Alaska Department of Administration Flexible Time Agreement for Confidential Employees Association (CEA) Bargaining Unit

Name:	Employee ID:
Start Date:	End Date:
Describe the conditions that necessitate	the need for this employee to work excessive hours:
employee has worked a work week in	s earned, the employee must work in excess of 45 hours. When the excess of 45 hours, s/he will be provided with Flex Time in 0.25 over 40 hours. Periods of time less than 0.25 hour will only be
2. Flex Time credits may accumulate to a	maximum of two hundred (200) hours.
I agree to and understand	d the statements above:
Employee Signature:	Date:
Bargaining Unit Agreement for Flex T terms and conditions contained in Article and sign this agreement before the employ maintain all records required to documen	and agree to abide by the conditions set forth in the CEA Time Plans. The parties affirm that they have not changed the 7.15 of the CEA Unit Agreement. The parties agree to execute yee starts work under this Flex Time Plan. The parties agree to at and report the employee's regular work hours, extraordinary ans, and the accumulation and use of Flex Time as set forth by
Employee's Signature	Date
Supervisor's Signature	Date
Director's Signature	Date
Original – Payroll Services, Division of Finance Copy – Directors Office & Employee	