

Temporary Alternate Work Assignment/Location Plan

Note: This plan may be revoked at any time

	, ,	,
Employee information		
Employee Name	Department	Email Address
Supervisor Information		
Supervisor Name	Department	Email Address
☐ Alternative Assignments (for		s remotely) ative duties to be completed remotely)
Starting Date:		
Scheduling		
Exempt UUP, MC, and RF employee obligation and are expected to work a		ormal full-time or part-time professional mal business hours.
Supervisors should complete the follo	owing schedule for non-exempt	State and RE staff, and note that timekeen

Supervisors should complete the following schedule for non-exempt State and RF staff, and note that timekeeping rules still apply.

Days	Start Time	End Time
□ Sunday		
□ Monday		
□ Tuesday		
☐ Wednesday		
□ Thursday		
□ Friday		
□ Saturday		

The f	ollowing factors have been taken into consideration with this plan. The follow	ving pertains:		
1.	The assignment/location schedules will support the operations of the department.	□ Yes	S	No
 The position identified for flexible arrangements is conducive to above-noted schedules. A plan has been developed to monitor the work of the employee participating in this work arrangement. The employee has been notified that at any time the department may discontinue, temporarily suspend, or alter the schedule. 		□ Yes	S	No
		□ Yes	S 🗆	No
		□ Yes	S	No
5.	The arrangement will not generate overtime nor additional staff. If no, please describe:	□ Yes	S	No
relate	work assignment/schedule has been endorsed by the employee's supervisored responsibilities regarding the schedule have been discussed with the employee Signature Date	•	ork duties a	and all
шрі	oyee dignature Date			
Supe	rvisor Signature Date			
	Required Approval Signatures			
This	Proposal is approved and forwarded			Yes
sup	er reviewing the needs of the department and university and the request of the ervisor and the employee, the request cannot be approved at this time. proposal is denied at this time.	ne employee's		No
Depa	rtment Head Signature Date			
This	s Proposal is approved			Yes
After reviewing the needs of the department and university and the request of the employee's supervisor and the employee, the request cannot be approved at this time.				No No
The	proposal is denied at this time.			
Vice	President/Division Head Signature Date			