

Alternate Work Location Request Pilot Program

							Page 1 of 2
			Supervisor I	information			
*Requests must be initi	ated by the i	mmediate su	pervisor.				
Name			Departr	nent	email address		
Tunie			Depuid	licit			
			Employee I	nformation			
Employee Name		Department er		email address			
Linployee Maine			Departit		address		
Job Title							
			Proposed Sch	edule Details			
Proposed Duration:							
Proposed Schedule: Alt	tarnata Work	Location	T	Proposed Schedule:	Campus		
- ·				· ·	· ·	F 1	T 1
Days	Start	End	Total	Days	Start	End	Total
	Time	Time	Hours		Time	Time	Hours
I			1	1	1	1	1



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A strong justification must be provided on how approval of this request will benefit the operational needs of the University:

The work schedule has been discussed and assessed by the employee's supervisor. Additionally work duties and all related responsibilities regarding the schedule have been discussed with the employee. Either employee or supervisor may elect to terminate this work schedule due to a change in circumstances.

Supervisor Signature		Date
Employee Signature		Date
	Dequired Approval Signatures	

Kequired Approval Signatures			
This proposal is approved and forwarded.	Yes		
After reviewing the needs of the department and university against the request of the employee's supervisor and the employee, the request cannot be approved at this time.	No		
This proposal is denied at this time.			

Department Head Signature	
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Date

This proposal is approved and forwarded.	Yes
After reviewing the needs of the department and university against the request of the employee's supervisor and the employee, the request cannot be approved at this time.	No
This proposal is denied at this time.	

Vice President/Division Head Signature

Date

This proposal is approved.

Yes Vice President/0r 1.1