

INDIVIDUAL LETTER OF AGREEMENT
between the
STATE OF ALASKA
and the
ALASKA PUBLIC EMPLOYEES ASSOCIATION
representing the
SUPERVISORY UNIT

(Employee Name), Reduced Workweek
LOA SS-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 part-time for decisions concerning layoff, pay, (health insurance *—only include if working less than 30hrs*), leave and in other circumstances where the employee or the position status is a determining factor in arriving at a decision. Mr./Ms. (last name) will accrue benefits that normally accrue to part-time employees.
3. Mr./Ms. (last name) normal workweek will consist of (*thirty (30)*) hours in pay status over five consecutive days. The number of exact hours in the workweek 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 consistent with past practice.

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 shall 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 APEA/AFT (AFL-CIO):

(Name)
Human Resource Manager
Department of Administration

(Name)
(Title: Field Representative, etc.)

Date

Date