The Controller’s Office would like to offer the staff the option to work a flexible schedule based on your department’s needs as well as ensuring supervision, hours of operation, customer service, overall department responsibilities and deadlines, etc. are covered. Employee’s schedules can be approved for a period of 6 months. If after 6 months, everything is going well, employee may submit a request to change or renew their flexible 6 month schedule.

The following flexible type schedule may be proposed:

1. Flexible “Day Off” Schedule – those employees who elect this benefit will have one day off within a two week pay period and are required to work 35 hours each week with a minimum of ½ hour lunch break. The “day off” will be determined based upon the department’s work load and using a fair selection process determined by seniority. If possible, no two employees within the section/office of the department should be scheduled for the same flex “day-off”. Once the schedule is set, employees must comply with this schedule for the full six months or revert back to standard 35 hours per week – 7 hours a day. Employees cannot switch their “day off” with others after the “day off” has been determined. Employee must work the scheduled hours or discharge time according to their schedule. If a holiday falls within the pay-period, employee will revert back to their approved 7 hour work days for that pay-period with no flex “day-off”.

2. Non-standard hours schedule – those employees who request to work scheduled hours other than 8:30 to 4:30 with 1 hour for lunch. Their scheduled hours must total 35 hours per week and be between the hours 7:30 to 5:00 with a minimum ½ hour for lunch. The approval for “non-standard work hours” will be determined based upon the department’s work load and using a fair selection process determined by seniority. Once the schedule is set, employees must comply with this schedule for the full six months or revert back to the standard 35 hours per week – 7 hours a day, 8:30 to 4:30 with 1 hour for lunch. Employees cannot switch hours after the schedule has been approved. Employee must work the scheduled hours or discharge time according to their schedule.
Each department must develop a plan that must address the following:

• Ensure supervision, hours of operation, customer service, overall department responsibilities and deadlines, etc.
• Establish a standardized staff schedule for non-classified employees and classified employees to work 35 hours per week for six month period.
• Department must be operational at a minimum between 8:30 to 4:30, Monday through Friday.
• If employees in your department elect this benefit, there cannot be a negative impact on the department, staff or customer service.
• Each employee is still responsible for their job duties and responsibilities.
• Each department within the Controller’s Office has various times of the year that we have deadlines. Meeting deadlines is our top priority and needs to be considered prior to approving an employee’s flexible schedule. Flexible schedules may need to be modified during these peak times and should be disclosed on the approved schedule. During holiday weeks, the flexible “day off” schedule will not be available for the entire pay period.
• Schedules need to be published and posted in the office with the supervisor and with the Associate/Assistant Controller.

Other issues you will need to discuss with staff regarding this benefit:

• Abuse of the schedule by employee, such as continuously coming in late or leaving early, will lead to termination of this benefit and revert to the standard scheduled work week.
• Employee will have an approved 6 month schedule that determines their work hours (by day) and/or their approved “flex day”.
• Every employee timesheet must total 70 hours per pay period and 35 hours per week inclusive of personal time, vacation time and sick time.
  o If you are scheduled to work a “7”, “8” or “9” hour day and call in sick, you will have to discharge “7”, “8” or “9” sick hours.
  o If staff takes a vacation week, they must discharge according to their scheduled hours.
• Staff cannot start their work day prior to 7:30 and must end by 5:00 unless there are extenuating circumstances.
• Lunch break needs to be a minimum of ½ hour.

Each department will need to provide a written plan to me that outline the above issues. Human Resources approval is required for classified employee flexible schedules. Approved schedules need to be filed in the Controller’s Office employee’s file.

Please discuss flexible schedules with your staff. I am open to modify the above plan if you have alternative suggestions. I believe if you offer a benefit to one you need to offer the benefit to all. I want this to be a positive benefit to continue to increase staff morale. The staff needs to be included in the development of the final schedule and plan for customer service, overall coverage, supervision, etc.

c: Abigail Rider
   Ann Marie Coleman
   Laura Kenerson
Voluntary Flexible Schedule Agreement

Department: _______________________

I am volunteering to be a participant in the Controller’s Office flexible schedule and agree to the following:

• I understand this benefit is approved on a limited basis of 6 months.
• I will comply with this schedule for the period stated below or revert back to standard 35 hours per week.
• I understand that I cannot switch my flex “day off” with others after the day off has been determined unless prior arrangements have been made with the manager.
• I will work the scheduled hours with a minimum of ½ hour lunch break or discharge time according to the schedule below.
• I understand that if abuse occurs, such as continuously coming in late or leaving early, I will revert back to standard 35 hours per week.
• I understand if a holiday falls within the pay period, I will revert back to my approved 7 hour work days for that pay-period with no flex “day-off.”
• I understand that my work day must start after 7:30 and must end by 5:00.

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<td>Week 1 – Hours</td>
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<td>Lunch Break (½ hr, 1 hr, etc.)</td>
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I agree to the above volunteer flexible schedule, starting date _______________ (pay-period # _____) through ending date _______________ (pay-period # _____). Employee ID: ____________________________

_____________________________  _____________________________  _____________
Employee Name (print)         Employee Signature                   Date

_____________________________  _____________________________  _____________
Supervisor Signature & Date   Associate/Assistant Controller Signature & Date

_____________________________  _____________  _____________________________
Human Resources Signature      Date      (Required for classified employees who are scheduled for more or less than 7 hours per day) (original is filed in the Controller’s Office)