AIR RESOURCES BOARD
ASD/PMB-191 (Revised 01/05)

STATE OF CALIFORNIA

# IRREGULAR WORK SCHEDULE AGREEMENT

This document specifies the irregular work schedule for the below-identified employee and the terms and conditions applying to that schedule to which the employee agrees. (See reverse for rules.)

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|---|---|
| NAME OF EMPLOYEE | EFFECTIVE (Month/Year) (Must be beginning of Pay Period) |
| SOCIAL SECURITY | PERIOD OF AGREEMENT<br>From: Through: |
| DIVISION SECTION NO. | WORK HOURS |

## TERMS AND CONDITIONS

I, the undersigned employee, understand that this change in my work schedule is both voluntary and a privilege, not a right, and may be modified or canceled by the Air Resources Board at any time. A written notice is required 30 calendar days prior to such modification/cancellation unless shorter notice is mutually agreed upon by the employee and management.

I agree that any excess hours remaining will be compensated at the straight time rate when earned by lump sum or time off, and any deficit hours will be charged to excess, CTO, annual leave, vacation, personal leave, or approved dock.

I agree to abide by the Air Resources Board Flexible Work Week Schedule policy and understand and accept the terms described in this agreement.

## AGREEMENT CERTIFICATION

| | | |
|---|---|---|
| EMPLOYEE SIGNATURE | | Date: |
| SUPERVISOR SIGNATURE | ☐ Approved<br>☐ Denied | Date: |
| ATTENDANCE COORDINATOR | | Date: |

PROVIDE COPIES TO EMPLOYEE AND MANAGEMENT

Original to be maintained in the Personnel Office