

## ALTERNATE WORK ACKNOWLEDGEMENT FORM

The purpose of this form is to document the alternate work arrangement (AWA) and approval by the supervisor, unit leader and UTSA Human Resources. AWA will be established following policy HR0380 Work Schedules.

**Request initiated by (if not employee):** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Employee Email:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Supervisor Email:** \_\_\_\_\_

**Work Location:** \_\_\_\_\_

**Justification and Reason for Request:**

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**Anticipated Dates (duration or ongoing):** \_\_\_\_\_

**Telecommute Work Location Address:** \_\_\_\_\_

**Indicate days and proposed hours per request under AWA. This assumes one-hour meal break after maximum of 6 hours worked.**

	<b>Remote Days Requested (select all that apply)</b>	<b>Work Hours if Different than 8-5</b>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

**Equipment/Supply Documentation**

	<b>Provided By</b>	<b>Equipment Identification or Tag Number</b>	<b>Cost Estimate (if not in inventory)</b>	<b>Other Notes/Comments</b>
<b>Computer</b>				
<b>Printer/Scanner</b>				
<b>Monitor(s)</b>				
<b>iPad/Surface Pro</b>				
<b>Camera (external with microphone)</b>				
<b>Keyboard, Mouse, Hot Spot, etc.</b>				
<b>Reimbursable Items (based on employee need)</b>				
<b>Other – General Supplies</b>				

**Performance Expectations** - Provide DETAILED expectations related to communication (frequency/mode), work output (delivery, quantity, quality, etc.), meeting attendance (frequency, in-person, Zoom, etc.), responsiveness to inquiries, activity reports (if needed and frequency), other items pertinent to performance expectations of alternate work agreement.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Unit Leader

\_\_\_\_\_  
Date

\_\_\_\_\_  
UTSA HR

\_\_\_\_\_  
Date