

ASSIGNMENT to ALTERNATE WORK SCHEDULE
Pursuant to Appendix C
of the
BARGAINING AGREEMENT
between the
STATE OF ALASKA
and the
Alaska Public Employees Association/AFT
representing the Confidential Employees Association

Department/Division: _____ **Duty Station:** _____

Having agreed to the terms of the alternate work schedule provisions of Appendix C, the Alternate Work Schedule for Overtime Exempt Employees shall apply to the following bargaining unit member:

PCN	Employee Name	Employee ID#	Job Classification

Management reserves the right to alter the schedule, when necessary, to meet the business needs of the workplace with consideration of the employee’s needs, in accordance with the collective bargaining agreement.

This assignment shall be effective on Monday, _____ and shall remain in effect through _____ (no later than June 30, 2025). Either party may cancel upon fifteen calendar (15) days written notice, with concurrent notice to the Payroll Services Manager. In the event of cancellation, the affected employee shall return to a normal work schedule in the first week following the required notice period.

APPROVALS:

Member’s Signature

Date

Supervisor’s Signature

Date

cc: DOF Payroll Services (via email)
APEA/AFT (via email)