



ALTERNATE WORK LOCATION REQUEST

Employee name: _____ Department/Unit: _____

Date of hire: ____ / ____ / ____ Date of current assignment: ____ / ____ / ____

Job title: _____

1. Benefit of AWL to employee: _____

2. Benefit of AWL to department/unit: _____

3. Indicate proposed work schedule:

	Primary Duty Station Hours (e.g., 8:00-12:00 p.m.)	Alternate Work Location Hours (e.g., 1:30-5:30 p.m.)	Lunch (e.g., 12:00-1:30 p.m.)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

4. Start date of proposed schedule: ____ / ____ / ____ End date of proposed schedule: : ____ / ____ / ____

5. Proposed alternate work location site: _____

I request approval to work at an alternate work location. I agree my supervisor and I will complete the *Alternate Work Location Agreement*, *Inventory of Equipment* (if applicable), and the *Alternate Work Location Safety Checklist* (if applicable) if my request is approved. I agree that Texas A&M AgriLife is not obligated to provide resources/equipment to establish an office away from the usual duty station.

Employee signature: _____ Date: _____

Recommend approval: Yes No Reason: _____

Supervisor signature: _____ Date: _____

If supervisor does not recommend approval, the employee and next level supervisor will be notified by providing them a copy of this completed form. No further action is necessary.

Department/Unit Head signature: _____ Date: _____

Director/Deputy Director signature: _____ Date: _____