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| 08-2020 |
| **DCFS COVID-19 TEMPORARY WORK SCHEDULE FORM** |
| Employee Name: |       | Personnel Number: |       | Office/Region: |       |
| Job Title:  |       | Requested Start Date:  | **\***       |
| The requirement thatalternative schedulework hoursshall not begin before 6:00 a.m. or after 9:00 a.m. and shall not end before 3:30 p.m. nor extend beyond 6:30 p.m. is suspended in order to grant the flexibility to implement split shift scheduling. Appointing Authorities may allow the work period to extend beyond the usual 5-day workweek and may approve schedules that include weekend hours. |
| **Check option you are requesting:****Options 1, 2, 3, & 4 can be selected for a split shift but the total number of hours worked per day must fit the scenarios described and work days must occur Monday – Friday. These options are not available for a schedule that includes weekend hours of work. Please note all begin and end times for a split shift schedule.**

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| **[ ]  Option 1**: Five 8-hour work days |       | AM to |       | PM with |       | -minute (30, 45, or 60) meal period. |
|  Describe hours scheduled if shift will be split: |       |

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| **[ ]  Option 2**: Four 10-hour work days |       | AM to |       | PM with day off on [ ]  M [ ] T [ ]  W [ ] T h [ ]  F |
|  | each week with |       | -minute (30, 45, or 60) meal period. |
|  Describe hours scheduled if shift will be split: |       |

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| **[ ]  Option 3**: Four 9-hour work days |       | AM to |       | PM and one 4-hour work day |       | AM to |       | AM/PM |
|  | on [ ] M [ ] T [ ]  W [ ]  Th [ ]  F with |       | -minute (30, 45, or 60) meal period. |
|  Describe hours scheduled if shift will be split: |       |

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| **[ ]  Option 4**: **Available to FLSA Exempt Employees ONLY -** Four 9-hour work days |       | AM to |       | PM and |
|  | one 8-hour work day |       | AM to |       | PM for one week of pay period **AND** Four 9-hour work |
|  | days |       | AM to |       | PM with day off for one week of pay period with |       | -minute  |
|  | (30, 45 or 60) meal period. |  |  |  |

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|  | Day off and 8-hour work day occurs on: [ ]  M [ ]  T [ ]  W [ ]  Th [ ]  F |

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|  | Day off occurs during [ ]  Week 1 [ ]  Week 2 and 8-hour work day occurs on opposite week. |

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|  Describe hours scheduled if shift will be split: |       |

**POSITIVE TIME ENTRY OPTION**:Option 5 provides the greatest flexibility in number of scheduled hours worked each day (which may vary) as well as a schedule that includes work hours on the weekend (Saturday and/or Sunday). This option requires employees to be placed on positive time entry. All regular attendance hours worked (hours scheduled daily) must be coded as ZA01 and input in CATS/LEO for the employee to be paid. All overtime, on-call attendance hours, and leave used must also be entered in CATS/LEO.**[ ]  Option 5**: **Available to employees working 40 hours between Monday through Sunday.** Specify the number of hours scheduled per day and describe hours scheduled.

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|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| # of scheduled hours per day MUST equal 40 hrs per week |      *hrs* |      *hrs* |      *hrs* |      *hrs* |      *hrs* |      *hrs* |      *hrs*  |
| Shift Times:**Example**6:30 am - 10:30 am2:00 pm - 6:00 pm |       |       |       |       |       |       |       |

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| **Note**: Employees selecting **Option 2 or 3** will be subject to a temporary work schedule change to 5-8 hour days for those work weeks that a legal or designated holiday is observed. Employees selecting **Option 4** will be subject to a temporary work schedule change to 5-8 hour days for the entire two week pay period that a legal or designated holiday is observed. |
| In requesting this alternate work schedule and signing below I acknowledge and agree that: * Once a plan is approved, it shall remain in effect for a minimum of 60 days unless:

a. returning to a regular five-day work week; or b. altering or canceling this schedule is determined necessary by supervisor, unit manager or appointing authority to ensure adequate office coverage and/or adequate service delivery; or c. unusual situations and/or emergency circumstances warrant change and approved by supervisor, unit manager and/or appointing authority; * I retain responsibility for all duties, assignments, activities, training requirements, attendance at meetings and service delivery for all assigned cases/clients/customers; and
* I will abide by DCFS Policy 4-20, Work Hours for DCFS Personnel, and understand that failure to do so will result in forfeiture of the alternate work schedule option.
* Substandard performance or work quality on my part may result in this privilege being revoked.
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| **Employee Signature:**  |  | **Date:** |  |
| **REQUIRED APPROVALS:** |
| **[ ]  Yes** **[ ]  No** | **Supervisor Signature:** |  | **Date:** |  |
| **[ ]  Yes [ ]  No** | **Manager Signature:** |  | **Date:** |  |
| **[ ]  Yes [ ]  No** | **Appointing Authority or Designee Signature:** |  | **Date:** |  |
| **Form Disposition:** [ ]  Copy to Employee [ ]  Original to Employee’s Supervisor [ ]  Copy to State Office Human Resources Section**\*\***  |
| **\*\*Submit copy to S.O. HR Section for employee making change to his/her Work Schedule option. .** |
| **For State Office Human Resources Section Use Only**: |
| Date Entered in LaGov: Entered by:  |