Approved OR <input type="checkbox"/> Not Approved	
Comments	
Reviewed by	Date

IV. To Be Completed by TAMU VP for Research, If Required

Select one. <input type="checkbox"/> Approved OR <input type="checkbox"/> Not Approved	
Comments	
Reviewed by	Date

V. Send to Human Resources for Final Review

HR@tamug.edu

Select one. <input type="checkbox"/> Request meets AWL requirements OR <input type="checkbox"/> Request does NOT meet AWL requirements	
Comments	
Reviewed by	Date

VI. To Be Completed by COO

Select one. <input type="checkbox"/> Approved OR <input type="checkbox"/> Not Approved	
Comments	
Reviewed by	Date

VII. Alternative Work Location Inventory of Equipment

INSTRUCTIONS Certify ALL Texas A&M University owned equipment issued to an employee for use at an alternate work location (AWL) and to identify the conditions for use in accordance with SAP 33.06.01.M0.01, if applicable.

Equipment Listing: The following Texas A&M University equipment or resources has been designated for use at the AWL.

Type of Equipment	Inventory Number	Quantity

Statement of Agreement

- Equipment and other resources issued to the AWL will be maintained in a safe, secure and organized manner to avoid damage or loss.
- This equipment will be used in accordance with Texas A&M System Policies, Regulations and Texas A&M University Rules.
- Authorized personnel may visit the alternate work location with reasonable notice to ensure that this equipment is being maintained in accordance with the AWL agreement.
- The employee is responsible for any loss or damage due to negligence to the above Texas A&M University equipment.
- The employee will immediately return all Texas A&M University-owned equipment, supplies, etc. upon the request of the department or upon termination or expiration of the *Alternate Work Location Agreement*.

Employee Certification

I certify the equipment/resources listed above have been issued to me by Texas A&M University and received in good working condition. I have read, understand and will comply with all the terms and conditions of the above Statement of Agreement.

Employee Signature

Employee Name Printed

Supervisor Review

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

Supervisor Signature

Supervisor Name Printed

VIII. Alternative Work Location Safety and Security Checklist

INSTRUCTIONS Ensure steps have been taken to address the safety and security of the employee and of university owned equipment issued in accordance with SAP 33.06.01.M0.01, if applicable.

Alternate Work Location

- The employee has clearly defined workspace that is kept clean and orderly.
- The lighting is adequate for assigned tasks.
- Exits are free of obstructions.
- Supplies and equipment (both departmental and employee-owned) are in good condition
- The work area is well ventilated and heated for assigned tasks.
- Storage is organized to minimize risks of fire and spontaneous combustion.
- Cords, cable or other items are placed in an orderly fashion to prevent a tripping hazard.
- Surge protectors are used for Texas A&M University-owned computers, fax machines and printers.
- Heavy items are securely placed on sturdy stands close to walls.
- Computer components are kept out of direct sunlight and away from heaters.

Emergency Preparedness

- Emergency phone numbers (hospital, fire and police departments) are posted at the AWL.
- A first aid kit is easily accessible and replenished as needed.
- Portable fire extinguishers are easily accessible and serviced as needed.

Ergonomics

- The workstation (desk, chair, computer and other equipment) is arranged to be comfortable without unnecessary strain on the back, arms, neck etc.

Security of Information Resources

- [University Rule 29.01.03.M2, Rules for Responsible Computing](#) has been reviewed.

Other Safety or Security Items

Employee Certification

I have reviewed this checklist with my supervisor and have taken steps to ensure safety and security at my alternate work location. I understand this checklist is not all-inclusive and it is my duty as an employee of Texas A&M University to create and maintain a safe working environment at my AWL. I understand authorized department personnel may review my alternate work location with reasonable notice.

Employee Signature

Employee Name Printed

Supervisor Review

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

Supervisor Signature

Supervisor Name Printed

DISTRIBUTION:

- Original to Personnel File
- Copies to Employee, Supervisor
- Employee Relations Department

NEED HELP?

Human Resources Department
409.740.4532
HR@tamug.edu