

RESOLUTION APPROVING A POLICY REGARDING WORK WEEKS
AND
OVERTIME OF HOUSING AND COMMUNITY DEVELOPMENT AGENCY EMPLOYEES

WHEREAS, the Board of Supervisors has approved flexible working schedules for County Departments provided that service to the public is not affected; and,

WHEREAS, employees of the Housing and Community Development Agency have requested a flexible working schedule.

NOW, THEREFORE, BE IT RESOLVED by the Board of Supervisors of the County of Mariposa that, notwithstanding any other County Policy, the Housing and Community Development Agency Director may allow an alternative work schedule to be assigned to certain employees with the Housing and Community Development Agency. The following alternative work schedule may be noticed through and with payroll:

(A) Alternative Work Week #1: Work week begins at 12:00 Noon each Monday and ends at 11:59 AM the following Monday. The first Monday of each two week period is a flex day off.

(B) Alternative Work Week #2: Work week begins at 12:00 Noon each Monday and ends at 11:59 AM the following Monday. The second Monday of each two week period is a flex day off.

(C) Alternative Work Week #3: Work week begins at 12:00 Noon each Friday and ends at 11:59 AM the following Friday. The first Friday of each two week period is a flex day off.

(D) Alternative Work Week #4: Work week begins at 12:00 Noon each Friday and ends at 11:59 AM the following Friday. The second Friday of each two week period is a flex day off.

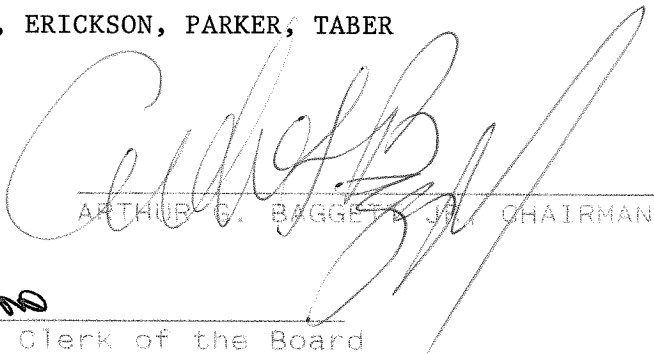
PASSED AND ADOPTED THIS 6TH DAY OF SEPTEMBER, 1994 BY THE FOLLOWING VOTE:

AYES: **BAGGETT, BALMAIN, ERICKSON, PARKER, TABER**

NOES: **NONE**

ABSTAIN: **NONE**

ABSENT: **NONE**



ARTHUR C. BAGGETT, JR., CHAIRMAN



ATTEST: MARGE WILLIAMS, Clerk of the Board

APPROVED AS TO FORM AND LEGAL SUFFICIENCY:



JEFFREY G. GREEN, County Counsel

HOUSING AND COMMUNITY DEVELOPMENT AGENCY
BY: James F. Evans

PHONE: 966-6121

RECOMMENDED ACTION AND JUSTIFICATION: (POLICY ITEM: YES___ NO_X_)

Resolution Approving a Flex Schedule for the Main Office of the Housing and Community Development Agency. (At the request of the Director and staff).

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board of Supervisors has approved Flex schedules in the past provided public service is not adversely affected.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION.

Deny request for Flex schedule.

COSTS: (X) Not Applicable
A. Budgeted CURRENT FY \$ _____
B. Total anticipated costs \$ _____
C. Required Add'l funding \$ _____
D. Internal Transfers \$ _____

SPECIAL INSTRUCTIONS:
List the attachments and number pages consecutively:
____ 1 page Memo _____
____ 3 page Resolution _____
____ & Attachments _____
____ 1 page letter from SEIU _____

SOURCE: () 4/5ths vote required
A. Unanticipated revenues \$ _____
B. Reserve for contingencies \$ _____
C. Source description: _____
Balance in Reserve for Contingencies, if approved: \$ _____

CLERK'S USE ONLY:
Resolution No.: 94-378
Ordinance No.: _____
Vote - Ayes: 5 Noes: _____
Absent: _____ Abstain: _____
() Approved () Denied
() Minute Order Attached
() No Action Necessary

