

County of San Bernardino
Department of Behavioral Health
DEVIATION TO TRADITIONAL WORK SCHEDULE AGREEMENT

I understand that work schedules are subject to temporary adjustment in both days and hours of work to meet department, division, or unit workload needs caused by staff shortages and/or workload increases and that the department will provide require notice of changes to work schedules. I further understand that the schedule below 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	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Shift End	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Schedule Effective Date: _____

Schedule End Date: _____

Work Period: The deviated traditional work schedule requires 40 hours per week, but the hours per day will vary according to the schedule above. The work week begins Saturday 12:00 A.M. and runs through Friday 11:59 P.M.

Justification for deviated schedule:

Employee Name (print) Employee ID Date

Employee Signature Date

Supervisor Approval and Signature Date

Manager Approval and Signature Date

cc: personnel file