



Alternative Work Agreement Form

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

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 **MAPP 02.04.10**.

EMPLOYEE INFORMATION

Employee Name: _____	Employee ID: _____
Job Title: _____	Department: _____
Supervisor Name: _____	
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		

Effective Dates: From: _____ to _____ (Cannot exceed the academic/fiscal year.)

EQUIPMENT AND TECHNOLOGY ACCESS

List all UHCL-owned equipment to be used at the alternate work location. All UHCL-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 #:	

SUPERVISOR RESPONSIBILITIES

- A. Clear understanding of remote employee 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 employed at UHCL for **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
- I have completed the required TAP training and learning activities. YES NO
- I have downloaded Jabber, so my office calls can be routed to my personal cellphone. YES NO

By signing this form, I acknowledge I have read the Alternative Work Arrangements Policy, **Policy Number**. 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 the approved remote work training in LinkedIn Learning that focus on maintaining productivity while working remotely. The LinkedIn Learning activities are required only once per year.
- C. Attach verification of completion of required training and learning activities to this form. This is required for those that did not complete this training in the past year.
- 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-Clear Lake, 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.

Employee Signature	Mobile Phone #	Date
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Supervisor's Name	Supervisor's Signature	Date
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Department Head's Name	Department Head's Signature	Date
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Vice President Name	Vice President Signature	Date
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Alternative Work Arrangement is hereby: _____ Approved _____ Denied