



DHR Statewide Alternative Work Arrangement Agreement Form #: To be assigned.	Authority: MR 1.4, 4.13, 4.14; Budget Act
Effective Date: March 28, 2022	Supersedes: March 28, 2021; October 4, 2021

Employee Name: _____
 Department: _____ Division: _____
 On-Site Work Location: _____

If requesting to Telework, complete the following:

Requested Telework Location:
 Street Address: _____ City: _____
 State: _____ Zip Code: _____
 Description of Telework Alternative Work Location: _____

Part 2: Type of Request

Date of Request: _____
 Requested Effective Date: _____ through (Date): _____
 New Request Modify Request Discontinue Request
 Telework Alternative Work Schedule (AWS)

Additional Information:

Part 3: Requested Alternative Work Arrangement

Week 1	Please Select Work Location Telework, On-Site, Off	Start Time	End Time	Start Time	End Time	Total Hours	Week 2	Please Select Work Location Telework, On-Site, Off	Start Time	End Time	Start Time	End Time	Total Hours
If Requesting a windowed schedule complete the start and end time for each core window.													
Sunday							Sunday						
Monday													
Tuesday													
Wednesday													
Thursday													
Friday													
Saturday													
Calculate total hours for each week.													
Week 1 Total Hours							Week 2 Total Hours						
Total Pay Period Hours													

Part 4: Acknowledgment and Requested Effective Date

I have read and understand the **Alternative Work Arrangement (AWA) Policy and Procedures** and agree to the duties, obligations, responsibilities, and conditions for Alternative Work Arrangements described therein. I agree that, among other things, I am responsible for maintaining my work location in a safe manner, employing appropriate security measures, and protecting the State of Delaware’s assets, information, and systems.

I understand that my compensation, benefits, work status and work responsibilities will not change as a result of participation in alternate work arrangements and that an Alternative Work Schedule that would incur overtime will not be approved.

I understand that AWA are options offered at the agency’s discretion and are not an employee entitlement or right¹. A denial of telework and/or AWS requests or the revocation of an AWA Agreement are not subject to appeal or grievance unless Merit Rule Chapter 2 is invoked. I understand that employees may be required to telecommute or work from alternate work locations based on non-discriminatory, operational needs of the Agency.

I understand that my AWA may be discontinued at any time at my request or of my Agency Supervisor with two weeks written notice with justification.

I understand that in requesting and participating in an Alternate Working Arrangement I must be evaluated under the Suitability Criteria listed in the Procedures section of **AWA Policy and Procedures** and must comply with State and agency policies and practices.

I understand that my approved AWA Agreement must be requested, reviewed, and renewed annually or when modifications are made to the approved AWA agreement.

I understand that I must immediately notify my supervisor if I am not able to comply with any aspect of my alternate work arrangement or provisions of the policy.

Employee Signature

Date

You may type in your name for your signature. Do NOT use the Fill and Sign or eSign option.

AFTER COMPLETING THESE SECTIONS, THIS FORM MUST BE SENT TO YOUR MANAGER/SUPERVISOR

Part 5: Signature & Approval Section

Supervisors are required to review and complete the checklist below prior to approving this AWA Agreement Form.

Supervisor Checklist

- Employee has completed initial probationary period; approval has been granted from Cabinet Secretary or Agency Head for a probationary employee who otherwise meets the criteria for an AWA; or it is included as part of a job offer to a candidate.
- Employee meets or exceeds performance standards.
- Employee has not been subject to official notice of unsatisfactory performance or discipline, including suspension, involuntary demotion, or recommendation for termination, within the last 12 months.
- Employee has a current performance plan.
- Other notes: _____

¹ Exceptions to this term may apply for employees with offers of employment that include telework as a condition.

Telework Request is:

Approved Denied (If the request is denied provide justification below)

AWS Request is:

Approved Denied (If the request is denied or terminated, provide justification below)

Manager/Supervisor Signature

Date

You may type in your name for your signature. Do NOT use the Fill and Sign or eSign option.

Comments:

AFTER COMPLETING THIS SECTION, THIS FORM MUST BE SENT TO AGENCY MANAGEMENT

Approved Denied

Division Director or Agency Head or Designee Signature

Date

You may type in your name for your signature. Do NOT use the Fill and Sign or eSign option.

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purpose of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.

Part 6: Supervisory Section to Modify or Terminate Existing Agreement

Alternative Work Schedule Terminate Modify N/A

Telework Agreement Terminate Modify N/A

Reason for Termination or Modification:

Additional Management Comments:

A copy of this completed agreement must be sent to the Human Resources office by the Manager/Supervisor, Division Director or Agency Head/Designee .