

4/10 WORK SCHEDULE AGREEMENT

I understand that participation in the 4/10 work schedule is subject to temporary adjustment in both days and hours of work to meet workload needs caused by staff shortages and/or workload increases. I acknowledge that the department will provide required notice of changes to any work schedule. I further understand that the 4/10 schedule is at the discretion of the organization and can be revoked.

I hereby request the following work schedule:

4/10 Alternative Work Schedule

| Work Week | | | | | | |
|-----------|-----|-----|-----|-----|-----|-----|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| | 10 | 10 | 10 | 10 | OFF | |

Work Period

The work period (seven consecutive days during the pay period) for employees covered by the Fair Labor Standard Act (FLSA) requirements is as follows: employees with every Friday off have a work period of Friday, 12:00 P.M. through the following Friday, 11:59 P.M.

Employee Name: _____

Start Date: _____

Employee Signature: _____

Sign Date: _____

Supervisor Name: _____

Supervisor Signature: _____

Sign Date: _____