

Alternate Work Location Request

Office of Human Resources

With few exceptions, you have the right to request, receive, review, and correct information about yourself using this form.



TEXAS A&M
INTERNATIONAL
UNIVERSITY

An Alternate Work Location means working from home or another location not on the Texas A&M International University (TAMIU) campus in Laredo, Texas. An Alternate Work Location may be long-term or temporary. This form is required for an Alternate Work Location request, which allows the employee to justify travel and other expenses from the Alternate Work Location. All Alternate Work Location requests will be reviewed in accordance with *System Regulation 33.06.01, Flexible Work Arrangements* and *TAMIU SAP 33.06.01.L0.01, Flexible Work Arrangements*.

EMPLOYEE NAME: _____ UIN: _____

TITLE: _____ DEPARTMENT: _____

ALTERNATE WORK LOCATION:

Name of Location/Company/Institution

Street (Physical) Address

City

State

ZIP Code

DURATION OF REQUEST:

Start Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

JUSTIFICATION: On a separate sheet attached to this form, provide details to justify this request. Explain the reason for the request, including: (1) the benefit to TAMIU; (2) the job duties; (3) the employee responsibilities; (4) the focus of the work; (5) the interactions with locations that are to be visited (if any); (6) how work and initiatives will be monitored and supervised; (7) how and how often communication will occur between the employee and supervisor; (8) what the equipment needs are; (9) how equipment maintenance will be addressed; and (10) how employee safety will be ensured.

CERTIFICATION: I request permission to work the Alternate Work Location outlined above. I believe that my work can be accomplished with no loss of effectiveness, efficiency, customer service, or disruption to the operations and others in my department. I understand that all approvals must be obtained in advance, prior to the commencement of this request. **I understand that my supervisor may require me at any time and for any reason to return to the regular work location, and I agree to do so upon request.** I concur with the arrangements described above under "Justification." I understand that I must initiate a new request if I wish to continue on an Alternate Work Location, make a change to an existing Alternate Work Location, or cancel an existing Alternate Work Location prior to the end date.

X _____
Employee Signature *Date*

X _____
Supervisor Signature *Date*

X _____
Department Head/Dean Signature *Date*

X _____
Appropriate VP Signature *Date*

X _____
President Signature *Date*

X _____
Director of HR Signature *Date*

Submit completed form with all approvals to the HR Office.