Alternate Work Schedule Request Form

Alternate Schedule Considerations

When employees desire to request either permanent or temporary changes in their work schedules, they are encouraged to consider all implications of the change. Employees first consider whether a modification of their work schedules will negatively affect workloads. This is especially critical for employees in positions that require consistent consumer access. In order to provide a clear and documented process of long-term work changes, employees must fill out an Alternative Schedule Form. Agency and program goals take priority over personal needs.

To ensure equitable workflow and coverage, Unit Managers and Program Managers will take the following priorities under consideration when reviewing Alternative Schedule Requests:

- The primary priority will be our commitment to providing strong, responsive consumer services throughout business hours (8AM– 5PM, M-F) each day of the week. An employee's individual schedule must not have a negative impact on consumer service delivery or their peers.
- Managers will determine a minimum number of staff to be available in each unit to meet the needs within the hours of 8am-5pm, Monday through Friday per individual unit workflows.
- Schedules must be within the hours of 6:30am to 6:30pm. Exceptions will be reviewed and approved by LCOG Executive Director.
- Managers will verify that, at minimum, 75% of each employee's work schedules (30 of 40 hours) are within customer service hours (8am-5pm) *and* that, at minimum, 75% of the unit is working each day between the hours of 8am-5pm.
- Unit managers will review coverage needs on each day of the week and how many staff are scheduled to "flex" off on any given day. Minimum staffing needs must be met.
- Impact on other staff in the unit must be taken into consideration, and the impact will need to be reasonable. This includes consideration of unplanned and planned absences.
- The proportion of consumer facing, customer service work will be evaluated for each role as compared to administrative tasks that can be completed outside of regular business hours.
- Managers must consider the supports available to employees throughout their working hours and who an employee can reach out to if consultation is needed outside of 8am-5pm.
- Each request must be weighed within the larger context of consumer needs, agency needs, unit needs and individual employee wellbeing.
- The sustainability of employee's schedules will be taken into consideration and whether an individual employee will be negatively impacted by longer shifts and/or a condensed workweek.

Alternate Schedule Request Form

Requestor Name:			Request Date:		
Start Da		through End Date:			
Vote: Ti	me frame not to exc	eeed 12 months.			
		Requested Sc	hedule*		
	Mor	ning	Afternoon		
	Start	Stop	start	stop	
M					
T					
W					
Th					
F					
chedule eams w	es may be suspende	d or adjusted to meet to rdinate coverage for pl	raining and operationa	vidual interests. Alternal needs. It is required the alternate schedules show	
	al units will have A d below.	lternate Schedule Part	ner agreements or oth	er unit coverage plans	
Employ	ee:				
s this a	4-10s Schedule?	Yes No			
	Alternate partner Alternate partner	10 coverage plan while schedule (see attached schedule not required this meets Unit workflow &	d signed agreement) due to unit workflow		

I agree to adjust my schedule as needed, to accommodate agency operational needs and

individual consumer needs. Strong customer service will guide weekly schedule changes.

I acknowledge that in the future, my schedule could be reverted to standard business hours at any time due to operational needs. Management will do their best to provide reasonable, sufficient notice prior to this change.

Is this schedule outside of the 6:	30AM to 6:30PM cus	tomer service window?	Yes	No	
If yes, what is the reason	for this request?				
Requestor Signature:		Date:			
Manager:					
Manager has reviewed required staff are available for d	_	and ensured that the mini			
Manager has reviewed a semployee work time is within but should be approved outside of 4	usiness hours of 8am-5	_			
Management Decision A	pproved I	Denied			
Manager Signature:		Date:			
Reason for denial: Customer service demananal an alternate schedule at this time		ance or unit coverage need	ls do not supp	ort	
Approved Denied PM _ Reason for denial:		Approved Division Director _			
LCOG Executive Director Dec	cision (Outside of 6:3	<u>0AM – 6:30PM)</u> Appr	oved Deni	ied	
LCOG Executive Director Signa	ature:	Date:			
Admin Staff Only Adde	d to Schedule Tracke	er Initials: Date	e:		

For Alternate Schedule Requests Only: Holidays in FY24 & Requested Alternate Day Off NOTE: Alternate days off must be in same pay period.

***Alternate flex days must be requested in advance by CIAO. If an alternate flex day is not requested, the employee will revert to a five-day Monday-Friday work week.

Independence Day:

Tuesday, July 4th

Labor Day:

Monday, September 4th

Veterans Day:

Friday, November 10th (observed)

Thanksgiving (Flex Suspended):

Thursday, November 23rd: Thanksgiving Day

Friday, November 24th: LCOG Closed

Christmas (Flex Suspended):

Monday, December 25th: Christmas Day

Executive Director's Floating Holiday TBD

New Year's (Flex Suspended):

Monday, January 1st: New Year's Day

Martin Luther King, Jr. Day:

Monday, January 15th

President's Day:

Monday, February 19th

Memorial Day:

Monday, May 27th