



STATE OF NEW YORK
DIVISION OF MILITARY AND NAVAL AFFAIRS
330 OLD NISKAYUNA ROAD
LATHAM, NEW YORK 12110-2224

MARIO M. CUOMO
GOVERNOR
COMMANDER IN CHIEF

MICHAEL S. HALL
MAJOR GENERAL
THE ADJUTANT GENERAL

MNAG-TAG

08 JUL 1994

MEMORANDUM FOR SEE DISTRIBUTION

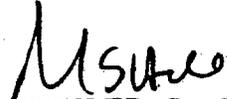
SUBJECT: Implementation of Alternative Work Schedule

1. Effective immediately an alternative work schedule will be available to all State and Federal employees within this agency.
2. The compressed work schedule program is voluntary. Personnel who wish to remain on their normal work schedule may do so.
3. All facilities would remain open and staff sections at all locations would remain operational Monday - Friday. The fact that all facilities would remain open is in keeping with our intent to maximize the use of our armories/bases within the community. Mondays and Fridays would be the only alternative work schedule day off.
4. Employees must request permission from their supervisor for a six month period. Supervisor approval will be predicated on mission impact, staffing, etc.
5. Flex-tour and flex-time programs would remain in place.
6. The program would run in six month intervals during which the employee would be locked in. Requests to leave the compressed workweek would be entertained, but only on an exception based upon extenuating circumstances with supervisory approval. Employees may be involuntarily removed from the program due to mission requirement.
7. Requests for alternative work schedule should be developed at the local level and submitted thru the chain of command for concurrence and forwarded to this headquarters to MNSP (Federal), CW3 Hughes or MNHR (State), Mr. Gallagher for final approval.
8. Enclosure 1 provides information for federal employees, enclosure 2 provides information for state employees.

MNAG-TAG
SUBJECT: Alternative Work Schedule

9. POC's are CW3 Richard Hughes (MNSP), DSN 489-4723/CML (518)
786-4723 and Mr. Larry Gallagher (MNHR), DSN 489-4517/CML (518)
786-4517.

Encls


MICHAEL S. HALL
Major General, NYANG
The Adjutant General

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SAMPLE REQUEST FOR FEDERAL ALTERNATIVE WORK SCHEDULE

(This is an organizational request not an individual)

(USE APPROPRIATE FORMAT FOR HEADING, ADDRESS REQUESTS THROUGH APPROPRIATE COMMAND CHANNELS TO ARRIVAL AT DMNA/MNSP)

SUBJECT: Request for Alternative Work Schedule

1. This paragraph should summarize the coordination that took place with employees and local union and their response. Example: Unit survey conducted, employee meeting etc.

2. Develop your proposal, providing Monday through Friday coverage, in this paragraph outlining the following: (Note: SFHW means Standard Forty Hour Week)

a. Proposed work schedule: **SAMPLE**

Present Schedule	Proposed AWS	Proposed SFHW
START TIME 0730	0700	0730
AM BREAK 0930 - 0945	0930 - 0945	0930 - 0945
LUNCH 1130 - 1200	1200 - 1230	1200 - 1230
PM BREAK 1415 - 1430	1430 - 1445	1430 - 1445
SHIFT END 1600	1630	1600

b. State how choice of day off will be managed to preclude conflicts, i.e. seniority by service comp date or other.

c. State the locking period or gates employees will enter or be released from the program i.e., October and April, January and July etc.

d. Provide a statement that supervision will be provided during all working hours.

4. Closing statements confirming request.

SIGNATURE BLOCK

ENCLOSURE 1

FEDERAL EXAMPLES

SUN	MON	TUE	WEEK 1			SUN	MON	TUE	WEEK 2			SUN	MON	TUE	WED	THU	FRI	SAT	
			WED	THU	FRI				SAT	THU	FRI								
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	Regular 8 Hr/80 Hr wk
OFF	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	8	8	1st Mon off/2nd Fri 8 Hr
9	9	9	9	8	OFF	9	9	9	9	9	9	9	9	9	9	9	9	9	1st Fri off/1st Thu 8 Hr
9	9	9	9	9	8	OFF	9	9	9	9	9	9	9	9	9	9	9	9	2nd Mon off/1st Fri 8 Hr
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	2nd Fri off/2nd Thu 8 Hr
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	1st Fri off/2nd Fri 8 Hr
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	2nd Fri off/1st Fri 8 Hr
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	1st Fri off/1st Thu 8 Hr
9	9	9	9	9	8	OFF	9	9	9	9	9	9	9	9	9	9	9	9	2nd Mon off/1st Fri 8 Hr

*See Note

Lunch period may be assigned anytime during the period 1130 - 1330 hours.

*NOTE: Examples provided above do not include lunch period which is in addition to the 8 or 9 hour work day.

Variable times may be modified to reflect 15 minute intervals (i.e. start 0745) with concurrent variations at the end of the duty day.

STATE ALTERNATIVE WORK SCHEDULE PROGRAM

Employees may request to participate by utilizing the enclosed request which must be approved by your supervisor and director and forwarded to reach MNHR-P(AS) a pay period prior to the desired start date.

Employees will be required to remain in the program for a six month period. Individuals will be required to request approval to remain in the program every six month period. If an unexpected hardship arises, employees may request to be returned to a regular work schedule with the concurrence of their supervisor.

Supervisors may also request that an employee be returned to a regular work schedule based upon mission changes and supervisory concerns.

The day off that results from participation in the program will be the same day on alternate weeks.

Should scheduling conflicts occur based upon employee requests, schedules will be approved based upon DMNA seniority date.

Directors/supervisors will establish guidelines to ensure that proper supervision and coverage is provided at all times.

Lunch will be 30 minutes.

There are four schedules for both the 37 1/2 hour per week and the 40 hour per week schedules that will allow for either alternate Fridays or Mondays off. These schedules are enclosed for your review.

The current flextime schedule, as well as the modified flextime reporting periods for those employees on the alternative work schedule, will continue to be permitted at the Latham Complex.

DAYS OFF

EITHER ALTERNATE MONDAYS OR FRIDAYS

	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W
SCHEDULE (37 1/2 Hours)														
#1	8.75	8.75	X	X	DO	8.75	8.75 (35)	8	8	X	X	8	8	8 (40)
#2	8	8	X	X	8	8	(40)	8.75	8.75	X	X	DO	8.75	8.75 (35)
#3	8.75	DO	X	X	8.75	8.75	(35)	8	8	X	X	8	8	8 (40)
#4	8	8	X	X	8	8	(40)	8.75	DO	X	X	8.75	8.75	8.75 (35)

	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W
SCHEDULE (40 Hours)														
#1	10	10	X	X	DO	10	(40)	8	8	X	X	8	8	8 (40)
#2	8	8	X	X	8	8	(40)	10	10	X	X	DO	10	10 (40)
#3	10	DO	X	X	10	10	(40)	8	8	X	X	8	8	8 (40)
#4	8	8	X	X	8	8	(40)	10	DO	X	X	10	10	10 (40)

DIRECTORATE

DATE

MEMORANDUM FOR MNHR

SUBJECT: Request to Participate in the Alternative Work Schedule

1. I request to participate in the Alternative Work Schedule. The schedule that I request is Schedule #_____.
2. I understand that this request is voluntary and that I must remain in the program for six months.

EMPLOYEE NAME: _____

EMPLOYEE ITEM # _____

EMPLOYEE SIGNATURE

I concur/*nonconcur.

SUPERVISOR SIGNATURE DATE

I concur/*nonconcur.

DIRECTOR SIGNATURE DATE

*Request a brief explanation as to reason(s) for nonconcurrency.

Enclosure 2-3