



Alternate Work Arrangement Agreement

EMPLOYEE INFORMATION:

Name: _____ ID# _____

Title: _____ Department: _____

Telecommuting Flex Time Compressed Work Week Flex Year Job Sharing

Alternate Work Location (if applicable): _____

Agreement begin date: _____ Agreement end/review date: _____

<input type="checkbox"/> Exempt employee <input type="checkbox"/> Non-exempt employee (1 hr. lunch break must be scheduled)	Alternate Work Schedule (hours)				Total hours
	On-Site		Off-Site		
	Begin	End	Begin	End	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total Hours					

Conditions and Reminders:

- The university's core business hours are Monday through Friday, 8:00 am to 4:30 pm CST
- This agreement may be severed at any time by written notification of the university or upon request of the employee.
- If working from a home-based location, the university, upon consultation with HR, maintains the right to inspect the employee's work facilities upon request.
- The employee will indemnify and hold the university and the State harmless from any and all claims, demands, judgments, liabilities, losses, damages, or expenses resulting or arising from injury or property damage to third persons at employee maintained home-based work locations.
- The employee will indemnify and hold the university and the State harmless from any and all claims, demands, judgments, liabilities, losses, damages, or expenses resulting or arising from any injury or damage to any person, corporation or other entity caused directly or indirectly by the employee's willful, malicious, or criminal acts or omissions or for acts or omissions done for personal gain.
- Employee will maintain communication with supervisors, colleagues and others via: (list home office number/cell phone number, etc.,) _____
- During emergency or weather-related closings, the employee will: _____

Comments (if, applicable): _____

This document establishes an alternate work arrangement per the stipulations of APSU Policy 5:010, Alternate Work Arrangements. By signing below, the employee agrees to abide by all stipulations stated therein. All forms must be returned to the Department of Human Resources.

Employee Signature

Date

Supervisor Acknowledgement

- Approve
- Approve with Modifications: _____
- Deny (Select Appropriate Reason Below)
 - Business Demands/Projects
 - Limited Staff Availability
 - Reduced Business Continuity

By approving this alternate work arrangement, I attest that I have preventative strategies in place to mitigate workplace time theft and ways to measure and manage productivity.

Supervisor/Chair Name (Print) Signature

Date

Department Head/Dean Acknowledgment

Department Head/Dean Name (Print) Signature

Date

Vice President/Provost Acknowledgment

Vice President/Provost (Print) Signature

Date

Human Resources Acknowledgment

Human Resources (Print) Signature

Date