**ASSIGNMENT to 7-on/7-off ALTERNATE WORKWEEK SCHEDULE**
**Pursuant to LOA 19-LL-005**

**Duty Station:** _____

It is agreed between the parties that the provisions of the DOT&PF Dalton District Maintenance Stations, and Northern Region Roving and Bridge Crews Alternate Workweek (AWW) Agreement, 19-LL-005, shall apply to the following bargaining unit members:

| PCN | Employee Name | Employee ID# | Job Classification |
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The assigned seven (7) day work schedule will cover two successive workweeks, resulting in eighty (80) hours of work over two workweeks. Forty (40) hours are established in each workweek to ensure compliance with the Fair Labor Standards Act. The two-week schedule will consist of one of two options, either six 12-hour work days and one 8-hour work day, or six 11:30-hour work days and one 11-hour work day, resulting in a seven (7) days on/seven (7) days off work schedule and an eighty (80) hour work period. All employees listed above and included on this assignment sheet will work the same schedule. The defined workweek begins on (day)_____ at (24-hour time)_____ and ends on (day)_____ at (24-hour time)_____. The shift on the split day begins at _____. The regularly scheduled days, shift start times, hours worked, and RDOs are as follows (day of week top row, shift start time middle row, and hours worked bottom row):

| **Day** | | | | | | | | | split day |
|---|---|---|---|---|---|---|---|---|---|
| **Shift Start** | | | | | | | | | |
| **Hours** | | | | | | | | | |
| | | | | | | | | | |
| **Day** | | split day | | | | | | | |
| **Shift Start** | | | | | | | | | |
| **Hours** | | | | | | | | | |

This assignment shall be effective on* _____,_____, and shall remain in effect through _____ (no later than June 30, 2021). ***AWW must begin on the first day of the defined workweek.**

Management reserves the right to temporarily alter this schedule, when necessary, to meet the business needs of the workplace with consideration of the employee's needs, in accordance with the collective bargaining agreement.

**For the Department:** _____ _____
Supervisor Date

**For the State of Alaska:** _____ _____
DOP&LR Payroll Services Manager (or designee) Date

cc: Public Employees Local 71/LTC (via email scan or facsimile)