

INDIVIDUAL LETTER OF AGREEMENT
between the
STATE OF ALASKA
and the
ALASKA STATE EMPLOYEES ASSOCIATION
representing the
GENERAL GOVERNMENT UNIT

(Employee Name), Reduced Workweek
LOA GG-Dept # -FY-Sequence #

It is agreed between the parties that the following terms and conditions of employment apply to (employee name), (title) with the Department of (name). No provision of the July 1, 2010 through June 30, 2013, master agreement not specifically referenced herein is modified by this agreement.

1. PCN xx-xxxx will remain classified as full time but Mr./Ms. (employee name) will be converted to an hourly rate of pay.
2. The position status and the employee status will be considered full-time for decisions concerning layoff and health insurance.
3. Mr./Ms. (last name) normal workweek will consist of (*at least thirty (30) or more*) hours in pay status over (*four or five*) consecutive days. The work schedule will be mutually agreed to by management and employee.
4. The employee will receive holiday pay at the straight time rate, pro-rated in accordance with the guidance outlined in the Alaska Administrative Manual (AAM). The difference between the hours the employee is scheduled to work and pro-rated hours shall, at the employee's request and business permitting:
 1. be added to/subtracted from other days within the workweek; or
 2. be taken as (Annual/Personal) Leave in order to maintain the established schedule.
5. Leave shall be charged hour-for-hour based on the number of hours the employee was scheduled to work. Leave accrual will be pro-rated based on hours worked in the pay period.

This agreement is effective (date) and remains in effect through (end date or June 30, 2013), except that it may be canceled by either party with fifteen (15) days written notice. This agreement is entered into solely to address the specific circumstance of this particular situation. It does not establish any practice or precedent between the parties. This agreement will not be referred to in any other dispute, grievance, arbitration, hearing, or any other forum, except as may be necessary for the execution of its terms.

FOR THE STATE OF ALASKA:

FOR ASEA/AFSCME Local 52:

(Name)
Human Resources Manager
Department of Administration

(Name)
(Title: Business Agent, etc.)

Date

Date