



Alternate Work Location Agreement

Check one: Full-time Exempt Employee (Non-faculty)

Employee A#: _____

Employee Name: _____
Last First Middle

Position Title: _____ Position #: _____

Name of Supervisor: _____ Department: _____

School or Unit: _____

Employee's Email Address: _____ Employee's Phone Number: _____

Address of Alternate Work Location: _____

City: _____ State: _____ Zip Code: _____

Alternate Work Location Telephone Number: _____

Alternate Work Location Fax Number (if applicable): _____

Working at an Alternate Location

The practice of working at an approved alternate location instead of physically traveling to a central workplace is a work alternative that supervisors may offer to employees when such requests meet the criteria for eligibility established by the Alcorn State University Alternate Work Location (AWL) Policy, pending approval of applicable administrative personnel. Such working arrangements must benefit both the institution and employees, resources must be available to accommodate the requests, and supervisory discretion must allow the employees to work at alternate locations.

Alcorn State University supervisors are not obligated to provide this arrangement, and Alcorn State University has the right to refuse to make working at an alternate location available to any employee and/or to terminate the arrangement at any time – regardless of whether the request meets the established criteria. Assignment of an alternate work location is not a benefit, term, or condition of employment.

Conversely, an employee has the right to refuse an offer to work at an alternate location if the option is made available. An employee who chooses to work at an approved alternate location has the right to return to his or her former in-office work patterns at any time upon providing fourteen (14) calendar days' notice or to exercise his or her rights under applicable provisions of the Family and Medical Leave Act or Alcorn State University leave policies.

The following are the conditions for working at an alternate location agreed upon by the employee, his or her supervisor, Human Resources Management, and the appropriate Vice President & Dean, and President/IEO.:

1. The employee agrees to all conditions described in Alcorn State University's Alternate Work Location (AWL) Policy.
2. The employee's status is full-time, exempt, in good standing with the University.
3. The existing employee has satisfactory performance (as defined by the Alternate Work Location (AWL) Policy).
4. The employee has successfully completed the probationary period (unless the work assignment has been previously designated as an alternate work location position).
5. The employee will complete the following work, at the following alternate location (please provide a work plan description; attach additional sheets as necessary):

6. A major requirement for an employee to work at an alternate location is the presence of sufficient dedicated space to support work-related activities. Given that, the employee agrees to work at the following specific location and dedicated workspace (please provide a general description of the alternate work location and a specific description of dedicated workspace):

7. Please check one:

The employee works at the alternate location ____ days per week for a total of ____ hours per week.

His or her specific work schedule will be _____
 (This information is required for non-exempt employees and is encouraged for all others).

The employee will work as needed when the following conditions exist:

8. If the employee is working fewer hours than his or her FTE, the remaining hours will be covered by:

Leave (Paid, Approved) Leave without Pay
 Work at the Official University Work Location N/A

The appropriate supervisor must approve any changes to this schedule (referenced in #7 and #8 above) in advance.

9. The agreement to work at an alternate work location will begin ___/___/___ and end on ___/___/___.
 Upon the conclusion of the employee's alternate work location assignment, the employee shall be expected to report to his or her official university work location.

10. The following equipment will be furnished by the university for use in the alternate work location (include property decals where appropriate):

11. The following is the arrangement agreed upon for handling telephone calls made by the employee working at the alternate location:

12. The following is the arrangement agreed upon for providing Internet access and VPN log-in for the employee working at the alternate location:

13. The following is the arrangement agreed upon for providing personal care for a child or dependent adult during scheduled work hours (as applicable):

14. All additional equipment, supplies and services will be furnished by the employee, including the following:

15. The employee agrees to obtain his or her messages from the department at least _____ times per day.

16. The employee may not hold any work related meetings at the alternate work location. All such official meetings must be held at the employee's primary Alcorn State University work location.

17. In the case of a work-related injury, the employee agrees to report the injury immediately to his or her supervisor and to Alcorn State University's Human Resource Management (601) 877-6188, to get instructions for obtaining medical treatment and completion of required documents.

18. Additional conditions agreed upon by the employee and supervisor are as follows (when coworkers may have access to the employee, when telephone calls may be expected, etc.):

19. Please attach a current position description. In addition, be sure that a copy of the most recent position description is on file with Alcorn State University, Human Resources Management, 1000 ASU Drive, #390, Lorman, MS 39096.

Attestation:

I have read and understand the Alcorn State University Alternate Work Location Policy and agree to the dates, obligations, responsibilities, and conditions described therein.

The information I have provided in this agreement is accurate and true to the best of my knowledge and will be followed under the direction of my supervisor. I understand that if any information changes, it is my continuing duty to inform my supervisor and initiate the completion of an updated agreement.

I understand that I am responsible for adhering to specific work hours during which I may be reached directly. I am also responsible for furnishing and maintaining my alternate work location in a safe manner; receiving supervisory

permission to leave my alternate work location during scheduled work hours; employing appropriate security measures; and protecting university assets, information, confidential materials, and systems.

I further understand and agree that working at an alternate location is voluntary, inherently temporary, and I may stop at any time upon providing 14 days' notice to my supervisor. I also understand that Alcorn State University may at any time change my assignment that permits me to work at the alternate location, including terminating the agreement without any period of notice. I hereby confirm that I have no right of expectancy or property interest that any new offer regarding an alternate work location will be made or that the agreement will continue. I also agree to hold Alcorn State University and the State of Mississippi harmless against any claims, excluding workers' compensation claims, resulting from working at an alternate location.

Employee's Signature

Date

Supervisor Contact Information:

Supervisor's Name

Phone Number

Email Address

Approved Signatures:

Supervisor (Please Print)

Supervisor's Signature

Date

Vice President (Please Print)

Vice President's Signature

Date

Dean (Please Print)

Vice President's Signature

Date

CHRO (Please Print)

CHRO's Signature

Date

President/IEO (Please Print)

President/IEO Signature

Date