



TAFT COLLEGE

WEST KERN COMMUNITY COLLEGE DISTRICT

ALTERNATIVE WORK SCHEDULE

Effective Dates of the Alternative Work Schedule

Employee's Name

Employee's Title and Department

	Begin Shift	Lunch Period	End Shift
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

An "on duty" meal period shall be permitted only when the nature of the work prevents an employee from being relieved of all duty and when by written agreement between the employer and employee an on-the-job paid meal period is agreed to. The written agreement must state that the employee may, in writing, revoke the agreement at any time. (http://www.dir.ca.gov/dlse/faq_mealperiods.htm)

9.3 Individual Alternative Work Schedule: Any regularly scheduled workweek whereby an employee may work more than eight (8) hours in a twenty-four (24) hour period. Upon the proposal of a supervisor and with mutual agreement between the employee and supervisor, a regularly scheduled alternative workweek may be adopted that authorizes work by the affected employee for no longer than ten (10) hours per day within a forty (40) hour workweek without the payment of the affected employee of an overtime rate of compensation pursuant to this section.

Additional Information/NOT Contract Language: Makeup work time is allowed, but not encouraged. An employee may provide a written request to makeup work time that is or would be lost as a result of a personal obligation of the employee, the hours of that makeup work time may not be counted towards computing the total number of hours worked in a day for purposes of overtime requirements, except for hours worked in excess of 8 hours in one day or 40 hours in one workweek. Please note that the request for makeup work time must be submitted by the employee and not solicited by the supervisor.

Based upon these considerations, the District, _____ agree as follows: Employee's Name

1. _____ (Employee's Name) agrees to the redefined work schedule and overtime calculations as specified above. The employee may, in writing, revoke the agreement at any time.

2. The District and the employee understand that any changes to this document within the specified timeframe must be agreed upon by both parties.

WEST KERN COMMUNITY COLLEGE DISTRICT

_____ Dated: _____
Employee Signature

_____ Dated: _____
Immediate Supervisor Signature

_____ Dated: _____
Supervising Administrator Signature

_____ Dated: _____
President/Superintendent Signature