

# DCFS COVID-19 TEMPORARY WORK SCHEDULE FORM

Employee Name:		Personnel Number:		Office/Region:	
Job Title:				Requested Start Date:	*

The requirement that alternative schedule work hours shall not begin before 6:00 a.m. or after 9:00 a.m. and shall not end before 3:30 p.m. nor extend beyond 6:30 p.m. is suspended in order to grant the flexibility to implement split shift scheduling. Appointing Authorities may allow the work period to extend beyond the usual 5-day workweek and may approve schedules that include weekend hours.

## **Check option you are requesting:**

**Options 1, 2, 3, & 4 can be selected for a split shift but the total number of hours worked per day must fit the scenarios described and work days must occur Monday – Friday. These options are not available for a schedule that includes weekend hours of work. Please note all begin and end times for a split shift schedule.**

☐ **Option 1:** Five 8-hour work days \_\_\_\_ AM to \_\_\_\_ PM with \_\_\_\_-minute (30, 45, or 60) meal period.  
Describe hours scheduled if shift will be split: \_\_\_\_\_

☐ **Option 2:** Four 10-hour work days \_\_\_\_ AM to \_\_\_\_ PM with day off on ☐ M ☐ T ☐ W ☐ Th ☐ F each week with \_\_\_\_-minute (30, 45, or 60) meal period.  
Describe hours scheduled if shift will be split: \_\_\_\_\_

☐ **Option 3:** Four 9-hour work days \_\_\_\_ AM to \_\_\_\_ PM and one 4-hour work day \_\_\_\_ AM to \_\_\_\_ AM/PM on ☐ M ☐ T ☐ W ☐ Th ☐ F with \_\_\_\_-minute (30, 45, or 60) meal period.  
Describe hours scheduled if shift will be split: \_\_\_\_\_

☐ **Option 4: Available to FLSA Exempt Employees ONLY** - Four 9-hour work days \_\_\_\_ AM to \_\_\_\_ PM. and one 8-hour work day \_\_\_\_ AM to \_\_\_\_ PM for one week of pay period **AND** Four 9-hour work days \_\_\_\_ AM to \_\_\_\_ PM with day off for one week of pay period with \_\_\_\_-minute (30, 45 or 60) meal period

Day off and 8-hour work day occurs on: ☐ M ☐ T ☐ W ☐ Th ☐ F

Day off occurs during ☐ Week 1 ☐ Week 2 and 8-hour work day occurs on opposite week.

Describe hours scheduled if shift will be split: \_\_\_\_\_

## **POSITIVE TIME ENTRY OPTION:**

Option 5 provides the greatest flexibility in number of scheduled hours worked each day (which may vary) as well as a schedule that includes work hours on the weekend (Saturday and/or Sunday). This option requires employees to be placed on positive time entry. All regular attendance hours worked (hours scheduled daily) must be coded as ZA01 and input in CATS/LEO for the employee to be paid. All overtime, on-call attendance hours, and leave used must also be entered in CATS/LEO.

☐ **Option 5: Available to employees working 40 hours between Monday through Sunday.** Specify the number of hours scheduled per day and describe hours scheduled.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
# of scheduled hours per day MUST equal 40 hrs per week	____ hrs	____ hrs	____ hrs	____ hrs	____ hrs	____ hrs	____ hrs
Shift Times: <b>Example</b> 6:30 am - 10:30 am 2:00 pm - 6:00 pm							

**Note:** Employees selecting **Option 2 or 3** will be subject to a temporary work schedule change to 5-8 hour days for those work weeks that a legal or designated holiday is observed. Employees selecting **Option 4** will be subject to a temporary work schedule change to 5-8 hour days for the entire two week pay period that a legal or designated holiday is observed.

In requesting this alternate work schedule and signing below I acknowledge and agree that:

- Once a plan is approved, it shall remain in effect for a minimum of 60 days unless:
  - a. returning to a regular five-day work week; or
  - b. altering or canceling this schedule is determined necessary by supervisor, unit manager or appointing authority to ensure adequate office coverage and/or adequate service delivery; or
  - c. unusual situations and/or emergency circumstances warrant change and approved by supervisor, unit manager and/or appointing authority;
- I retain responsibility for all duties, assignments, activities, training requirements, attendance at meetings and service delivery for all assigned cases/clients/customers; and
- I will abide by DCFS Policy 4-20, Work Hours for DCFS Personnel, and understand that failure to do so will result in forfeiture of the alternate work schedule option.
- Substandard performance or work quality on my part may result in this privilege being revoked.

**Employee Signature:**

**Date:**

**REQUIRED APPROVALS:**

☐ Yes ☐ No

**Supervisor Signature:**

**Date:**

☐ Yes ☐ No

**Manager Signature:**

**Date:**

☐ Yes ☐ No

**Appointing Authority or  
Designee Signature:**

**Date:**

**Form Disposition:**

☐ Copy to Employee

☐ Original to Employee's Supervisor

☐ Copy to State Office Human Resources Section\*\*

**\*\*Submit copy to S.O. HR Section for employee making change to his/her Work Schedule option. .**

**For State Office Human Resources Section Use Only:**

Date Entered in LaGov:

Entered by: