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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.**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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: | | |  | | | | |      |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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: | | | | |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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: | | | |  | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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. | | | | | |  | | | |  | | |  | |  |  |  | | --- | --- | |  | Day off and 8-hour work day occurs on:  M  T  W  Th  F |  |  |  | | --- | --- | |  | Day off occurs during  Week 1  Week 2 and 8-hour work day occurs on opposite week. |  |  |  | | --- | --- | | 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.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | 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 am  2:00 pm - 6:00 pm |  |  |  |  |  |  |  | | | | | | | | | | | | |
| **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. | | | | | | | | | | | |
| **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: | | | | | | | | | | | |