I. AUTHORITY
D.C. Official Code §§ 1-612.01 (Repl. 2006) and 4-1303.03(a-1)(8) (Repl. 2008).

II. APPLICABILITY
This policy shall apply to all Child and Family Services Agency (CFSA) full-time employees. The provisions of this policy are based on operational needs and are subject to the provisions of the collective bargaining agreements of all employees in the bargaining unit.

III. RATIONALE
Flexible work schedules have a powerful potential to increase morale and worker productivity through greater employee control over professional and personal time, as well as reducing absences that result from family-related scheduling issues. The CFSA supports a family-friendly workplace whereby employees may have varying degrees of control over the beginning and ending of their workday while continuing to achieve child welfare program goals.

IV. POLICY
The CFSA has established an Alternate Work Schedule (AWS) Program through which all employees can fulfill a bi-weekly 80-hour tour of duty requirement while maintaining one of the various optional work schedules described in detail below. The CFSA requires, however, that participation in the AWS Program reflect adherence to best practice standards. In the event that individual AWS participation adversely impacts clients or Agency business, CFSA management reserves the right to limit eligibility based on attendant circumstances.

V. CONTENTS
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B. Exclusions
C. Application, Approval and Appeal Process
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VI. ATTACHMENTS
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VII. PROCEDURES

Procedure A: Eligibility
1. All CFSA employees are eligible to request participation in the AWS Program.

2. Eligibility requests shall be considered for approval based on the needs of individual administrations, the requesting employee’s position description, and demonstration that AWS approval will not adversely impact the Agency’s ability to fulfill its functions and its mission.

3. Bargaining unit employees may participate in the AWS Program in accordance with the terms provided in the negotiated Union agreement and memorandum of understanding.
   • The AWS policy shall work in conjunction with the employee’s bargaining unit contract and shall not supersede the authority of the contract.

Procedure B: Exclusions
1. Due to the unique requirements for serving the child welfare population, and dependant upon the operations of individual CFSA administrations, a Deputy Director may request that his or her administration or division be excluded from the AWS Program.
   a. All requests for exclusion shall be forwarded in writing to the Human Resources Administrator for review and approval.
   b. All requests shall justify the exclusion by detailing how the AWS Program would interfere with that particular administration’s ability to function effectively, or to meet specific CFSA goals and/or Implementation Plan benchmarks.

2. Similarly, due to the unique job requirements for serving the child welfare population, some employees may be constrained or be unable to work their desired AWS. Supervisors and managers shall make every effort to accommodate staff when such constraints are evident, without compromising the goals of the CFSA.

Procedure C: Application, Approval and Appeal Process
1. All CFSA employees shall regard the AWS Program respectfully as a privilege, not as an employee right.

2. CFSA employees shall apply for the AWS Program by filling out the “Application for an Alternate Work Schedule” Form and submitting it to their supervisor for approval. See Attachment B: Application for An Alternate Work Schedule.
3. Newly hired or transferred employees may submit written requests for an AWS within 30 calendar days of reporting to a job at the CFSA. If the employee does not apply within this time period, he or she will be eligible to apply when the next opportunity arises (every January and June), or as deemed necessary by the Deputy Director or designee.

4. Supervisors and managers must approve or deny an AWS request within ten (10) working days of the employee's submission of the AWS form, although notification as soon as possible is preferred.

5. Supervisors and managers have the authority to revoke an approved AWS or remove an individual employee from the AWS Program if the employee fails to respect and/or observe the requirements of the Program.
   a. Removal or revocation of an AWS made under this authority shall be justified through written documentation; actions by managers and supervisors shall not be frivolous, retaliatory, arbitrary or capricious.
   b. Supervisors must give employees a minimum of ten (10) working days notice of any removal or revocation of an AWS, although as much advance notice as possible is preferred.

6. An employee working an AWS who receives an official performance rating of "Unsatisfactory" or "Needs Improvement" may be returned to his or her regular tour of duty if the supervisor determines that the employee's performance is impacted by the AWS.

