

Employee Information:

| | |
|---------------------------------------|---------------------------|
| Employee ID: | |
| Last Name: | First Name: |
| Civil Service Title: | Civil Service Title Code: |
| Office Title: | Office Title Code: |
| Agency Name: | Agency Code: |
| Date of Appointment to Current Title: | |

Schedule:

| Proposed Start Date: | | | |
|--|--|---|--|
| Day | Location | Anticipated Hours | |
| | <input type="checkbox"/> Office | From: AM <input type="checkbox"/> PM <input type="checkbox"/> | Until: AM <input type="checkbox"/> PM <input type="checkbox"/> |
| | <input type="checkbox"/> Alternate Work Site | From: AM <input type="checkbox"/> PM <input type="checkbox"/> | Until: AM <input type="checkbox"/> PM <input type="checkbox"/> |
| | <input type="checkbox"/> Office | From: AM <input type="checkbox"/> PM <input type="checkbox"/> | Until: AM <input type="checkbox"/> PM <input type="checkbox"/> |
| | <input type="checkbox"/> Alternate Work Site | From: AM <input type="checkbox"/> PM <input type="checkbox"/> | Until: AM <input type="checkbox"/> PM <input type="checkbox"/> |
| | <input type="checkbox"/> Office | From: AM <input type="checkbox"/> PM <input type="checkbox"/> | Until: AM <input type="checkbox"/> PM <input type="checkbox"/> |
| | <input type="checkbox"/> Alternate Work Site | From: AM <input type="checkbox"/> PM <input type="checkbox"/> | Until: AM <input type="checkbox"/> PM <input type="checkbox"/> |
| | <input type="checkbox"/> Office | From: AM <input type="checkbox"/> PM <input type="checkbox"/> | Until: AM <input type="checkbox"/> PM <input type="checkbox"/> |
| | <input type="checkbox"/> Alternate Work Site | From: AM <input type="checkbox"/> PM <input type="checkbox"/> | Until: AM <input type="checkbox"/> PM <input type="checkbox"/> |
| | <input type="checkbox"/> Office | From: AM <input type="checkbox"/> PM <input type="checkbox"/> | Until: AM <input type="checkbox"/> PM <input type="checkbox"/> |
| | <input type="checkbox"/> Alternate Work Site | From: AM <input type="checkbox"/> PM <input type="checkbox"/> | Until: AM <input type="checkbox"/> PM <input type="checkbox"/> |
| Daily Lunch Period: From: AM <input type="checkbox"/> PM <input type="checkbox"/> Until: AM <input type="checkbox"/> PM <input type="checkbox"/> | | | |

Work Assignment:

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|----------------------------------|
| Describe duties to be performed: |
| |

Describe communication methods to be employed:

Describe work reporting methods and format/frequency of updates:

NOTE

- Aside from specific modifications required to allow for alternate work arrangement, all other terms and conditions of employment will continue to apply.
- You must be available during anticipated hours in accordance with the prescribed communication methods and must maintain regular contact with my colleagues, supervisors and/or subordinates as you would in the traditional office location.
- You are expected to perform your work during anticipated hours on a regular basis; unless a change is mutually agreed upon.
- This is a temporary arrangement in response to the COVID-19 pandemic, and the agency may terminate or modify this arrangement at any time.

I, _____, acknowledge that I am in receipt of the Alternative Work Arrangement Form on _____.

Employee Signature:

Date:

Supervisor Signature:

Date: