

County of San Bernardino

Department of Behavioral Health

9/80 WORK SCHEDULE AGREEMENT

I understand that participation in the 9/80 work schedule is voluntary and that work schedules are subject to temporary adjustment in both days and hours of work to meet department, division, or unit workload needs caused by staff shortages and /or workload increases and that the department will provide required notice of changes to work schedules. I further understand that the 9/80 schedule is at the discretion of the Appointing Authority and can be revoked.

I hereby request the following work schedule:

1st Monday Flex

Week 1							Week 2						
Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri
		FLX	9	9	9	9			8	9	9	9	9

2nd Monday Flex

Week 1							Week 2						
Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri
		8	9	9	9	9			FLX	9	9	9	9

1st Friday Flex

Week 1							Week 2						
Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri
		9	9	9	9	FLX			9	9	9	9	8

2nd Friday Flex

Week 1							Week 2						
Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri
		9	9	9	9	8			9	9	9	9	FLX

Shift: Start time _____ A.M. End Time _____ P.M.

Work Period: The work period (seven consecutive days during the pay period) for employees who are covered by the Fair Labor Standard Act (FLSA) requirements is as follows: employees with every other Friday off have a work period of Friday, 12:00 P.M. through the following Friday, 11:59 P.M. Employees with every other Monday off have a work period of Monday 12:00 P.M. through the following Monday, 11:59 P.M. The Monday or Friday worked is an 8 hour day.

Employee Name (print) _____ Employee ID _____ Requested Effective Date _____

Employee Signature _____ Date _____

Supervisor Approval and Signature _____ Date _____

Manager Approval and Signature _____ Date _____

cc: personnel file