

**The Texas A&M University System Health Science Center  
ALTERNATE WORK LOCATION AGREEMENT**

State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. Contact: [hadminfb@tamu.edu](mailto:hadminfb@tamu.edu) or (979) 845-4141.

**Employee Information:**

EMPLOYEE NAME

DEPARTMENT

EMPLOYEE'S TITLE

INDICATE EXEMPT OR NON-EXEMPT

**Work Location Information**

PRIMARY/REGULAR WORK LOCATION

TEL NO.

EMAIL ADDRESS

ALTERNATE WORK LOCATION

TEL NO.

EMAIL ADDRESS

**Alternate Work Location Implementation Procedures**

1. Describe how the employee will communicate with supervisor and department: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Briefly explain how hours worked will be tracked/recorded: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Briefly describe how the quality and quantity of work will be evaluated? What measures will be used to determine that the agreement is working successfully for the department?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Alternate Work Location Schedule</b>
---

	<u>Primary Work Location Hours</u>	<u>Alternate Work Location Hours</u>	<u>Lunch</u>
<i>Monday</i>	_____	_____	_____
<i>Tuesday</i>	_____	_____	_____
<i>Wednesday</i>	_____	_____	_____
<i>Thursday</i>	_____	_____	_____
<i>Friday</i>	_____	_____	_____
<i>Saturday</i>	_____	_____	_____
<i>Sunday</i>	_____	_____	_____
	_____	_____	
	START DATE OF AWL SCHEDULE	END DATE OF AWL SCHEDULE	

<b>Terms and Conditions of Participation</b>
--

1. Working at an alternate work location is an option and not a right.
2. Participating in an alternate work location agreement can be terminated at anytime by the supervisor or the employee.
3. The employee will develop and follow an effective communication strategy with their supervisor and co-workers.
4. Conditions of employment with The Texas A&M University System Health Science Center are not affected by working in an alternate work location.
5. The designated alternate work location is considered an extension of the department’s workspace and is governed by the provisions of Worker’s Compensation during the agreed upon work hours while performing work-related duties. The employee will immediately report to their supervisor job-related accidents which occur at the alternate work location during the agreed upon work hours while performing work-related duties.
6. The alternate work location and specific work area are subject to periodic review by the supervisor/department head/unit head/or designee with reasonable notice.
7. The alternate work location environment will be professional when receiving or making work related phone calls (e.g., no barking dogs, loud music/television, crying children in the background, etc.)
8. Working in an alternate work location is not a substitute for dependent care.
9. Work hours, use of annual leave, sick leave, and all other types of leave will conform to current Texas A&M University System Policies and Regulations. The employee will maintain their work schedule and submit appropriate documentation requesting sick leave, annual leave, or other types of leave (when applicable).
10. Business meetings with third parties will be conducted at the primary duty station.

