



**Alternative Work Arrangement and Location Form**

Employee Name	
Supervisor Name	
Job Title	
Department	
Location(s) where work will typically be performed	
Most recent performance review rating (employees must at least meet expectations to have an alternative work agreement)	

Alternative work arrangements are only valid for up to one year and must be reviewed with any modifications made by July 1 for the next year. Employees and supervisors should date the document to note its review date each year.

The employee or department may end an alternative work arrangement by providing no less than two weeks' notice. This does not apply to accommodations through the Americans with Disabilities Act. All proposed changes are subject to department supervisor approval.

**OPTION:**

- Compressed Full-Time
- Remote Work
- Flexible Schedule

WEEK	AVAILABLE HOURS	LUNCH
Mondays		
Tuesdays		



Wednesdays		
Thursdays		
Fridays		

**Responsibilities & Expectations**

An employee’s work status and responsibilities will remain unchanged if working an alternative work arrangement. If there are specific expectations or alterations, please specify those below. Each employee will continue to meet job expectations in an alternative work arrangement.

All remote employees must complete the [Alternate Worksite Safety Checklist](#).

**Guideline Acknowledgement** (Employees should initial each of the following):

\_\_\_\_ My annual base salary will not change as a result of this alternative work arrangement. In addition, my salary will remain subject to merit increases consistent with University guidelines. This arrangement does not change my status or other terms and conditions of my employment;

\_\_\_\_ I will continue to be subject to the conditions of the University PPM and all other rules, procedures, or directives of my supervisor or department;

\_\_\_\_ I understand and agree to comply with the Alternative Work Arrangement Procedures; and

\_\_\_\_ This alternative work arrangement will be evaluated regularly to determine whether the arrangement can be continued. This will include a written daily or weekly report or equivalent performance measurement as determined between myself and my supervisor.

\_\_\_\_ This arrangement will remain in effect for as long as, in the opinion of my supervisor or the University, University conditions and department needs allow and that my overall job performance remains at a satisfactory level. I understand that I may need to rearrange my work arrangement subject to the direction of my supervisor or the University. If either I, my supervisor, or the University determines the alternative work arrangement is not working, this arrangement may be terminated at any time. Supervisors should strive to provide reasonable notice of termination. However, the employee must be prepared to attend requested meetings or perform other job requirements in person when the



**WEBER STATE UNIVERSITY**

Human Resources

employee’s in-person attendance is requested. In such cases, the supervisor shall provide sufficient notice to allow the employee reasonable time to travel to campus.

\_\_\_\_ I have read, understand and agree to all provisions of the [Alternative Work Guidelines](#).

As a University employee, I understand that this does not constitute an employment contract between me and the University and that the University may establish different work arrangements and work hours at their discretion. This form does not create an express or implied contract or promise of employment for a definite term.

I understand and agree to the terms and conditions stated above.

Employee Signature

Date

Supervisor Signature

Date

Next Level Manager

Date

Human Resources

Date

This form will be reviewed again by \_\_\_\_\_(date). Alternative work arrangements are reviewed at least annually.

Note: If the funding for the position comes from a source other than the department account, please consult with the administrator of the funding source before entering into this agreement.