I. PURPOSE:

Pursuant to State of Georgia policy and with the exception of a regular, salaried employee working less than full-time (e.g., thirty (30) hours per week) as well as certified law enforcement employees serving in a technical college’s police department, all other, salaried employees of the Technical College System of Georgia [TCSG] shall either work, utilize paid leave or holidays, or be places on authorized or unauthorized leave without pay for forty (40) hours each seven (7) day work week/work period. Work period requirements for certified law enforcement employees are outlined in paragraph VI.C.

Within these parameters, the Commissioner shall establish the official and core business hours for the System Office and each technical college president shall establish the official and core business hours for his/her technical college. The Commissioner and each technical college president, or his/her designee, shall ensure that employee work schedules are established to facilitate the effective and efficient operation of the System Office and each technical college.

Additionally, it is the responsibility of the Commissioner and each technical college president to ensure that System Office and technical college operations comply with all applicable provisions of the Fair Labor Standards Act, as well as the State of Georgia policy governing Working Hours, Payment of Overtime, and Granting of Compensatory Time.

II. RELATED AUTHORITY:

- Fair Labor Standards Act of 1938, as amended
- Office of Planning and Budget (OPB) Policy Governing Working Hours, Payment of Overtime, and the Granting of Compensatory Time
- State Telework Policy
- TCSG Procedure 4.2.1p. Working Hours, Overtime, and Compensatory Time
- TCSG Procedure 4.2.2p2. Work Away

III. APPLICABILITY:

All work units and technical colleges associated with the Technical College System of Georgia

IV. DEFINITIONS:
Core Business Hours: the time period during a normal business day that employees working a schedule with flexible starting and ending times are required to be present at work. Example would be core hours from 9:00 a.m. until 3:00 p.m. An employee with these core hours could be permitted to begin his/her work day between 7:00 a.m. and 9:00 a.m. and end his/her day between 3:30 p.m. and 5:30 p.m. inclusive of an unpaid lunch period of at least thirty (30) minutes.

V: ATTACHMENTS:

Attachment 4.2.2a1. Sample Alternating Week-Day Off Calendars
Attachment 4.2.2a2. Alternating Week-Day Off Schedule Agreement
Attachment 4.2.2a3. Four 10-Hour Work Day Schedule Agreement

VI. PROCEDURE:

A. Official Business Hours:

1. The official business hours of the System Office are from 8:00 a.m. until 5:00 p.m., Monday through Friday. During this time period, all offices will be open for business, unless administratively or operationally unfeasible due to such factors as inclement weather. All System Office work units shall be adequately staffed during official business hours to provide necessary services to employees, officials, the public, and, as applicable, current and prospective students.

2. The president of each technical college shall establish the college’s official business hours.

B. Work Periods and Work Schedules for Non-Law Enforcement Employees:

1. The work period for all non-law enforcement employees is a fixed period of seven (7) consecutive calendar days. Work units may establish different work periods for different groups of employees, provided there is a business-related justification.

2. The scheduled work hours of each employee (to include an unpaid meal period and, as applicable, breaks) will be established in conjunction with the needs of the assigned System Office or technical college work unit. Managers and supervisors may permit an employee to work desired hours provided the proposed schedule is consistent with System Office and/or technical college guidelines, work unit operations, and the schedules of other employees. Work schedules may vary from employee to employee dependent upon the type of work performed, work location, and the needs of the work unit.

3. Employees may be permitted to work schedules that vary from the System Office or technical college official business hours (i.e., a flexible work schedule) or may request or be required to work an alternating week-day off or a compressed work schedule as outlined below. In all such instances, an employee must be at work during core business hours.
4. Participation in an alternative work schedule may be rescinded if there are performance
or attendance problems present or other work-related issues as determined by the
immediate supervisor or reviewing manager.

5. When possible, an employee should be provided advance notice of a modification to
his/her established work schedule.

6. In addition to a standard work week consisting of five (5), eight (8) hour days, the
following alternative work schedules may be incorporated into System Office or
technical college operations with the approval of the Commissioner or technical college
president:
   a. Alternating Week-Day Off Schedule:
      1. This schedule incorporates a two (2) week period during which an
         employee will work a schedule of eight (8), nine (9)-hour days and one (1),
ineight (8)-hour day with an additional day off. During each work week or
seven (7) day work period, an employee will work four (4) nine (9) hour
days and four (4) hours of his/his scheduled eight (8)-hour day as noted
below. For purposes of FLSA compliance and ease of administration, this
work schedule should begin on a Monday or Friday and an employee's
established seven (7) day work period will begin or modified to the middle
of the eight (8) hour day and continue for seven (7) consecutive twenty-
four (24) hour periods.

