

3625 Thousand Oaks Blvd., Suite 245 Westlake Village, CA. 91362-3625

805 373 9909 or 818 981 1080

Fax 805 494 4365 or 818 981 1338

ALTERNATIVE WORK SCHEDULE AGREEMENT

Name:																	_	
I wish to co	omply	y witl	h the a	altern	ative	wor	k sche	dule i	n plao	ce, wh	ile on a	a tem	porar	y assigr	nment a	ıt		
Company	Name	e:															_	
TYPE OF	ALTI	ERNI	ATIVI	E WO	RK S	СНЕ	DULE											
	4/10					9/80							Other					
SPECIAL	INST	RUC	TION	IS:														
I understa	nd th	at my	v worl	c sche	dule	will	be as f	ollow	s:									
ALTERNA	TIVI	EWO	ORK S	CHE	DULE													
Days	М	Т	W	Th	F	S	Sun	М	Т	W	Th	F	S	Sun				
Week l					_													
Week 2+																		
													-					
Start Date																		
Job #					_													

I understand that I will not receive an overtime/premium rate for any hours worked within the above-established alternative work schedule. Should I work in excess of forty hours in any workweek, I will receive an overtime rate of $1\frac{1}{2}$ my rate of pay. Additionally, I understand that I will receive double-time for any work in excess of 12 hours in a day and in excess of 8 hours worked on days beyond the established alternative schedule.

I have read and agree with the foregoing provisions.

Employee Signature

Date

Please sign and fax to Royal Staffing Services, Accounting Office (818) 981-1338. Thank you.

