



## ALTERNATE WORK LOCATION SCHEDULE

Employee name: \_\_\_\_\_ UIN: \_\_\_\_\_

Job title: \_\_\_\_\_ Department/Unit: \_\_\_\_\_

**Complete proposed work schedule below:**

	<b>Primary Work Location Hours</b> (e.g., 8:00-12:00 p.m.)	<b>Alternate Work Location (AWL) Hours</b> (e.g., 1:30-5:30 p.m.)	<b>Lunch</b> (e.g., 12:00-1:30 p.m.)
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			
<b>Sunday</b>			

1. Regular or primary work location address

2. Alternate work location address

3. Alternate work location phone number

4. Start date of proposed schedule (MM/DD/YYYY):

5. End date of proposed schedule (MM/DD/YYYY):

(End date may not be later than 8/31 of the current fiscal year. Requests must be renewed each fiscal year)

(With a few exceptions, you have the right to request, receive, review, and correct information about yourself collected using this form.)

**For questions concerning this form, please call 979-845-2423.**