



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: ALTERNATE WORK SCHEDULE

Policy No.: A210

Supersedes: March 200.3

Revised: July 2, 201.3

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PURPOSE

To provide guidelines for participation in the Alternative Work Schedule Program

POLICY

Workplace 2000, the Department of Health Services' program for expanding alternative work schedules consists of a variety of options to the traditional 8:00am to 5:00p.m., Monday through Friday workweek. This program is to alleviate air quality and traffic congestion problems, increase productivity of our workforce, and maximize the use of our facility and equipment

Employee participation in the program is for both represented and non-represented employees. In order to implement an alternative work schedule, CEO approval must be obtained.

Compressed Work Week- A compressed work week schedule permits employees to work their usual number of working hours per week in fewer days per week. They are as follows:

4/40 Work Schedule- Employee works 10 hours per day, four days a week

9/80 Work Schedule - Employee works eight nine-hour days and one eight-hour day in a two-week period, and receives an additional day off every other week.

PROCEDURE

Obtaining Approval

- b request an Alternative Work Schedule assignment for an employee, the Department Head must submit a written request (see Attachment I) and the appropriate Pattern ID (see Attachment II) to the CEO via the appropriate Executive Council Member. Once established, the workweek may not be changed indiscriminately to avoid the payment of overtime. However, employees who are absent on long-term sick leave or industrial injury over 30 days, jury duty, military leave, etc. will be deemed to revert to an 8 hours day workweek for the period of the absence

If approved, the request will be forwarded to the Human Resources office for processing. If the request is denied, the request will be returned to the Department Head who will in turn notify the employee.

EFFECTIVE DATE:

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

Signature(s) on File.

REFERENCES: Rancho Timekeeping Operational Manual, Chapter III (3 5)
Los Angeles County Code, Section 612.020
Department of Health Services, Policy 750
Department of Health Services, Policy 750 ■
Workplace 2000 Alternative Work Schedule Program Handbook
Applicable Memorandum of Understanding

Reviewed: June 6, 2006 GLI:mm

Revised: July 2, 2013 AC

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**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
PATTERNID**

Pay Location: _____

EMPLOYEE #	EMPLOYEE NAME	WORK SCHEDULE	RDO	8 HOUR DAY	FLSA START DAY	PATTERN ID	REQUEST DATE

Department Head Signature

Extension

Date

Chief Executive Officer Signature

Date

HUMAN RESOURCES ONLY

APPROVED DENIED- Reason:-----

Final Effective Date:-----

Processed by:_____

Date:_____

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
OFFICE OF HUMAN RESOURCES

WORKSCHEDULECHANGEFORM

TO: _____ Date: _____
Department Head Name of Department

FROM: _____ Pay Location: _____
Employee Name

SUBJECT: ACCEPTANCE OF ALTERNATIVE WORK SCHEDULE

Select ONE of the three options listed below:

- Option 1: To 5/40 from 9/80 or 4/40 (If your selection is Option 1, SKIP to SECTION 2)
- Option 2: To 4/40 from 5/40 or 9/80 (If your selection is Option 2, complete SECTION 1 & 2)
- Option 3: To 9/80 from 5/40 or 4/40 (If your selection is Option 3, complete SECTION 1 & 2)

SECTION 1

I have read and understand the Alternative Work Schedule Guidelines I have discussed my workweek and work pattern with my supervisor and understand that as an FLSA covered employee I must not deviate from my work pattern

Please initial the following:

_____ I understand that Management reserves the right to convert my schedule back to 5/40 to meet the needs of the Department

_____ I agree to change my work schedule to 5/40 if I am on extended leave due to illness, industrial injury, jury duty, or any other leave of absence and that the change must take place prior to the start of my leave

_____ I understand that I must use one or two hour(s) of time, other than sick to cover holidays (Exempt - Salaried excluded)

_____ I understand that I cannot start the 9/80 or 4/40 on a holiday

_____ I understand that I must give a two week notice by way of this form to my supervisor and the Payroll Unit when changing my work schedule

_____ I am aware that if I am transferred to a unit for which there is no 9/80 or 4/40 program, I must end the 9/80 or 4/40 program prior to transferring to the new unit

_____ I understand that if I am placed on Medical Certification or "Improvement Needed" status, I will be required to withdraw from the 9/80 or 4/40 Alternate Work Schedule

SECTION 2

Employee Signature Date Employee Number

Supervisor Approval Date

Department Head Approval Date