

I. PURPOSE

The City of Visalia recognizes the increasing demands and stress placed upon each employee in attempting to balance work and non-work areas of their lives. This policy is established to provide a method in which employees will be able to establish a better fit between work and non-work areas of their lives and in which the City will benefit through improved productivity and to better serve the public.

II. POLICY

The City of Visalia shall provide each department the opportunity to implement an alternative work schedule which would both benefit its employees and enable the City to better serve the public.

- A) An alternative work schedule may be authorized for an individual employee or for a work unit within a department.
- B) All existing personnel policies, rules, and regulations shall continue to apply. If any conflict or problem results from the alternative work schedule, the existing policies, rules and regulations shall prevail.
- C) Authorization for an alternative work schedule may be rescinded at any time by the department head.
- D) The alternative work schedule shall not interfere with services to the public; shall meet the needs of the department; be to the advantage of both the City and employees; and, as much as possible, be complimentary to the schedule of other departments. If the alternative work schedule involves an entire work unit, it shall be preferably supported by a majority of the employees affected.

The City of Visalia recognizes two alternative work schedules: Flexible work schedule and job sharing.

- 1) Flexible Work Schedule: An employee is responsible for working their scheduled number of hours in each work week and shall be present during designated core hours. The hours the employee works varies from the normal work day. The actual hours the employee works is agreed upon by the Department Head and employee.

- 2) Job Sharing: Two employees share the work duties and hours worked of one regular allocated position.

III. PROCEDURE

All requests for an alternative work schedule shall be made on the APPROVAL REQUESTED FOR ALTERNATIVE WORK SCHEDULE form.

The APPROVAL REQUESTED FOR ALTERNATIVE WORK SCHEDULE form may either be initiated by a Department Head, an employee, or the supervisor.

The employee shall sign the form acknowledging she/he has read and understands the “Provisions that Apply to an Alternative Work Schedule” section of the form.

The employee’s supervisor may recommend approval to the Department Head or return the request to the originator indicating that the schedule is not recommended.

Upon favorable recommendation of the supervisor, the Department Head shall discuss the request with the Human Resources Director. The Human Resources Director and the Department Head must approve or deny an Alternative Work Schedule request. If approved, copies of the request form shall be routed to the Human Resources Department, Finance Department, and the employee. If denied, the entire form shall be returned to the originator via the immediate supervisor.

Alternate Work Schedule Agreement

Employee name: _____

FLSA Status: Exempt: _____ Non-Exempt: _____

Requested effective date of new schedule: _____
(Must be first day of pay period)

Type of work schedule: 9/80 _____ 4/10 _____ 4/8.5 _____ Other _____

Requested Work Schedule* (Daily start/stop and lunch break, i.e. 7:30 am - 12:00 pm and 12:30 pm - 5:00 pm):

	Sun	Mon	Tue	Wed	Thur	Fri	Sat	
First Week								Pay Period 80 Hours
Second Week								

**Many alternate schedules result in the 40-hour FLSA work week (used for determining overtime for non-exempt employees) being different from the City's standard Saturday - Friday payroll week. Example: FLSA work week for 9/80 w every other Friday is typically 12:00 pm Friday through 12:00 pm Friday. The Friday worked is an 8 hour day, but 4 hours are included in week one and 4 hours are in week two to avoid working 36 hours in one week and 44 hours in another resulting in overtime. Time worked after noon on Friday is the start of the following work week.*

Employee Signature

Date

Supervisor Signature

Date

Department Head Signature

Date

FOR HR USE ONLY:

FLSA Work Week: _____

Human Resources Signature _____ Date _____