

# Alternate Work Location Agreement

*Abbreviated/Expedited*

Available March 2020 – May 1, 2020



**All employees, including student and OPS employees, are eligible for this agreement if their work duties permit.**

***Please note:** Requests to approve an Alternate Work Location Agreement beyond the Spring 2020 semester — after May 1, 2020 — or an alternate work location outside of the state of Florida at any time requires approval of the appropriate vice president and should be documented using the full Alternate Work Location Agreement form found at <https://hr.ufl.edu/wp-content/uploads/2020/01/Alternate-Work-Location-Agreement-Form.pdf>.*

Prior to completing this agreement, please consider the following:

**Will the working arrangement mutually benefit both the department or division and the employee?**

Eligibility is contingent upon the employee's current position description and classification or assigned job duties.

**From a supervisory perspective, is the employee a good choice for working at an alternate location given his or her ability to work autonomously, need for face-to-face communication, ability to control and schedule work flow, reliability concerning work hours, self-discipline regarding work, etc.?**

University of Florida supervisors are not obligated to provide this arrangement, and the University of Florida has the right to refuse to assign an alternate location to any employee and/or to terminate the arrangement at any time—regardless of whether the request meets the criteria established by the Alternate Work Location Policy.

Conversely, employees have the right to refuse to work at an alternate location if the option is made available to them.

**Have you agreed upon a work schedule—either full- or part-time—that will be followed by the employee?**

If nonexempt, the employee also must understand that he or she is NOT allowed to work overtime without prior management approval in writing.

**Does the employee have adequate dedicated space at the alternate work location to allow and support work-related activities?**

**Does the employee have adequate internet service/access?**

**Have you discussed and decided whether the employee or the university will supply all necessary computer equipment, including software?**



4. The following equipment will be furnished by the university for use in the alternate work location (include property decals where appropriate):
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5. In the case of a work-related injury, the employee agrees to report the injury immediately to the UF Workers' Compensation Office, (352) 392-4940, to get instructions for obtaining medical treatment and complete the required documentation.

The information I have provided in this agreement is accurate and true to the best of my knowledge and will be followed under the direction of my supervisor. I understand that if any information changes, it is my continuing duty to inform my supervisor and initiate the completion of an updated agreement.

I agree that, among other things, I am responsible for establishing specific work hours during which I may be reached directly; furnishing and maintaining my alternate work location in a safe manner; receiving permission to leave my alternate work location from my supervisor during my scheduled work hours; employing appropriate security measures; and protecting university assets, information, confidential materials, and systems.

I further understand and agree that working at an alternate location is voluntary, inherently temporary, and that the University of Florida may at any time terminate the agreement without any period of notice. I hereby confirm that I have no right expectancy or property interest that any new offer regarding an alternate work location or telecommuting will be made or that the agreement will continue. I also agree to hold the state harmless against any and all claims, excluding workers' compensation claims, resulting from working at an alternate location.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Supervisor's Contact Information:

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

Approval Signatures:

\_\_\_\_\_  
Supervisor (Please Print)

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean or Director (Please Print)

\_\_\_\_\_  
Dean or Director's Signature

\_\_\_\_\_  
Date

For purposes of tracking the program, please forward a copy of this signed agreement to:

Printed Documents:

Classification & Compensation

UF Human Resources

PO Box 115009

Gainesville, FL 32611

Digital documents may be emailed to [compensation@ufl.edu](mailto:compensation@ufl.edu).

Questions? Please contact Classification & Compensation at (352) 273-2842.