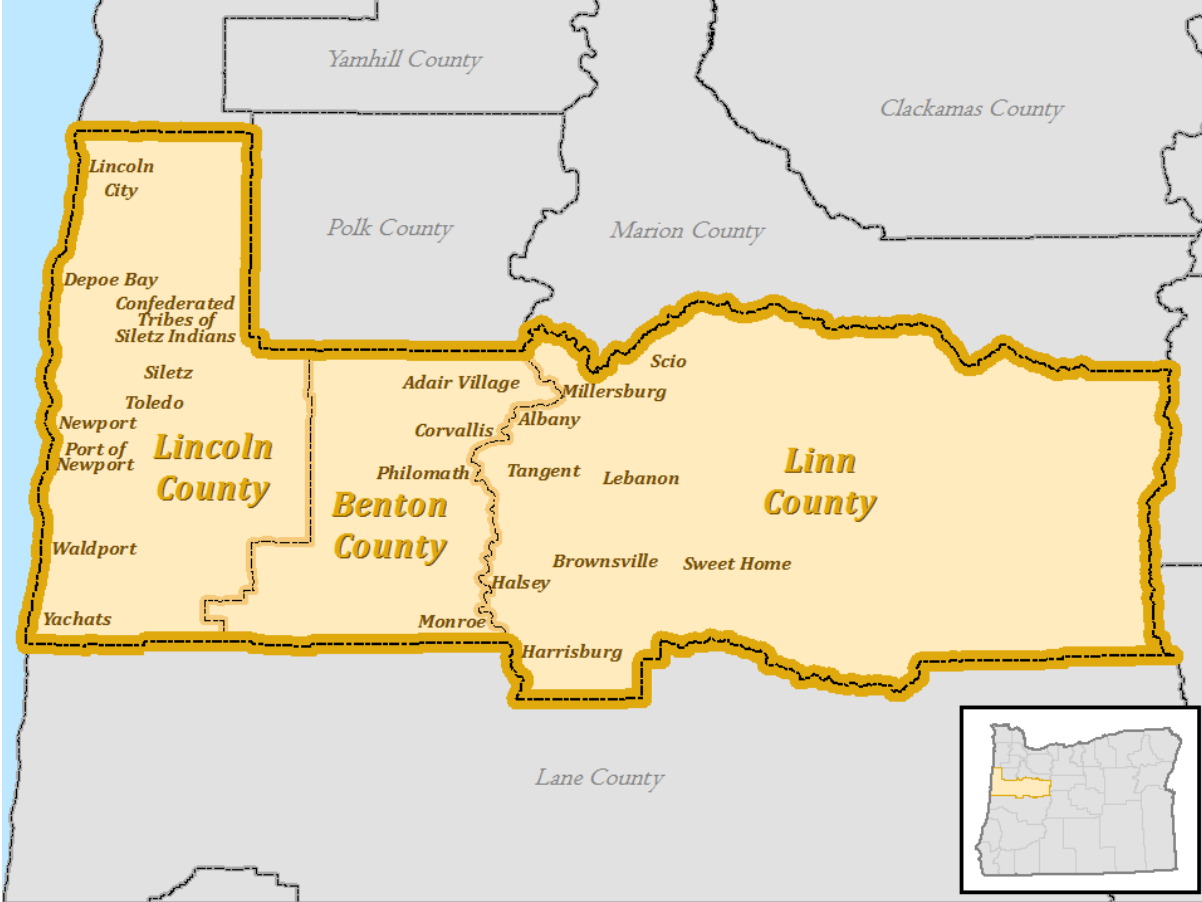


Statement for card 7035 in 10/2024

Statement Total: \$5825.47

Date	Item			Amount
06/29/2024	WEB*BLUEHOST.COM	PROVO	UT	3.99
07/06/2024	DMI* DELL K-12/GOVT	ROUND ROCK	TX	431.24
07/08/2024	WAL-MART #2538	EUGENE	OR	55.63
07/16/2024	DMI* DELL K-12/GOVT	ROUND ROCK	TX	3341.62
07/18/2024	OSU SURPLUS PROPERTY	CORVALLIS	OR	120.00
07/26/2024	SALESFORCE.COM SERVICE	415-901-8457	CA	1800.00
07/26/2024	BAGEL SPHERE (DOWNTOWN	EUGENE	OR	57.50
07/26/2024	BAGEL SPHERE (DOWNTOWN	EUGENE	OR	11.50
07/30/2024	WEB*BLUEHOST.COM	PROVO	UT	3.99



## **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 Date: \_\_\_\_\_ through End Date: \_\_\_\_\_

*Note: Time frame not to exceed 12 months.*

<b>Requested Schedule*</b>				
	Morning		Afternoon	
	Start	Stop	start	stop
M				
T				
W				
Th				
F				

\*Schedules must be within the hours of 6:30am to 6:30pm. *A minimum* of 75% of employee work time needs to be within business hours of 8am-5pm. Exceptions outside of the preferred customer service window of 6:30am to 6:30pm will be reviewed and approved by LCOG Executive Director.

It is understood that agency and program needs take priority over individual interests. Alternate schedules may be suspended or adjusted to meet training and operational needs. It is required that teams work together to coordinate coverage for planned absences. All alternate schedules should have minimal impact on customers and staff.

Individual units will have Alternate Schedule Partner agreements or other unit coverage plans as indicated below.

#### **Employee:**

Is this a 4-10s Schedule?      Yes      No

***If yes***, what is the 4-10 coverage plan while you are out of the office?

Alternate partner schedule (see attached signed agreement)

Alternate partner schedule not required due to unit workflow

***(Manager has verified this meets Unit workflow & Minimum Coverage Requirements)***

Other: \_\_\_\_\_

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 customer service window?      Yes      No

*If yes*, what is the reason for this request?

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Manager:**

Manager has reviewed unit coverage needs and ensured that the minimum number of required staff are available for drop-in needs during every business hour based on unit workflow..

Manager has reviewed requested schedule and can confirm that *a minimum* of 75% of employee work time is within business hours of 8am-5pm. *\* 10 hours are the maximum hours that should be approved outside of 40-hour work week (8-5).*

**Management Decision**      **Approved**      **Denied**

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for denial:

Customer service demands, employee performance or unit coverage needs do not support an alternate schedule at this time. Explain:

<b>Approved</b>	<b>Denied</b>	<b>Approved</b>	<b>Denied</b>
PM _____		Division Director _____	
Reason for denial:			

**LCOG Executive Director Decision (Outside of 6:30AM – 6:30PM)**      **Approved**      **Denied**

LCOG Executive Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Admin Staff Only**      **Added to Schedule Tracker**      Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**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