



Alternate Work Location Agreement for Employees

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 hrteam@pvamu.edu or (936)261-1730. The information on this form, together with any attachments, is the property of Prairie View A&M University.

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. It is designed to be saved and forwarded via email, but it may be printed and the hard copy routed as described above.

I. To Be Completed by Employee	
Employee Name:	Title:
Department:	Date of Hire:

Benefit and Justification of AWL (provide supporting documentation for justification)

To Employee:
To Department:

Proposed Duration and Location of AWL

Start Date:	End Date:
Location: (street address, city, state and zip code)	

Proposed Work Schedule

FLSA Status	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt*	
	Hours Worked At Primary Duty Station	Hours Worked At Alternate Work Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Indicate specific and/or various types of assignments to be performed by the employee at the AWL and attach job description. Please attached additional pages, if necessary.

Terms and Conditions of Participating in the Alternate Work Location Agreement (AWL)

- 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 Prairie View A&M University Administrative Procedures and Rules (located at <http://www.pvamu.edu/policies/pvamu-administrative-procedures/>) 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.
- The employee may be required to report to the regular place of employment at least once a week.
- The employee and supervisor agree to review work assignments on an agreed upon schedule to ensure work is being timely and satisfactorily ecompleted.
- 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.
- Prairie View 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 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 Prairie View A&M University and are subject to the Texas Public Information Act
- The employee will safeguard all work-related records and files, to include confidential and sensitive information from loss, damage, or unauthorized disclosure and will return all work-related property to the department upon request.

<input type="checkbox"/> By checking this box, I acknowledge that I have read, understand and accept the terms and conditions of this agreement. This agreement is subject to termination upon request by the employee with ten (10) University business days written notice. The University reserves the right to terminate without a notice period for any violations of Texas A&M University System Policies, Regulations and Prairie View A&M University Administrative Procedures and Rules. 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.	Date:
Employee Printed Name : Employee Signature:	Date:

II. To Be Completed by Department Budget Head

Employee meets following eligibility criteria <input type="checkbox"/> Yes <input type="checkbox"/> N <ul style="list-style-type: none"> • Regular budgeted employee as defined in 31.01.01 <i>Compensation Administration</i> • Not subject to current formal disciplinary action • Able to perform duties of job description at AWL 	
Describe how the employee will communicate with supervisor,,department,and various university personnel: (via email and/or telephone)	
Describe how long distance calls will be made from the AWL:	
Briefly explain how hours worked will be tracked/recorded, if applicable:	
Briefly describe how work performance will be evaluated(employee shall follow the Univesity performance evaluation process):	
List equipment and software that will be used by the employee, remote access or other resources to be provided by Prairie View A&M University at AWL Will completion of AWL Safety Checklist be required? <input type="checkbox"/> Yes <input type="checkbox"/> No Will completion of AWL Inventory of Equipment checklist be required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Do Not Approve (Return to Employee; No Further Action Required)	
<input type="checkbox"/> By checking this box, I certify having completed the above information and making the designated recommendation. Name of Supervisor	Date:

III. To Be Completed by Area VP

<input type="checkbox"/> Request meets AWL requirements	<input type="checkbox"/> Request does not meet AWL requirements
Comments:	
Reviewed by:	Date:

IV. To Be Completed by Human Resources Reviewer

<input type="checkbox"/> Request meets AWL requirements		<input type="checkbox"/> Request does not meet AWL requirements	
Comments:			
Reviewed by:		Date:	

V. To Be Completed by President/Unit Head

<input type="checkbox"/> Approved		<input type="checkbox"/> Not Approved	
Comments:			
Signature:		Date:	

DISTRIBUTION: Original to Personnel File Copies to Employee, Department Budget Head and HR	NEED ASSISTANCE? Office of Human Resources (936) 261-1730 hrteam@pvamu.edu
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