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:
 Recommended
 Not Recommended
 Policy Determination
 Submitted w/ Comment
 Returned for further action

The foregoing instrument is a correct copy of the original on file in this office.
Date: _____

Comment: _____

ATTEST: MARGIE WILLIAMS
Clerk of the Board
County of Mariposa,
State of California

A.O. Initials: W

By: _____
Deputy

MARIPOSA COUNTY
HOUSING & COMMUNITY DEVELOPMENT AGENCY
FLEX SCHEDULE

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
EMPLOYEES					1	2	3 TOTAL WEEKLY HOURS
Emp #1	4	5 9 Hr	6 9 Hr	7 9 Hr	8 9 Hr	9 9 Hr	10 45
Emp #2		9 Hr	9 Hr	9 Hr	8 Hr	OFF	35
Emp #3		OFF	9 Hr	9 Hr	9 Hr	9 Hr	35
Emp #4		9 Hr	9 Hr	9 Hr	9 Hr	9 Hr	45
Emp #1	11	12 9 Hr	13 9 Hr	14 9 Hr	15 8 Hr	16 OFF	17 35
Emp #2		9 Hr	9 Hr	9 Hr	9 Hr	9 Hr	45
Emp #3		9 Hr	9 Hr	9 Hr	9 Hr	9 Hr	45
Emp #4		OFF	9 Hr	9 Hr	9 Hr	8 Hr	35
Emp #1	18	19 9 Hr	20 9 Hr	21 9 Hr	22 9 Hr	23 9 Hr	24 45
Emp #2		9 Hr	9 Hr	9 Hr	8 Hr	OFF	35
Emp #3		OFF	9 Hr	9 Hr	9 Hr	8 Hr	35
Emp #4		9 Hr	9 Hr	9 Hr	9 Hr	9 Hr	45
Emp #1	25	26 9 Hr	27 9 Hr	28 9 Hr	29 8 Hr	30 OFF	31 35
Emp #2		9 Hr	9 Hr	9 Hr	9 Hr	9 Hr	45
Emp #3		9 Hr	9 Hr	9 Hr	9 Hr	9 Hr	45
Emp #4		OFF	9 Hr	9 Hr	9 Hr	8 Hr	35

Hours will be 7:30 to 5:00 with a half hour lunch except on 8 hour days.



James F. Evans Director

**HOUSING AND COMMUNITY
DEVELOPMENT AGENCY**



- Calaveras/Mariposa County
Community Action Agency
- Head Start
- Housing Authority of the
County of Mariposa
- Recreation Programs

August 24, 1994

TO: Board of Supervisors
FROM: James F. Evans, Director *Jw*
SUBJECT: HCD FLEX SCHEDULE

In the past, the Board has approved Flex schedules for County Departments provided that service to the public was not affected. I request your consideration of the attached Flex schedule for the main HCD office employees. For public service and program considerations, this request does not include the Head Start or Recreation divisions.

Public service will not be adversely affected if this request is approved. Housing Authority, Energy Assistance, and other HCD programs will be staffed five days per week.

All employees involved in the Flex schedule are excellent public servants. Three of the four employees are currently at Step 5.

If the Flex schedule is approved, it will begin on September 20, 1994 or other appropriate time as advised by County Counsel or the Auditor.

Thank you very much for your consideration of my request.

EXHIBIT "A"

Resolution No. 93- 506

The Fair Labor Standards Act (29 U.S.C. sections 201 and following) requires that a covered employee receive overtime compensation at a rate of one and one-half times the employee's regular rate of pay for each hour worked over forty (40) in the employee's designated work week. The Fair Labor Standards Act regulations require employers to keep a record of the particular work week designated for each employee. (29 C.F.R. section 516.2(a)(5).) The Fair Labor Standards Act work week designated for _____ (Employee name) shall be the seven consecutive day period that begins on _____ (day of week and time) and ends on _____ (day of week and time).

Acknowledged:

(Employee signature)

(Date)