



Alternate Work Location Request Pilot Program

A strong justification must be provided on how approval of this request will benefit the operational needs of the University:

The work schedule has been discussed and assessed by the employee’s supervisor. Additionally work duties and all related responsibilities regarding the schedule have been discussed with the employee. Either employee or supervisor may elect to terminate 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.	

Vice President/Division Head Signature

Date

This proposal is approved.

Yes Vice President/Or 1.1