7. Supervisors and managers may approve, deny, adjust, or revoke an employee's AWS at any time based upon temporary duty requirements, seasonal workloads, staffing requirements, overtime considerations, and/or other work-related reasons (e.g., training, official travel, workshops). These temporary adjustments do not require a ten (10) working day advance notice.

8. Exceptions to minimum notice requirements shall be based on documented operational needs which may include training, or business needs necessitated by emergency situations. See Procedure C, numbers 4, 5, and 6.

9. The supervisor must provide documentation to support the denial, adjustment, removal, or revocation.
   a. The supervisor must confer with the Program Manager before:
      i. Finalizing the denial of an AWS
      ii. Removing an AWS
      iii. Adjusting the AWS
      iv. Revoking the AWS
   b. The supervisor shall notify the employee in writing and provide any supporting documentation if the AWS has been denied, adjusted, removed, or revoked.
10. If a supervisor denies, adjusts, or revokes an AWS or removes an employee from the AWS Program, the impacted employee may appeal to the Deputy Director of that particular administration within five (5) working days of receipt of the written notification of the denial, adjustment, removal, or revocation. See Attachment C: Request for Review Application.
   - The employee will remain on his/her schedule until the Deputy Director’s decision is issued.

11. The Deputy Director’s decision shall be rendered within ten (10) working days of receipt of the employee’s appeal. This decision shall be final.

**Procedure D: Requirements**

Alternate work schedules shall meet the following requirements:

1. All full time employees must work 80 hours in a two-week tour of duty (pay period).

2. Operational requirements, as defined by the Administrator, must be met.

3. Service to the customer must be maintained and/or improved.

4. Each office or operation must be covered during core business hours. See Attachment A: Definitions.

5. Managers must ensure supervisory coverage for all employees including those employees working compressed time or flexible work schedules.

6. An AWS shall not diminish the responsibility and accountability of any CFSA employee for the provision of services and/or performance of his or her duties.

7. In positions where an AWS is permitted, requests from employees for any type of change in work schedule or hours will be considered on the basis of the above standards, the workload of the administration, and in accordance with the appeal process guidelines described above.

**Procedure E: Customer Service Hours**

1. Customer service hours are the hours during which an administration participating in the AWS Program must be able to respond to the needs of its customers and the public.

2. The customer service hours may vary from administration to administration within the CFSA.
3. During these hours, each administration must be able to provide services, even if it means that employees must temporarily alter their preferred work schedules. Temporary adjustments of the schedules do not require a ten (10) working day notice. These adjustments may range from one (1) hour to less than 30 days. See Procedure C, number 6.

4. If possible, coverage should be worked out amongst employees on a voluntary basis.

5. When it is not possible for employees to come to a consensus voluntarily, supervisors should assign coverage responsibilities on a rotating basis.

Procedure F: Alternate Work Schedule (AWS) Options

Peak Hour Flexible Work Schedule:
The Peak Hour Flexible Work Schedule is an 8-hour workday whereby employees may arrive no earlier than 7:00 a.m. but not later than 9:30 a.m., and depart no earlier than 3:30 p.m. and no later than 6:00 p.m. The individualized schedule shall commence upon supervisory approval.

Note: Instead of the regular basic workweek hours of 8:15 a.m. – 4:45 p.m., an employee may work from 7:00 a.m. - 3:30 p.m., 9:30 a.m. - 6:00 p.m., or any variation in between. Any arrangement of eight (8) hours (with a 30-minute non-work period added), between 7:00 a.m. – 6:00 p.m., shall constitute a valid workday.

Compressed Time (Three Options)

1. Compressed Time allows full-time employees to work longer days for part of the week or pay period in exchange for shorter days, or a day off during the same week or pay period. These schedules are typically set and are not flexible. The following options are three (3) examples of compressed time:

   a. Schedule A:
      i. Employees may work four (4) 10-hour days each week, with one (1) day off each week.
      ii. An example of a 10-hour schedule is where an employee works 7:00 a.m. – 5:30 p.m. and has every Tuesday off.

   b. Schedule B:
      i. Employees may work eight (8) 9-hour days and one (1) 8-hour day, in a 10-day (2-week) pay period, for a total of 80 hours, with one day off every other week.
      ii. The day off selected may be any day of either week, but the day should be consistent.
      iii. If a change is needed, a new application must be submitted to and be approved by the employee’s supervisor.
      iv. An example of eight (8) 9-hour days is 7:00 a.m. - 4:30 p.m. (9 hours) for eight days and 7:00 a.m. – 3:30 p.m. (8 hours) for the one day; every other Thursday is a day off.
c. **Schedule C:**

   i. This AWS includes four (4) 9-hour days and one (1) 4-hour day each week.

   ii. An example of this schedule is 7:00 a.m. – 4:30 p.m. (9 hours) for four (4) days and 7:00 a.m. – 11:30 a.m. (4 hours) for one (1) day and 4 hours off every Monday.

2. Under a Compressed Time schedule, supervisors may determine that particular days are inappropriate for scheduled days off during a pay period. For example, if staff meetings are regularly held on Tuesdays, employees may be prohibited from scheduling Tuesday as their day off.

3. Employees attending training sessions may be required to adjust their schedules to conform to the hours of the training course; they may be required to revert to a regular basic workweek for the pay period(s) during which the training occurs.

4. When an employee is temporarily or permanently reassigned to a new department or unit that maintains hours that are incompatible with the employee’s AWS, the new supervisor may require the employee to follow the reassigned work schedule.

5. The supervisor shall provide the employee, timekeeper, and the Office of Human Resources with a copy of each employee’s AWS form.

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**Procedure G: Managing AWS Time**

It is the responsibility of the supervisor to encourage, verify and ensure the optimal work performance of every employee, including his or her employees with alternate work schedules. A good relationship between supervisors and employees and amongst employees and their peers is imperative for the successful implementation of the AWS Program and policy.

*Note:* The CFSA still requires a time-accounting method (sign-in sheet) that provides evidence of an employee’s reporting time to and from work.

1. Supervisors and managers shall examine and coordinate employees’ requested AWS to ensure ample employee coverage during the core business hours. *See Attachment A: Definitions*

2. An employee may request no more than two changes to his/her AWS in a calendar year (January and June).

3. Supervisors and managers shall encourage and enforce their staff’s AWS. Once an employee signs up for a particular AWS, that individual is expected to work that schedule in a consistent manner.

4. Schedules may be changed in accordance with the review process described above. *See Procedure C.*
5. Supervisors and managers shall ensure that an employee's use of leave hours equals the number of hours he/she is expected to work on any given day. For example, if an individual is working a compressed week (four 9-hour days, one 4-hour day) and uses annual leave on a day that he/she would work a 9-hour tour, the employee needs to record nine (9) hours of leave.

6. Holiday Pay: If the employee's day off falls on a legal holiday, the next workday after the holiday shall be the employee's official day off.

7. Administrative Closings: If there is an administrative closing of the CFSA due to inclement weather, Homeland Security, unsafe working conditions, extremes in environmental conditions, or other executive decisions to close CFSA offices, an employee who has an AWS, regardless of the compressed schedule selected, may be credited for the hours established by his/her AWS.

8. Overtime: Overtime will be performed and paid in accordance with the negotiated employee agreement, the District government provisions, and/or the Fair Labor Standards Act.

9. Night Differential: Supervisors shall secure an employee's right to night differential. An employee who performs regularly scheduled night work between the hours of 6:00 p.m. and 6:00 a.m. shall be entitled to night differential, in accordance with the negotiated agreement and/or District government provisions.
ATTACHMENT A
DEFINITIONS

As used in this policy, the following words have the meanings indicated:

**Administrative Closing** – Administrative closings of the Child and Family Services Agency (CFSA) occur at the official directive of the Executive Office of the Mayor, the Office of the Director of the Agency, or the CFSA Office of Administration, Human Resources Division. The directive to close the Agency at a set time is usually in response to weather conditions, emergencies, or may include other executive decisions to close CFSA offices.

