



Alternative Work Agreement Form

INSTRUCTIONS: This form is to be used by staff requesting an **alternate work location** as an exception to the normal work location. Alternative work agreements are subject to the conditions outlined in **PS 02.B.17**. **Requests for alternate work schedules, compressed workweeks, or occasional alternate work locations do not require this form and may be presented directly to the supervisor.**

EMPLOYEE INFORMATION

Employee Name: _____	Employee ID: _____
Job Title: _____	Department: _____
Supervisor Name: _____	
Effective Dates: From: _____ to _____ (Cannot exceed one semester.)	
Address where work will be performed: _____	

PROPOSED ALTERNATE WORK SCHEDULE

	Regular Work Location Hours (Campus office)	Alternate Work Location Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

The general expectation of this agreement is that the employee will effectively accomplish their regular job duties, regardless of work location.

EQUIPMENT AND TECHNOLOGY ACCESS

List all UHD-owned equipment to be used at the alternate work location. All UHD-owned equipment located at the alternate work location must be returned to the University immediately upon expiration/termination of this agreement. In the event of equipment failure or service interruptions, the employee must notify their supervisor immediately.

Equipment/Device:		Serial #:	
Equipment/Device:		Serial #:	
Equipment/Device:		Serial #:	
Equipment/Device:		Serial #:	

SUPERVISOR RESPONSIBILITIES

- A. Be clear regarding performance and conduct expectations.
- B. Regularly assess the employee's quality of work, responsiveness, work effectiveness, efficiency, and productivity.
- C. Ensure the employee has appropriate safeguards in place before providing access to any sensitive information.
- D. Maintain optimal services and operation of your department.
- E. Understand that all University policies apply to the alternative work arrangement.

EMPLOYEE'S CERTIFICATION

I certify the following:

- I have been with UHD **at least 90 days**. YES NO
- I am not on a Performance Improvement Plan (PIP) or disciplinary action YES NO
- My position is eligible for 100% Remote or Hybrid work YES NO
- I met/exceeded expectations in my most recent performance evaluation YES NO

By signing this form, I acknowledge I have read the Alternative Work Arrangements Policy, **PS 02.B.17**. I understand it is within the discretion of my supervisor, department head, and vice president to approve or deny my alternative work arrangement request and that I must comply with the steps and requirements below:

- A. Determine if your position is eligible for alternative work arrangements. If so,
- B. Complete remote work training and a minimum of **three (3) hours** of learning activities that focus on maintaining productivity while working remotely.
- C. Attach verification of completion of required training and learning activities to this form.
- D. Have access to the necessary resources to perform essential job functions and any other assigned activity(ies).
- E. Have access to electrical outlets, cellular network, and/or landline phone access and internet connectivity to conduct University business at my own expense.
- F. Connect to the Virtual Private Network (VPN) and follow the '[Work from Home IT Security Guidelines](#)' if using my personal computer for conducting remote work.
- G. Ensure the remote work location is free from non-work-related events and activities that would disrupt or interfere with work.
- H. Ensure the remote work location is safe and free of all hazards and can keep any confidential and/or sensitive information or data safe and secure.
- I. Be willing and able to securely dispose of any confidential and/or sensitive information.
- J. Understand that no confidential or proprietary information or data may be downloaded, placed, or maintained on a non-University device or equipment.
- K. Be available for communication and contact by phone, email, and/or video conferencing throughout the workday as if I was working at my regularly assigned place of employment and may be required to have my camera on while video conferencing.
- L. Be willing to report to the regularly assigned place of employment upon the supervisor's request when operational needs require.

- M. Meet deadlines, produce quality work and sustain acceptable levels of work performance.
- N. Discuss any change to the alternative workplace arrangement with my supervisor once it is established, including termination of the arrangement.
- O. Understand and agree to all University of Houston-Downtown, University of Houston System, and State of Texas Codes and policies applicable to the alternative workplace arrangement.
- P. Understand that all leave policies and procedures continue to apply regardless of whether the work is being performed on-campus or from a remote location.
- Q. Understand and agree that information or data related to University business is subject to collection and review by the University.
- R. Follow the same dress code during business hours and business-related events as when working on campus.

 Employee Signature Mobile Phone # Date

Alternative Work Arrangement is hereby: Approved Denied

If approved, indicate the days/times of the Alternative Work Arrangement.

	Alternate Work Schedule Days/Times
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Comments:

If denied, state the reason:

 Supervisor's Name Supervisor's Signature Date

 Department Head's Name Department Head's Signature Date

 Vice President's Name Vice President's Signature Date