

County of San Bernardino Department of Behavioral Health

4/10 WORK SCHEDULE AGREEMENT

Employee must work in one of the following **extended hours or 24/7 hour** programs to be eligible for the 4/10 work schedule:

92376 CWIC	92315 Homeless Recovery (AB2034)
92344 CCRT Central	92238 ARMC BH Triage
92234 Jail Services	92349 JJP Central Valley Fast
92252 Adelanto Jail	92201 Medical Treatment Services
92353 JJP High Desert Fast	92358 JJP Gateway

I understand that participation in a 4/10 work schedule is voluntary and that work schedules are subject to adjustment in both days and hours of work to meet department, division, or unit workload needs and I may be required to work extended hours, weekends and holidays. I further understand that the 4/10 schedule is at the discretion of the Appointing Authority and can be revoked.

I hereby request the following work schedule:

WK	1	1	1	1	1	1	1	2	2	2	2	2	2	2
DAY	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI
# of HRS														
Shift Start	<input type="checkbox"/> AM <input type="checkbox"/> PM													
Shift End	<input type="checkbox"/> AM <input type="checkbox"/> PM													

Employee Name (print)	Employee ID	Requested Effective Date
-----------------------	-------------	--------------------------

Employee Signature	Date
--------------------	------

Supervisor Approval and Signature	Date
-----------------------------------	------

Manager Approval and Signature	Date
--------------------------------	------

cc: personnel file