



## MODIFIED WORKDAY/WORKWEEK SCHEDULE FORM

Last Name:	First Name:	Employee Identification Number:	FTE:
Position Title:		Months Per Year:	Hours Per Week:
Department:	Supervisor:	Position Number:	
Workweek: <input type="checkbox"/> 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> 4/9/4 <input type="checkbox"/> 9/80 <input type="checkbox"/> Other: _____		Position is Overtime Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Request / Notice:	Start Date of Change:	End Date of Change (if temporary):	

**The Office of Human Resource & Employee Relations must review and ensure compliance.**

PROPOSED SCHEDULE	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time
Proposed Week 1														
Lunch Period Week 1														
Proposed Week 2														
Lunch Period Week 2														

<input type="checkbox"/> I am voluntarily forfeiting my 15-minute breaks to extend my lunch period
<input type="checkbox"/> The Proposed work schedule is eligible for Swing Shift Premium (50% of regular shift is after 2:30 pm)
<input type="checkbox"/> The Proposed work schedule is eligible for Graveyard Shift Premium (50% of the regular shift is after 10:00 pm)

<b>Business need for Schedule Change:</b>	
<b>Check All That Apply:</b>	<input type="checkbox"/> Establish Schedule for New Employee <input type="checkbox"/> Permanent Change <input type="checkbox"/> Supervisor's Notice to Employee <input type="checkbox"/> Temporary Change <input type="checkbox"/> Employee's Request to Supervisor <input type="checkbox"/> To Extend Lunch Period <input type="checkbox"/> Mutually Agreed Change <input type="checkbox"/> Emergency Schedule Change

<input type="checkbox"/> Prior written notice of schedule change was given to employee on <b>Month:</b> _____ <b>Day:</b> _____ <b>Year:</b> _____	
<b>Office of Human Resource and Employee Relations Review:</b>	<b>Date:</b> _____
<b>Employee Signature:</b>	<b>Date:</b> _____
<b>Supervisor Signature:</b>	<b>Date:</b> _____
<b>Vice President or President Signature:</b>	<b>Date:</b> _____

**ANTELOPE VALLEY COMMUNITY COLLEGE DISTRICT**  
Office of Human Resources and Employee Relations

**INSTRUCTIONS:**

The Office of Human Resources and Employee Relations must have a record of each non-exempt classified employee's work schedule for accurate leave accounting and payroll purposes. In addition, the Fair Labor Standards Act (FLSA) requires employers to keep records on wages, hours, and other items, as specified in Department of Labor recordkeeping regulations. With respect to an employee subject to the minimum wage provisions or both the minimum wage and overtime pay provisions, records that must be kept include hour and day when workweek begins and total hours worked each workday and each workweek.

**Normal Workweek and Modified Workday/Workweek, pursuant to Article XI of the AVCFCE Collective Bargaining Agreement:**

**11.0 Workweek**

- 1) The normal workweek for a full-time unit member shall be 40 hours per week. The normal workday shall be eight (8) hours. The permanent work schedule shall be designated at time of employment. Other schedules may be adopted, in accordance with Article 11.2.

**11.2 Modified Workday/Workweek**

- 1) Individual departments, with approval of the appropriate Vice President or the Superintendent/President, may establish a modified workday/workweek schedule for all or certain classes of unit members or for individual unit members within a class when by reason of the work location and duties actually performed, their services are not required for a workweek of five (5) consecutive days. The Vice President or Superintendent/President may withdraw approval if it is determined that the services of an individual employee or an employee group are required for a workweek of five consecutive days.
- 2) A modified work schedule may be initiated by the employee or the supervisor, and must be reviewed by the Office of Human Resources and Employee Relations and approved by the appropriate Vice President or Superintendent/President. Individual departments and employees can use, but are not limited to, one of the modified schedules listed below:

<b>Days</b>	<b>9/80</b>	<b>4/10</b>	<b>4/9 &amp; ½</b>
<b>Mon</b>	9	10	9
<b>Tue</b>	9	10	9
<b>Wed</b>	9	10	9
<b>Thu</b>	9	10	9
<b>Fri</b>	8		4

Every other Friday off

**COMPLETION TIPS:**

1. Complete the Modified Workday/Workweek Schedule form in its entirety.
2. Employee and Supervisor sign the form, and retain a copy for their records.
3. Submit to The Office of Human Resources and Employee Relations for review.
4. Submit original completed, reviewed and signed form to the Assistant Superintendent/Vice President for approval. Upon approval new schedule can begin.
5. A new Modified Workday/Workweek Schedule form must be completed each time a change occurs to the work schedule.
6. Unit members with modified workday/workweek schedules must confirm the modified schedule at least annually, upon supervisor's written request, unless the employee, AVCFCE and AVCCD agree in writing to permanently change the normal workday or workweek for an individual unit member
7. If you have any questions, contact the Office of Human Resources & Employee Relations, ext. 6311.