

State of California  
**ALTERNATE WORK WEEK AGREEMENT**

<b>Employee Name:</b>	<b>Date:</b>
<b>Classification:</b>	<b>Position Number:</b>
<b>Division:</b>	<b>Effective Dates:</b>

**Alternate Work Week Schedule (check one)**

- 9/8/80 Work Schedule:
- 8-Hour Day/Regular Day Off (RDO): (Monday-Friday) \_\_\_\_\_
  - Date of first RDO: \_\_\_\_\_
  - Work schedule for 8-hour days: (e.g., 8:00 a.m. – 5:00 p.m.) \_\_\_\_\_
  - Work schedule for 9-hour days: (e.g., 7:00 a.m. – 5:00 p.m.) \_\_\_\_\_
- 4/10/40 Work Schedule:
- RDO: (Monday-Friday) \_\_\_\_\_
  - Date of first RDO: \_\_\_\_\_
  - Work schedule for 10-hour days: (e.g., 7:00 a.m. – 6:00 p.m.) \_\_\_\_\_
- Other: (Specify schedule and work hours.) \_\_\_\_\_

If you select the 9/8/80 Alternate Work Week Schedule (AWWS), your workweek must start at the end of your fourth hour of work on your 8-hour day and end at the corresponding time on your regular day off (RDO). For example, if the 8-hour day begins at 8:00 a.m., the workweek will start at 12:00 p.m. that day and end at 12:00 p.m. on the RDO. The designated start and end times may not be altered. This requirement is for purposes of establishing your 40-hour workweek and computing any overtime compensation due under the provisions of the Fair Labor Standards Act (FLSA).

By signing below, you agree to permanently maintain your selected AWWS as set forth in this agreement and corresponding AWWS calendar. Periodic changes are not permitted with the exception of being placed on a non-discretionary leave such as jury duty, military leave, disability leave, or training of five (5) or more days. These leaves are recorded as leave up to eight (8) hours, at which time you may elect to return to a standard Monday-Friday, 5/8/40 workweek or charge additional leave time to an appropriate leave credit to supplement the remainder of the day.

Either you or the Department may cancel this agreement at any time. Failure to comply with the procedures outlined in the Department's AWWS Policy will be cause for cancellation and you will return to a normal Monday-Friday, 5/8/40 workweek.

I have read and understand the above terms and conditions of the AWWS Agreement. I also acknowledge receipt of and agree to abide by the Department's AWWS policy and understand a copy of this agreement will be placed in my official personnel file for audit purposes. I further understand that excess hours accrued as a result of this schedule will be paid upon separation or transfer at the straight time rate, and any deficit hours will be charged to my available leave credits, with the exception of sick leave, or it will be recorded as dock. I have also attached the corresponding AWWS Calendar for my selected schedule.

<b>Employee Signature:</b>	<b>Supervisor Signature:</b>
<b>Division Chief Signature:</b>	<b>Personnel Officer Signature:</b>

*Note: All approval signatures must be obtained prior to starting an alternate work week schedule.*