ASSIGNMENT to ALTERNATE WORK SCHEDULE

Pursuant to Appendix B

of the

BARGAINING AGREEMENT

between the

STATE OF ALASKA

and the

Alaska Public Employees Association/AFT representing the Confidential Employees Association

Department/Division: _____ Duty Station: _____

It is agreed between the parties that the provisions of Appendix B, the Alternate Workweek Master Agreement, Schedule 2, shall apply to the following bargaining unit member:

| PCN | Employee Name | Employee ID# | Job Classification |
|-----|---------------|--------------|--------------------|
| | | | |
| | | | |

The work schedule shall consist of four consecutive days within the defined workweek which begins on Sunday at midnight and ends the following Sunday at midnight. No single day may be scheduled to exceed ten (10) hours.

The regularly scheduled days and hours are as follows:

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Total |
|--------|---------|-----------|----------|--------|----------|--------|-------|
| | | | | | | | 40 |

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, 2025). 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.

APPROVALS:

Member's Signature

Date

Supervisor's Signature

Date

cc: DOF Payroll Services (via email) APEA/AFT (via email)