      Note: Sample Alternating Week-Day Off Calendars are attached as
Attachment 4.2.2p1.a1.

   b. Compressed Work Schedule:
      1. This schedule incorporates four (4), ten-hour (10) hour work days may, at
the discretion of a technical college president, be adopted college-wide.

      2. Employees on a ten (10) hour per day schedule are required to have an
unpaid lunch period of at least thirty (30) minutes added to their
established work schedule.

7. An employee requesting to participate in an Alternative Week-Day Off or a Compressed
Work Schedule shall complete an accompanying agreement (i.e., Attachment
4.2.2p1.a2, or, as applicable, Attachment 4.2.2p1.a3.). Newly hired full-time employees
of a technical college utilizing a four (4) day, ten (10) hour work schedule should
complete Attachment 4.2.2p1.a3.

C. Work Periods and Work Schedules for Law Enforcement Employees

1. The work period for all P.O.S.T. certified law enforcement employees serving in a
technical college police department shall be established as a fixed period ranging
from seven (7) to twenty-eight (28) calendar days.
2. Within the TCSG the assigned work period shall generally be established in seven (7) day increments, e.g., seven (7) days, fourteen (14) days, or twenty-eight (28) days. NOTE: Different work periods may be established for different employees of groups of employees.

3. For each work period, a regular, salaried law enforcement employee must work or use paid leave/holidays for no less than the scheduled amount of hours for the work period. This is equivalent to the number of scheduled work days multiplied by the number of scheduled hours per day.

   For example, if an officer is assigned to a twenty-eight (28) day work period, his/her scheduled hours equals 160 hours (twenty (20) work days times eight (8) hours or sixteen (16) work days times ten (10) hour per day.

4. The president (or his/her designee) of a technical college operating a campus police department may elect to waive the requirement of adding an unpaid meal period to the established work day of P.O.S.T. certified law enforcement employees.

5. The established maximum hours worked standard before overtime compensation is required for non-exempt employees ranges from 43 hours (in a seven (7) day work period) to 171 hours (in a twenty-eight (28) day work period). Employees may be required to work up to the maximum number of hours in his/her designated work period without additional compensation.

6. A salaried, non-exempt employee who works more than the maximum number of hours in his/her work period shall receive overtime compensation in the form of FLSA compensatory time calculated at a rate of one and one-half (1 ½) for each overtime hour worked.

7. The provisions of Paragraph VI.D. and VI.E governing State Holidays and Annual, Sick, or Personal Leave and Compensatory Time are applicable to law enforcement employees whose assigned work day is either nine (9) or ten (10) hours.

D. State Holidays

1. Pursuant to State policy, holidays are valued at eight (8) hours.

2. Employees working a nine (9) or ten (10) hour day must either adjust his/her work schedule during the work period in which the holiday(s) occur or, request annual/personal leave or available compensatory time or request placement on authorized leave without pay to make up the one (1) or two (2) hour difference.

E. Annual, Sick, or Personal Leave and Compensatory Time

1. Employees working a nine (9) or ten (10) hour day and who are absent from work on approved annual, sick, or personnel leave must request nine (9) or ten (10) hours of leave. Similarly, employees may request an equivalent amount of accumulated FLSA or State compensatory time for such absence(s).
F. Teleworking

1. Pursuant to the State Teleworking Policy, teleworking is an authorized work arrangement in which some or all of an employee’s work is performed at location(s) other than the employee’s primary (i.e. usual and customary) workplace. An alternate workplace may include the employee’s home or another Technical College System of Georgia work site.

2. Employees who participate in a teleworking arrangement are expected to work required hours and fulfill all responsibilities associated with their position.

3. Detailed information pertaining to teleworking may be found in the Work Away Procedure.

VII. RECORD RETENTION:

All employment related documents generated or collected pursuant to this procedure shall be maintained in a manner consistent with the Georgia Archives’ Retention Schedule for State and Government Paper and Electronic Records.
Example 1

SAMPLE CALENDAR: 9 HOUR/4 DAY SCHEDULE, ALTERNATE FRIDAYS OFF

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
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<td>Regular Schedule</td>
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<tr>
<td>Begin Alternate Schedule</td>
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<td>Off All Day</td>
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<td>Work 8 Hours</td>
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</table>

