



ALTERNATIVE WORK SCHEDULE AGREEMENT

I, \_\_\_\_\_, have voluntarily elected to work the following alternative work schedule for the period of \_\_\_\_\_ through \_\_\_\_\_ (minimum of 6 months).

I understand that for purposes of compliance with my union's collective bargaining agreement and the Federal Fair Labor Standards Act I will be eligible for overtime only when I am required to work in excess of forty (40) hours in a fixed and recurring seven (7) consecutive day work period OR in excess of a full-time flex-time schedule as detailed below.

DAILY AND HOURLY SCHEDULE

Table with 2 main columns: First Week, Second Week. Sub-columns: SAT, SUN, MON, TUE, WED, THU, FRI. Rows: Start Time, End Time.

My lunch period will be for o 1/2 hour o 1 hour (check one).

I understand that for the purposes of compliance with the Federal Fair Labor Standards Act any work over forty (40) hours in a fixed and recurring seven (7) consecutive day work period must be paid at overtime rates. Therefore I designate and declare that the fixed and recurring seven (7) consecutive day work period applicable to my position shall:

Begin and end at \_\_\_\_\_ o'clock (mid-point in my lunch period) on \_\_\_\_\_ (day of the week I work 8 hours and/or have my regular day off).

I further understand that the union representing my classification has an agreement with the Department regarding this alternative work schedule.

I understand that I am committing to this schedule for a minimum period of six (6) months unless revoked by management because of the workload needs of the Department. Approval is subject to the discretion of the Appointing Officer.

I further understand that if I have elected to work a schedule of less than 40 hours per week, I am responsible for checking with Health Services and Retirement to determine how a schedule of less than 40 hours per week may affect my benefits.

Employee (Print Name) Employee Signature Date

EMPLOYEE'S ALTERNATIVE WORK SCHEDULE o Approved o Not approved

Supervisor (Print Name) Supervisor Signature Date

Appointing Officer (Print Name) Appointing Officer Signature Date