

ALTERNATE WORK LOCATION REQUEST AND TELEWORK AGREEMENT

PURPOSE: 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.

INSTRUCTIONS

The form is initiated by employee and routed through appropriate chain of authority to the final approver. Email approved form to human.resources@tamucc.edu.

To Be Completed by Employee

EMPLOYEE NAME (Last, First Middle)	JOB TITLE
DEPARTMENT	DATE OF HIRE

Benefit of Alternate Work Location

Why I am making this request: _____

Benefit to me as an employee: _____

Benefit to my department: _____

Proposed Duration and Location of Alternate Work Location

START DATE	END DATE
LOCATION (Physical Address)	

Proposed Work Schedule

FLSA STATUS:

Exempt

Non-exempt*

**Hours worked over 40 per week must be preapproved by supervisor.*

	Hours Worked At Primary Duty Station	Hours Worked At Alternate Work Location	Lunch
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

TELEWORK EXPECTATIONS AND AGREEMENT

In addition to obtaining approval from the appropriate Vice President to work from an Alternate Work Location, the first-level supervisor and employee must each review and accept the Telework Expectations and Agreement. In doing so they each pledge to abide by TAMUS and TAMU-CC policies and procedures, including but not limited to: [TAMU-CC IT Standards for All Users](#), [Responsibilities of Faculty Members](#) (for faculty), [External Employment](#), [Ethics](#), specific departmental telework procedures, and any additional telework requirements.

SECTION I: Telework Expectations

The list below provides general guidance and orientation to supervisors and employees. The employee and supervisor should discuss each item and acknowledge their mutual understanding of the Telework Expectations before agreeing to the statements at the end of this page.

1. Employee and Supervisor have reviewed the [TAMU-CC IT Standards for All Users](#) and other applicable policies mentioned above.
2. Employee and Supervisor have agreed on a schedule of assigned telework hours.
3. Performance expectations have been discussed and are understood. Assignments and due dates are documented.
4. Communication procedures and expectations have been defined and unit staff have been notified of the procedures.
5. Employee's responsibility for adequate and reliable office space at the telework location has been discussed with the supervisor. Employees discussing confidential data via WebEx or other virtual platforms have been informed of privacy requirements for those meetings.
6. If the employee is taking any University-owned equipment to telework they have filled out a [Property Office Off-Campus Use Permit Form](#).
7. Supervisor expectations for modifying, suspending, and/or terminating telework have been discussed and are understood.
8. The employee has been notified that if telework is suspended or terminated, the employee is required to return to work.

SECTION II: Telework Agreement

The employee and supervisor should discuss each item and acknowledge their mutual understanding of the Telework Agreement before agreeing to the statements at the end of this page. The employee agrees to the following:

1. I will abide by TAMUS and TAMU-CC policies and procedures, including but not limited to: [TAMU-CC IT Standards for All Users](#), [Responsibilities of Faculty Members](#) (for faculty), [External Employment](#), [Ethics](#), and any specific departmental telework procedures.
2. My employment benefits and rights will not be affected.
3. I will provide a telework environment conducive to the successful completion of assigned job tasks.
4. I will maintain and protect the confidentiality of work-related information in my possession or under my control, regardless of how that information is stored or displayed.
5. I will ensure that any state records will be stored on University-owned resources (i.e. iDrive, Syncplicity) or that I will transfer any state records to a University-owned resource within 24 hours of the termination of my telework.
6. I will abide by job related schedules and guidelines as agreed upon with my supervisor.
7. I will abide by specific requirements established in the Telework Expectations, additional telework requirements noted by my supervisor, and in policies or guidelines specific to my department or program area.
8. If I am an FLSA non-exempt employee, I will not work hours other than those approved by my supervisor each day unless approved in advance by my supervisor. I agree to enter my hours into Workday by the applicable deadline.
9. If I am a full-time, leave eligible employee, I will submit the appropriate time off request in Workday if I do not work 40 hours.
10. I will not be reimbursed for travel to or from the office.
11. If my telework agreement is suspended or terminated, I am required to return to work.

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12. The University may suspend or terminate the telework agreement with a 24-hour notice.
13. If I am taking any University-owned equipment I have filled out a Property Office Off-Campus Use Permit Form.
14. I am expected to be connected and working during my normal work schedule hours just as if I were in the office.
15. There will be no negative impact to projects, assignments, and meetings due to teleworking.
16. I am expected to notify my supervisor of any deviation from my normal work schedule that includes any time the I will be disconnected or offline.
17. I am expected to remain available by phone and email during my normal work schedule hours.
18. I am expected to participate in meetings and, if needed, remain available after meetings for internal groups discussions/debriefs.

SECTION III: Additional Terms and Conditions

* 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-Corpus Christi Rules and 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 AWL and specific work area are subject to periodic review by the supervisor/department / unit head, or designee with reasonable notice to the employee. * TAMUCC 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 Texas A&M University-CC 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.

EMPLOYEE ACKNOWLEDGEMENT AND SIGNATURE

I acknowledge that I have read, understand and accept the terms and conditions of this agreement. I have reviewed information on telework from IT, have programmed my Duo to call a phone other than my office phone, and have verified my access to programs such as WebEx, Syncplicity, Jabber, and the VPN. 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.

Print Name

Signature

Date

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To Be Completed by Manager

Employee meets eligibility criteria listed in 33.06.01.M0.01 *Alternate Work Location*. Yes No

- Regular budgeted employee as defined in 31.01.01 *Compensation Administration*
- Able to perform duties of job description at AWL

Describe how the employee will communicate with manager and department:

Briefly explain how hours worked will be tracked/recorded, if applicable:

Briefly describe how work performance will be evaluated:

List equipment, remote access or other resources to be provided by Texas A&M-CC at Alternate Work Location:

Job Description is up-to-date in Workday. Yes No - Updates are provided under separate cover.

MANAGER RECOMMENDATION

Approve

Not Approved (Return to Employee; No Further Action Required)

MANAGER ACKNOWLEDGEMENT AND SIGNATURE

I certify having completed the above information and making the designated recommendation.

Print Name

Signature

Date

APPROVALS

DIRECTOR/DEAN

Print Name

Signature

Date

AVP

Only as applicable

Print Name

Signature

Date

VICE PRESIDENT

Print Name

Signature

Date

PRESIDENT

Only for those reporting directly to the President

Print Name

Signature

Date