

Alternate Work Location Request Pilot Program

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			Supervisor I	nformation			
*Requests must be initial	ated by the in	mmediate su	pervisor.				
Name			Departr	nent	email address		
			Employee I	nformation			
Employee Nome							
Employee Name			Departii	ient	eman address		
Job Title					_		
			Proposed Sch	edule Details			
Proposed Duration:							
Proposed Schedule: Alt	arnata Work	Location	1	Proposed Schedu	la: Campus		
*				•		Б.1	TD + 1
Days		End		Days		End	
	Time	Time	Hours		Time	Time	Hours
	Start	End	Proposed School		le: Campus Start Time	End Time	Total Hours



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work schedule has been discussed and assessed by the employee's supervisor. Additionall onsibilities regarding the schedule have been discussed with the employee. Either employ	
inate this work schedule due to a change in circumstances.	
Supervisor Signature Date	
Employee Signature Date	
Required Approval Signatures	
This proposal is approved and forwarded.	Yes
After reviewing the needs of the department and university against the request of the employee's supervisor and the employee, the request cannot be approved at this time.	No
This proposal is denied at this time.	
Department Head Signature Date	
This proposal is approved and forwarded.	Yes
After reviewing the needs of the department and university against the request of the employee's supervisor and the employee, the request cannot be approved at this time.	No
This proposal is denied at this time.	