**Alternate Work Arrangement Acknowledgment (Sample) EMPLOYEE INFORMATION:**

Name: \_ ID#

Title: \_ Department: \_

Remote Work Flex Time Compressed Work Week Flex Year Job Sharing

Alternate Work Location(s) (if applicable):

(If one or more locations is not in Tennessee, Human Resources and President (Chancellor for System Office employees) must approve in accordance with TBR Policy 5.01.01.20.)

Begin date: End/review date: \_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Exempt employee**  **Non-exempt employee** | **Alternate Work Schedule**  **(hours)**  **11111111** | | | |  |
| **Days** | **On-Site** | | **Off-Site** | |  |
|  | Begin | End | Begin | End | **Total hours** |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |
| Saturday |  |  |  |  |  |
| Sunday |  |  |  |  |  |
| **Total Hours** |  |  |  |  |  |

**If the chart above is not sufficient to explain the AWA, provide description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Employee acknowledges the following**:

• This arrangement may be ended at any time without cause by written notification of the Institution or upon request of the employee, if approved by the supervisor.

• Employee is responsible for complying with college information and data security policies and procedures.

• Employee will maintain appropriate communication with supervisors, colleagues, and others.

• During emergency or weather-related closings, the employee will be expected to maintain the normal work schedule unless otherwise instructed by the supervisor.

* (For remote work) Any employee working outside of Tennessee is solely responsible for any and all tax liability, including for state and local income tax, that results from working remotely and will indemnify the institution for any of employee’s unpaid tax liability resulting from a remote work arrangement. Any employee planning to work remotely from a state other than Tennessee is urged to understand the tax consequences of doing so.

Comments:

**This document is not a contract that obligates the Institution. By signing below, the employee acknowledges the requirements stated above and also those contained in TBR Policy 5.01.01.20, Alternate and Remote Work Arrangements.**

\_ Employee Signature Date

Approved:

\_ Supervisor Name (Print) Signature Date

**(Each institution should insert appropriate signature lines per local approval process, including Human Resources and President for remote work locations outside of Tennessee.)**

***Please return completed acknowledgment to the Department of Human Resources***