

ALTERNATE WORKWEEK SCHEDULE #2
ASSIGNMENT FORM
pursuant to
Letter of Agreement
04-GG-168

As set out in the terms of the Alternate Workweek Master Letter of Agreement 04-GG-168, the following bargaining unit member(s) is/are appointed to the alternate schedule designated below:

PCN	Name	Classification

Work Schedule:

M	T	W	TH	F	S	S	Total
							37.5

This schedule is effective _____ and remains in effect through _____ (no later than June 30, 2007.)

This schedule agreement is entered into voluntarily by the parties whose signatures appear below. Cancellation of this Agreement is reserved for the Senior Management Consultant of the participating agency and a Union business representative. Either party may cancel this schedule arrangement with fifteen (15) calendar days notice in writing. Upon cancellation, the affected member(s) will return to a normal work schedule in the first week of the pay period following the required notice period.

Changes to any work schedule adopted under this agreement must be made by executing a new Alternate Workweek Schedule Assignment Form.

BARGAINING UNIT MEMBER APPROVAL:

Member Signature

Date

Member's Supervisor Signature

Date

FOR THE DEPARTMENT:

Senior Management Consultant

Date

cc: ASEA/AFSCME Local 52 (via facsimile)