**Compressed Time Schedule** - an 80-hour biweekly basic work requirement that is scheduled by an agency for less than 10 workdays.

**Core Business Hours** - The CFSA core business hours, 9:30 a.m. to 3:30 p.m., Monday through Friday, have been established as required time frames for all employees to be on duty status.

**Flexible work schedule** - a regularly scheduled 40-hour basic workweek during which an employee performs an 8-hour tour of duty between the hours of 7:00 a.m. and 6:00 p.m. with varying beginning and ending times.

**Operational Requirements** - Each administration and unit must have coverage to provide service to our customers during operational hours. The operational time requirements for the CFSA are 8:15 a.m. – 4:45 p.m., Monday through Friday.

**Regular Basic Workweek** – A regular basic workweek is comprised of 40 hours per week: five 8-hour days, Monday through Friday, 8:15 a.m. – 4:45 p.m., including a paid daily allotted 30 minute lunch period and two fifteen minute breaks. Employees are required to work or account for their regular tour of duty in accordance with the Fair Labor Standards Act (FLSA) and other District government and CFSA regulations and policies.

**Tour of duty** - the hours of a day (a daily tour of duty) and the days of an administrative workweek (a weekly tour of duty) that are scheduled in advance and during which an employee is required to perform work on a regularly recurring basis.

**Workday** – The official tour of duty hours in a day that includes a paid half-hour lunch period and two fifteen minute breaks.
GOVERNMENT OF THE DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY

ALTERNATE WORK SCHEDULE PROGRAM
Initial Request/Request for Change/Revocation Application

Part I. Instructions
Please print or type all of the information on the application and submit to your immediate supervisor. Please note that an employee may only request two schedule changes within a calendar year (January or June). Please refer to the Alternate Work Schedule (AWS) Policy prior to completing and submitting this application. This request is a(n):

☐ Initial AWS Request   ☐ Request to change an existing AWS schedule   ☐ AWS Revocation (Supv. Only)
  (Go to Section A)       (Go to Section A)       (Go to Section B)

Part II. Employee Information
Employee Name______________________________ Title ________________________________
Administration________________________ Supervisors______________________________

Part III. Work Schedule Option Selected: Section A:

1. _____ Standard Tour of Duty

2. _____ Peak Hour Flexible Work Schedule
   Preferred Tour of Duty: ________________________________

3. _____ Compressed Scheduled A
   Preferred Tour of Duty: ________________________________
   Preferred Day Off: ________________________________

4. _____ Compressed Schedule B
   Preferred 9-Hour Tour of Duty: ________________________________
   Preferred 8-Hour Day and Tour of Duty: ________________________________
   Preferred Day Off: ________________________________

5. _____ Compressed Schedule C
   Preferred 9-Hour Tour of Duty: ________________________________
   Preferred 4-Hour Day and Tour of Duty: ________________________________

Employee’s Signature ___________________________ Date ___________________________

Attachment B: Initial Request/Request for Change/Revocation Application
Page 1 of 2
Supervisor Approval
Any employee whose request for an Alternate Work Schedule (AWS) has been denied or revoked by his or her immediate supervisor may submit a Request for Review to the Deputy Director within five (5) working days of the Administrator’s decision. The review application must include a detailed justification substantiating the request for reconsideration. A copy of the denied application must be attached. The Deputy Director’s decision is final.

☐ Approved

________________________  __________________________
Supervisor’s Signature            Date

________________________  __________________________
Employee’s Signature            Date

________________________  __________________________
AWS Request Date            AWS Effective Date

Section B:
☐ ☐ Denied (If denied, Supervisor must select reason(s) for denial of request listed below and attach appropriate supporting documentation.)