- Regular Schedule: Work 8 Hours
- Alternate Schedule: Work 9 Hours
- Off All Day (but must take 4 hours of annual or personal leave or compensatory time to have 40 hours in pay status for this workweek)
- Work 8 Hours (4 hours are counted in each workweek)
Example 2
SAMPLE CALENDAR: 9 HOUR/4 DAY SCHEDULE, ALTERNATE MONDAYS OFF

August 2012

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
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<td>13</td>
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<td></td>
<td>Off</td>
<td>Work 9 Hours</td>
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</table>
Alternating-Weekday Off Schedule Agreement

I. Work Hours
I understand my designated workweek will begin at _________ and end at _________ on Monday or Friday. I further understand that my work hours will be _________ to _________ on my nine-hour workdays and from _________ to _________ on my eight-hour workdays.

II. Work Schedule Changes
A. I understand that it may be necessary to change my off days or work on a scheduled day off depending on work unit demands. I further understand that these changes may require other work schedule adjustments, particularly for employees who are covered by the Fair Labor Standards Act.
B. I understand that the above referenced work hours will remain unchanged unless modified by my supervisor or until I submit a written request for an adjustment of assigned work hours to my supervisor and my supervisor authorizes the request.

III. Holidays
A. State holidays occurring on a designated workday result in an eight-hour absence; therefore, for each holiday occurring on a day I am scheduled to work nine hours, I must either:
   1. Take one hour of previously accumulated holiday time;
   2. Take one hour of FLSA compensatory time;
   3. Take one hour of annual or personal leave;
   4. Use one hour of accumulated State compensatory time; or
   5. Adjust my work schedule to make up the hour during the workweek in which the holiday occurs.

IV. Leave
A. I understand that a full day's absence will result in the use of either eight or nine hours of leave based on the number of hours in the scheduled workday.
B. I understand that I should attempt to schedule routine medical appointments, as well as personal business appointments, etc., on my scheduled off day.
C. I understand that my leave requests will be reviewed in conjunction with work unit staffing considerations and workload levels. I further understand that a request may be denied based on these or other work related factors.

I have read and understand these guidelines pertaining to the alternating-weekday-off work schedule. I desire to participate in this work schedule and agree to adhere to these stipulations. After discussion with my supervisor, my day off will be _____________. I understand that if my day off is ____________, I must use four hours of annual or personal leave, or compensatory time to initiate the alternating-weekday-off work schedule.

________________________________ _____________________________
Employee Signature  Supervisor Signature

________________________________ _____________________________
Printed Name  Printed Name

________________________________ _____________________________
Date  Date
Four 10-Hour Workday Schedule Agreement

I. Work Hours
I understand my workweek will consist of four 10-hour workdays beginning at _________ and ending at ________ on each day. After consultation with my supervisor, my scheduled day off each workweek will rotate on a monthly basis or will be permanently designated as _____________.

II. Work Schedule Changes
A. I understand that it may be necessary to change my off days or work all or part of a scheduled day off depending on work unit demands. I further understand that these changes may require other work schedule adjustments, particularly for employees who are covered by the Fair Labor Standards Act.
B. I understand that the above referenced work hours and day off will remain unchanged unless modified by my supervisor or until I submit a written request for an adjustment of assigned work hours to my supervisor and my supervisor authorizes the request.

III. Holidays
A. State holidays occurring on a designated workday result in an eight-hour absence; therefore, for each holiday occurring on a day I am scheduled to work, I must either:
   1. Take two hours of previously accumulated holiday time;
   2. Take two hours of FLSA compensatory time;
   3. Take two hours of annual or personal leave;
   4. Use two hours of accumulated State compensatory time; or
   5. Adjust my work schedule to make up the two hour during the workweek in which the holiday occurs.
B. If a State holiday falls on a scheduled off day, I will be granted an additional eight hours off, preferably in the same workweek in which the holiday occurred.

IV. Leave
A. I understand that a full day’s absence will result in the use of ten hours of leave.
B. I understand that I should attempt to schedule routine medical appointments, as well as personal business appointments, etc., on my scheduled off day.
C. I understand that my leave requests will be reviewed in conjunction with work unit staffing considerations and workload levels. I further understand that a request may be denied based on these or other work related factors.

I have read and understand these guidelines pertaining to a four 10-hour workday schedule. I desire to participate in this work schedule and agree to adhere to these stipulations.

__________________________________________________________
Employee Signature

__________________________________________________________
Supervisor Signature

__________________________________________________________
Printed Name

__________________________________________________________
Printed Name

__________________________________________________________
Date

__________________________________________________________
Date