

**STATE OF ALASKA  
MASTER ALTERNATE WORK SCHEDULE  
FOR OVERTIME EXEMPT EMPLOYEES  
LOA 01-KK-076**

It is agreed between the parties that the following terms and conditions shall apply to overtime exempt employees for whom the alternate work schedule has been approved.

1. Management reserves the right to make final determinations concerning individual scheduling, employee preferences will be considered before final determination is made.
2. Scheduling will ensure coverage of the office during regular business hours.
3. Individual work schedules will be established under this agreement with the approval of the supervisor. The parties recognize the need for flexibility to deal with workload demands.
4. Holidays will be credited at seven and one-half hours. Leave will be charged on an hour-for-hour basis as needed to complete the required hours in a pay period.
5. Employees will account for the required minimum hours each pay period as hours worked, holiday pay, paid leave, or leave without pay.

This intent of this alternate work schedule is to allow authorized employees to have one additional day off each pay period while fulfilling the minimum required hours and accomplishing the mission of the agency; due to the workload and needs of the agency, the day off may vary from one pay period to the next.

For the State of Alaska:

For the CEA:

\_\_\_\_\_  
Commissioner of Administration

\_\_\_\_\_  
Business Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**STATE OF ALASKA**  
**Assignment to Alternate Work Schedule**  
**Under Master Letter of Agreement 01-KK-076**

Department of: \_\_\_\_\_ Division of: \_\_\_\_\_

Location: \_\_\_\_\_

Having agreed to the terms of Master Letter of Agreement 01-KK-076, the following employee(s) is/are hereby appointed to the alternate work schedule:

| PCN   | Employee Name | Classification |
|-------|---------------|----------------|
| _____ | _____         | _____          |
| _____ | _____         | _____          |
| _____ | _____         | _____          |

This assignment shall become effective on \_\_\_\_\_ and shall remain in effect through \_\_\_\_\_ or until canceled by either party upon fifteen (15) days written notice. In the event of cancellation, the affected employee(s) shall return to a normal work schedule on the first work day of the pay period following the required notice period.

For the State of Alaska:

For the CEA:

\_\_\_\_\_  
Division Director

\_\_\_\_\_  
Union Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

CC: Labor Relations Section  
Division of Personnel  
Department of Administration