☐ ☐ Revocation (In the case of an AWS revocation, Supervisor must select reason(s) for revocation listed below and attach appropriate supporting documentation.) Employee’s Current AWS is: ________________

☐ Attendance  ☐ Job Performance  ☐ Insufficient Unit Coverage  ☐ Other (provide explanation below)

________________________
Supervisor’s Signature

________                __________________________
I accept the Supervisor’s decision           I request the Deputy Director review of my request
(Request for Review Application must also be completed)

________________________  __________________________
Employee’s Signature            Date
Any employee whose request for an Alternate Work Schedule (AWS) has been denied, adjusted, or revoked, or who has been removed from the AWS program by his or her immediate supervisor may submit a Request for Review to the Deputy Director of that particular administration within five (5) working days of receiving the decision. The review application must include a detailed justification substantiating the request for reconsideration. A copy of the denied application must be attached.

**Review Levels:**

- The review application must be submitted to the Deputy Director of that particular administration.
- The Deputy Director’s decision is final.

**Employee Information**

Employee Name_________________________ Title __________________________
Department_________________________ Supervisor_________________________

**Work Schedule Option Selected:**

1. _____ Peak Hour Flexible Work Schedule
   Preferred Tour of Duty: __________________________

2. _____ Compressed Scheduled A
   Preferred Tour of Duty: ___________ Preferred Day Off: ___________

3. _____ Compressed Schedule B
   Preferred Tour of Duty: ___________ Preferred Day Off: ___________

4. _____ Compressed Schedule C
   Preferred 9-Hour Tour of Duty: __________________________
   Preferred 4-Hour Day and Tour of Duty: __________________________
Reason(s) Employee is Requesting Review: (Please attach additional sheets if necessary)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Employee Signature ___________________________ Date ______________

Deputy Director’s Decision:

_____ Supervisor Decision Sustained  _____ Supervisor Decision Reversed

Deputy Director’s Rationale for Decision: (Please attach additional sheets if necessary)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Deputy Director’s Name _______________________________(Print)

Signature ___________________________ Date ______________

cc: Union

Date of Receipt by Deputy Director: ______________

Attachment C: Request for Review Application
Page 2 of 2
GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

ALTERNATE WORK SCHEDULE
Justification for Department/Unit Exemption Application

Part I. Instructions

Please complete this application requesting exemption from the Alternate Work Schedule (AWS) if you believe that implementation of any part of the AWS Program adversely affects the operations of your unit. This request must include a written substantiated justification of the business reasons for the exemption.

Part II. Unit Information

Office/Administration: ____________________________

Organizational Unit: ____________________________

Part III. Options for Which You are Requesting Exemption

Please check the appropriate box for which you are requesting an exemption:

☐ Peak Hour Flexible Work Schedule
☐ Compressed Schedule A, Compressed Schedule B, or Compressed Schedule C
   (Circle all that apply)

Part IV. Reason for Exemption

Please attach to this application a detailed explanation supporting your request for exemption.

Supervisor’s Printed Name and Signature ____________________________ Date ____________________________

Administrator’s Signature ____________________________ Date ____________________________

Deputy Director’s Signature ____________________________ Date ____________________________

□ Approved □ Denied

cc: AFSCME Local 2401
Part I. Instructions
Please print or type all of the information on the application and submit to your immediate supervisor. Please refer to the Alternate Work Schedule (AWS) Policy prior to completing and submitting this form.

Part II. Employee Information

Employee Name________________________________________ Title____________________________

Administration________________________________________ Supervisor_____________________

I do not wish to participate in the Alternate Work Schedule. I request that my tour of duty revert to 8:15 am – 4:45 pm, Monday through Friday, effective _____________________________.

(Date)

Employee’s Signature ___________________________ Date __________

Supervisor Acknowledgement of Receipt

_____________________________ Date __________

Supervisor’s Signature