

**ASSIGNMENT to ALTERNATE WORK SCHEDULE #1**  
**Pursuant to LOA 17-GG-066**  
between the  
**STATE OF ALASKA**  
and the  
**ALASKA STATE EMPLOYEES ASSOCIATION**  
representing the  
**GENERAL GOVERNMENT UNIT**

As set out in the terms of the Alternate Workweek Master Letter of Agreement 17-GG-066, the following bargaining unit member is appointed to the alternate schedule designated below:

PCN	Employee Name	Employee ID#	Job Classification

The two-week work schedule will normally consist of nine (9) work days over a fourteen (14) day period for a 75-hour work period. Each work week must have 37.5-hours designated. The workweek begins on (split day) \_\_\_\_\_ (day) at \_\_\_\_\_ (24-hour time) and ends on \_\_\_\_\_ (day) at \_\_\_\_\_ (24-hour time).

The regularly scheduled days, shift start times, and hours worked are as follows (day of week top row, shift start time middle row, and hours worked bottom row):


Management reserves the right to 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.

This assignment shall be effective on Monday, \_\_\_\_\_ and shall remain in effect through \_\_\_\_\_ (no later than June 30, 2019). Either party may cancel upon fifteen calendar (15) days written notice, with concurrent notice to the Payroll Services Manager. In the event of cancellation, the affected employee shall return to a normal work schedule in the first week following the required notice period.

Changes to any work schedule adopted under this agreement, other than temporary changes of a brief duration, must be made by executing a new Alternate Workweek Schedule Assignment Form.

**APPROVALS:**

\_\_\_\_\_  
Member’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DOP&LR Payroll Services Manager (or designee)

\_\_\_\_\_  
Date

cc: ASEA/AFSCME Local 52 (via email scan or facsimile)