



Department of  
**HR**  
Corrections

## ALTERNATIVE WORK SCHEDULE REQUEST

Employee Name \_\_\_\_\_ Date of Request \_\_\_\_\_

Employee Signature \_\_\_\_\_ Functional Unit \_\_\_\_\_

Classification \_\_\_\_\_ Working Title \_\_\_\_\_

Current Schedule \_\_\_\_\_

Proposed Schedule \_\_\_\_\_

**Alternative Work Schedule Definition:** Hours outside 7:00 a.m. - 5:30 p.m. including an unpaid lunch period (which is a minimum of thirty minutes - or - between thirty and sixty minutes) Monday through Friday or anything that is different from employee's scheduled shift, based on business need. **(Note: Management has the right to assign and schedule work.)**

### Request (To be filled out by requesting employee)

1. Does this schedule maintain or increase staff efficiencies:  Yes  No

Explain:

2. Does this position require constant direct Supervision?  Yes  No

3. Do job duties need to meet Monday-Friday business needs between the hours of 8:00 a.m. to 5:00 p.m.?  Yes  No

If Yes, is there more than one staff available that allows coverage through these hours of business and if so, what is their classification? \_\_\_\_\_

4. Does the proposed schedule meet DOC mission critical components (CCM, OAM, M17)?  N/A  Yes  No

Please explain how this schedule change will help DOC meet mission critical components:

### Operational Analysis (To be filled out by Supervising Manager)

1. Does this proposed schedule add value to your work unit and the department?  Yes  No

2. Does proposed schedule comply with the applicable Collective Bargaining Agreement, or is there a Letter of Agreement that allows this change?  Yes  No

3. Has this schedule been used for this position prior to this request?  Yes  No

4. Does proposed schedule maintain or reduce cost of operations?  Yes  No

Explain:

5. Does proposed schedule meet standards of operational analysis for necessary contact hours for the following areas: a) Access to Inmate Population?  N/A  Yes  No

- b) Availability to community/public or business associates?  N/A  Yes  No

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6. Is this position a posted position requiring relief?  Yes  No
- If Yes, Does schedule exceed funded staffing for the following?  Yes  No
- a) 7 day, 8 hour post is 1.7 FTE
  - b) 7 day, 12 hour post is 2.5 FTE

7. Are there agreements with the community to reduce the schedule, such as due to high traffic times?  Yes  No

8. Other Information:

9. Comments:

**Recommendation:**

Supervisor's Signature	Date	<input type="checkbox"/> Approval	<input type="checkbox"/> Denial
Functional Unit Manager Signature	Date	<input type="checkbox"/> Approval	<input type="checkbox"/> Denial
Assistant Director Signature	Date	<input type="checkbox"/> Approval	<input type="checkbox"/> Denial

Review Date (at employee's annual review): \_\_\_\_\_

c: Employee Working File