

**ALTERNATE WORKWEEK SCHEDULE #1**  
**ASSIGNMENT FORM**  
pursuant to  
**Letter of Agreement**  
**10-GG-211**

As set out in the terms of the Alternate Workweek Master Letter of Agreement 10-GG-211, the following bargaining unit member is appointed to the alternate schedule designated below.

PCN	Employee Name	Employee ID#	Job Classification

**Alternate Work Period Schedule:**

My workweek begins on \_\_\_\_\_ at \_\_\_\_\_ and ends on \_\_\_\_\_ at \_\_\_\_\_.  
My regularly scheduled days and hours are as follows (day of week top row/hours worked bottom row):

								Total
								37.5
								Total
								37.5

This schedule is effective Monday, \_\_\_\_\_ and remains in effect through \_\_\_\_\_ (no later than June 30, 2013.)

This schedule agreement is entered into voluntarily by the parties whose signatures appear below. Either party may cancel this schedule arrangement with fifteen (15) calendar days written notice, with concurrent notice to the Payroll Services Manager. Upon cancellation, the affected member will return to a normal work schedule in the first week of the pay period following the required notice period.

Changes to any work schedule adopted under this Agreement must be made by executing a new Alternate Workweek Schedule Assignment form.

**APPROVALS:**

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member's Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DOP&LR Payroll Services Manager (or designee)

\_\_\_\_\_  
Date

cc: ASEA/AFSCME Local 52 (via email scan or facsimile)