

## Alternate Work Schedule: Temporary Work from Home Agreement Form

The purpose of this form is to document approval and expectations associated with a temporary Work from Home arrangements approved in advance by the employee's immediate supervisor, along with the review and approval of the Vice Chancellor of the administrative division before working from home. Work from Home agreements will be established in accordance with the UTC Work from Home Guidelines.

Employee:

Personnel Number:

Position Title:

Supervisor's Name:

Department:

Division:

Classification Status: \_\_\_\_ Exempt, \_\_\_\_ Non-Exempt

Work from Home Arrangement Requested by: \_\_\_\_ Employee \_\_\_\_ Supervisor

Reason for Work from Home Arrangement Request:

\_\_\_\_ Need to Care for Others (e.g., children, spouse, elders, etc.) *(Please contact the Office of Human Resources to determine if Family Medical Leave procedures should be initiated)*

\_\_\_\_ Medical Reasons *(Please contact the Office of Human Resources to determine if Family Medical Leave procedures should be initiated)*

\_\_\_\_ Inclement Weather

\_\_\_\_ University Continuity Planning in Response to Emergency Situations

\_\_\_\_ Other. Please briefly describe: \_\_\_\_\_

Justification for Work from Home Arrangement Request (Brief Description):

### Timeline

Proposed Start Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_

Comments:

Considerations for Essential-Services Personnel:

If a Work from Home Arrangement is being established for an essential-services personnel member then please identify the following work schedule(s) that may be required of the employee for university continuity planning in response to emergency situations (choose all that may apply):

\_\_\_\_ Work on Campus

\_\_\_\_ Serve in an On-call Capacity to return to campus as needed

\_\_\_\_ Work from Home

**Work from Home Arrangement Details and Performance Expectations**

The following sections may be used to guide administrators in reviewing the appropriateness of a Work from Home arrangement and establishing expectations for employees when performing work from a remote location.

**Proposed work Schedule** – Outline work days/hours required of the Work from Home schedule

**Duties to be performed** – List of duties if different from full portfolio of work outlined in position description

**Equipment required to perform duties remotely** - Include serial numbers if applicable of university-owned equipment that will be removed from campus for work from a remote location

**Communication Expectations** – List expectations for how the employee will communicate regularly with their supervisor, team members, customers, etc. to include expectations for attending meetings remotely or those that may require in-person attendance

**Other Expectations/Considerations Established:**

### **Administrative Signatures of Approval/Acceptance**

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Supervisor

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Date

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Next Level of Administration (if applicable)

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Date

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Division Vice Chancellor

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Date

### **Employee Signature of Approval/Acceptance**

I have read and understand the Work from Home arrangement proposal and agreement and accept the terms and conditions as outlined. I understand that University administration has the right to change or discontinue this arrangement at any time.

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Employee

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Date

### **Human Resources Review**

Confirmation of receipt and review by the Office of Human Resources.

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HR Reviewer

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Date