

**ALTERNATIVE WORK SCHEDULE REPORTING FORM
DUNN MEMORIAL BRIDGE RAMP CLOSURE**

Please use a separate form for each type of alternative work schedule (staggered hours, compressed workweek, compressed pay period)

<p>1. Schedule A. Identify the type of schedule (staggered hours, compressed workweek, compressed pay period)</p>	
<p>B. Indicate the number of hours worked for each day of the schedule and the number of days per week (for example, 10 hours/4 days). (For compressed pay period schedules only, please complete the schedule blocks on the reverse side of this form).</p>	
<p>2. Daily Start Time Indicate set starting time or range of starting times available each day.</p>	
<p>3. Meal Period Indicate length of lunch period(s) in minutes.</p>	
<p>4. Effective Date Indicate month, day and year program is scheduled to start. The program will end when agencies are notified that repairs have been completed.</p>	<p>Start Date: _____ End Date: Undetermined</p>
<p>5. Agency/Facility Name & Location(s) Give addresses where alternative work schedule will be available (for example, EnCon, Main Office).</p>	
<p>6. Number of Participants Estimated number of employees in each location listed who may participate in this schedule.</p>	

<p>7. Eligibility for Overtime If all employees involved are overtime eligible, check Overtime Eligible box; if all employees involved are ineligible for overtime, check Overtime Ineligible box. If both overtime eligible and ineligible employees are participating, check the Both box.</p>	<p><input type="checkbox"/> OT Eligible <input type="checkbox"/> OT Ineligible <input type="checkbox"/> Both</p>
<p>8. Copies Check each box to indicate that copies of this form have been sent to the agencies identified.</p>	<p><input type="checkbox"/> GOER <input type="checkbox"/> DCS</p>
<p>9. Reverting to Former Schedule Indicate whether or not an employee has the right to stop working on the alternative schedule and return to his/her former schedule prior to the original anticipated ending date of the alternative work schedule.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Unit Issues A. Units affected. Check the boxes which correspond to the union affiliations (or M/C designation) for all participating employees (ASU, ISU, OSU, DMNA = CSEA; PS&T = PEF; Security Services = NYSCOPBA; Security Supervisors and ALES = C82).</p>	<p><input type="checkbox"/> CSEA <input type="checkbox"/> NYSCOPBA <input type="checkbox"/> C-82 <input type="checkbox"/> PEF <input type="checkbox"/> M/C</p>
<p>B. Union Consultation. Consultation is required with union representatives whose employees are participating in the schedule. Check the boxes which correspond to the unions consulted for each group of employees.</p>	<p><input type="checkbox"/> CSEA <input type="checkbox"/> NYSCOPBA <input type="checkbox"/> C-82 <input type="checkbox"/> PEF</p>
<p>C. Unions Supporting Schedule. Check the boxes which correspond to those unions that support the schedule.</p>	<p><input type="checkbox"/> CSEA <input type="checkbox"/> NYSCOPBA <input type="checkbox"/> C-82 <input type="checkbox"/> PEF</p>

D. Concerns and Objections. Check appropriate boxes for unions that raised objections that have not been addressed by agency and give a brief description of the objection(s).	<input type="checkbox"/> CSEA <input type="checkbox"/> NYSCOPBA <input type="checkbox"/> C-82 <input type="checkbox"/> PEF	
Agency Contact Person	Telephone Number	
COMPRESSED PAY PERIOD SCHEDULE For compressed pay period schedules only, enter number of hours per day for each day of the schedule. Leave boxes blank for days employees are not scheduled to work.		
	Week 1	Week 2
DAYS		
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>

Complete the form and mail or fax to both the Department of Civil Service and to your Agency Liaison at the Governor's Office of Employee Relations:

**Department of Civil Service
 Attendance and Leave Unit, Room 368
 Building 1, State Campus
 Albany, New York 12239
 Fax Number: 457-6957**

**Governor's Office of Employee Relations
 2 Empire State Plaza
 Suite 1201
 Albany, New York 12223-1250
 Fax Number: 486-7304**

July 28, 2005