

Temporary Alternative Workplace Assignment

Employee Name: _____ Employee SFID: _____

Supervisor Name: _____ Supervisor SFID: _____

Dates of TAWA: from: ____/____/____ to ____/____/____

Proposed Schedule

	Start of Day	End of Day	Total Hours
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Scope of Work/Assignment(s) (attach additional pages if necessary):

Communication:

Method: Email Phone (____) _____ - _____ Other (specify) _____

Frequency of communication with supervisor (ex. at start and end of work, daily, hourly, etc.)

Acknowledgement & Confirmation

By my signature below, I acknowledge, understand, and agree to abide by expectations as outlined above and the *Temporary Alternative Work Assignment* guidelines as may be amended.

Employee

Date

Temporary Alternative Workplace Assignment

Approval

Signature below approves this temporary work assignment as authorized by the *Temporary Alternative Work Assignment* guidelines.

Supervisor

Date

President or President's Designee

Date