

GEORGIA DEPARTMENT OF CORRECTIONS ALTERNATIVE WORK SCHEDULE AGREEMENT

EMPLOYEE NAME:		Employee ID#	
My work schedule will be: (check one)			
<input type="checkbox"/>	Flexible Schedule:	Beginning time:	Ending Time:
	Meal Period Beginning time:		Ending Time:
<input type="checkbox"/>	Alternating Work Day Off:		
	Day Off (Check one)	<input type="checkbox"/> Monday	<input type="checkbox"/> Friday
	9-hour work days beginning time:		Ending time:
	8-hour work day beginning time:		Ending time:
<input type="checkbox"/>	10-Hour Days:	Beginning time:	Ending time:
	Meal Period Beginning time:		Ending time:
	Scheduled Off Day:		

I have read and fully understand the requirements of Department SOP 104.67, Official Hours and Alternative Work Schedules. Specifically, I understand that I may be required to change off days to meet Department needs and that this may require work schedule adjustments to ensure compliance with FLSA standards. Any adjustments to my schedule must be approved in advance by my supervisor.

I elect to participate in the program and agree to all stipulations stated above and in SOP 104.67. This agreement may be cancelled at any time by the Department or by me upon notification to my supervisor.

Print Employee Name:			
Signature:		Date:	
Print Supervisor Name:			
Signature:		Date:	

Retention: Retain for one year following end of agreement in the local leave file.