

Texas Woman's University Alternative Work Arrangement Agreement Form

Name _____ Job Title _____

Department _____ Immediate Supervisor _____ Proposed Effective Date _____

In accordance with FLSA Guidelines, this position is:

Exempt Non-Exempt

If a health or disability issue is related to an alternative work arrangement, please contact the Office of Human Resources to determine if the request should be considered under the Family and Medical Leave Act (FMLA) or should be explored under the Americans with Disabilities Act (ADA).

TYPE OF ALTERNATIVE WORK ARRANGEMENT BEING PROPOSED:

- ☐ Flexible Schedule
- ☐ Telecommuting
- ☐ Combined Flexible Schedule and Telecommuting

Please fill in your proposed schedule. Use the *REMOTE* rows to indicate when you will telecommute, if applicable.

Day		Arrival Time	Departure Time	Meal Period	Total Hours
MON	Onsite				
	Remote				
TUE	Onsite				
	Remote				
WED	Onsite				
	Remote				
THU	Onsite				
	Remote				
FRI	Onsite				
	Remote				
SAT	Onsite				
	Remote				
SUN	Onsite				
	Remote				

Comments:

Please complete the following for Telecommuting or Combined Flexible Schedule and Telecommuting Arrangements:

Employees must complete the following (1-4). Supervisors must ensure the following is accurate and complete.

1. Proposed remote work location (address, city, state and zip code):
2. Typical assignments to be completed by employee at the remote work location:
3. Will personally owned equipment (laptops, desktop computers, etc.) be used? If so, please identify the equipment below and enter a ticket with ITS to review and approve the equipment. [Link to ITS Ticket Form](#)
4. List the University equipment and software that will be used by the employee in the remote work location which will be returned to the University immediately upon expiration or termination of this agreement. If you are using TWU owned equipment please complete the required asset transfer form. Link to [Asset Transfer Form](#). If you have questions regarding asset transfer, please contact assets@twu.edu.

The following may be completed by the Employee or Supervisor (5-7). However, supervisors must ensure the following is accurate and complete.

5. Describe how communication (i.e. email, phone, text, Zoom, etc.) will be coordinated.

6. List the supervisor's performance expectations and measures, how they will be communicated, and when feedback will be given (e.g. volume, quality of work and meet deadlines etc.).

7. List other relevant conditions, expectations of the agreement, (e.g., trial period date, onsite meeting requirements, etc.)

Flexible Schedule Arrangements only require immediate supervisor approval.

Telecommuting Arrangements & Combined Flexible Schedule and Telecommuting Arrangements require approval up to the Division Vice President.

Enter signature and forward to the next level supervisor for approval.

The final approver should forward the completed and signed agreement to AlternativeWorkArrangements@twu.edu and a copy to the supervisor of the employee so the employee can be notified.

☐ By checking this box, I (employee) acknowledge that I have read and agreed to the Alternative Work Arrangement policy and the terms and conditions of this agreement.

Employee Signature: _____

Approve ☐ Deny ☐

Supervisor Signature: _____

Approve ☐ Deny ☐

Dept. Head/Chair/Comp. Admin.: _____

Approve ☐ Deny ☐

Dean (if applicable): _____

Approve ☐ Deny ☐

Division Vice President: _____

Comments (restrictions, reason for denial, request to rework, etc.):