



## Request for Alternate Work Location Form for HROE Employees

**Privacy Notice:** State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge.

**INSTRUCTIONS** This form is completed by HROE employees to request approval for an Alternate Work Location. This form should be submitted to your HROE supervisor for consideration prior to initiating the action in Workday. Upon signature approval, this signed form should be uploaded in Workday with the Flexible Work Arrangement: AWL action.

Employee Name	Title
Supervisor Name	Department Name
Office Location	Location of Customer Base (if different from office location)

**Benefit of AWL**  
To Employee:

  
  

To HROE:

**Proposed AWL Schedule**  
Typical work schedule is 8am – 5pm, Monday through Friday, unless otherwise established by an approved Flexible Work Schedule.

Employees may select one (1) full day or two (2) partial days for an equivalent of eight (8) hours:

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (4 hours)					
Afternoon (4 hours)					

**Primary Responsibilities**  
Brief explanation of primary responsibilities, how those duties are completed (mode: online, over the phone, in-person, etc) and estimate percentage of time spent in those capacities.

1.            %

2.            %

3.            %

*Employee Name*

\_\_\_\_\_ is requesting an alternate work arrangement under rule 33.06.01.M0.01 Alternate Work Location for Non-Faculty Employees and attest that I have reviewed all HROE guidelines and criteria and verify that I and my alternate work location meet expectations for this request. I have completed all trainings prior to submitting this request.

I have reviewed University Rule [29.01.03.M2, Rules for Responsible Computing](#).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hub or COE Director (or Next-Level Supervisor) Signature

\_\_\_\_\_  
Date