



## Request for Alternate Work Location (AWL) Arrangement Form

Employee Name: \_\_\_\_\_ A#: \_\_\_\_\_  
Employee Title: \_\_\_\_\_  
Department: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_

Full-time Exempt Employee (Non-Faculty)

Alternate Work Location Arrangement Requested:

Proposed Start Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_

**Please answer the following questions:**

1. What is the benefit of your AWL to the department? What is the benefit of AWL to you?
2. Briefly describe your job including the functions you perform on a daily basis. Please include any daily, weekly or monthly activities that require your participation.
3. Based on your functions described above, how will coverage be ensured when you are not on-site?
4. How will your participation in the workplace be altered?
5. What other areas do you work with internally, on campus or externally? (bullet list suggested here)
  - Department(s)
  - Campus customers



**Supervisor Comments:**

**Supervisor Review:**

Proposed AWL is (check one)

- Approved
- Declined
- Modify and resubmit

If a revision of the request is required or is declined, please describe revision and/or business rationale for denial below:

If approved:

Alternate Work Location Start Date: \_\_\_\_\_

Alternate Work Location End Date: \_\_\_\_\_

All alternate work location arrangements will be reviewed on a periodic basis. The University recommends supervisors schedule reviews after the first, third and sixth month, and periodically (at least annually) thereafter.

Reassessment date: \_\_\_\_\_

Reassessment date: \_\_\_\_\_

Reassessment date: \_\_\_\_\_

Reassessment date: \_\_\_\_\_

**Attestation:**

I understand that approval of this proposal does not constitute, and will not be construed as a contract of employment. This alternate work location arrangement is not intended to supersede or override Alcorn State University employment policies at any time. I also understand that if approved, my AWL can be altered, extended or eliminated at the discretion of university management.

Staff member Signature:

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Supervisor Signature:

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**For Vice President Use Only**

Date Received:

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Disposition:

- Approved
- Denied
- Returned for Revision

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**For Dean Use Only**

Date Received:

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Disposition:

- Approved
- Denied
- Returned for Revision

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**For Human Resources Management Use Only**

Date Received:

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Disposition:

- Approved
- Denied
- Returned for Revision

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**For President/IEO Use Only**

Date Received:

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Disposition:

- Approved
  - Denied
  - Returned for Revision
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