THE NAVAJO NATION

JONATHAN NEZ | PRESIDENT MYRON LIZER | VICE-PRESIDENT

MEMORANDUM

TO : DIVISION DIRECTORS, DEPARTMENT AND PROGRAM MANAGER
EXECUTIVE AND LEGISLATIVE BRANCHS

FROM : Tonia W. Becenti
Tonia Becenti, Human Resources Director
Department of Personnel Management

DATE : February 28, 2020

SUBJECT: FLEXIBLE WORK SCHEDULE PROCEDURES

Attached for your information and use are the Flexible Work Schedules. These procedures are issued to provide guidance to supervisors in addressing flexible work schedule for regular full time employees.

Should you have any questions, please contact the Department of Personnel Management at (928) 871-6330. Thank you.

XC: Paulson Chaco, Chief of Staff, OPVP
LaShawna Tso, Chief of Staff, Office of the Speaker
Dr. Perphelia Fowler, Division Director, DHR
File

PROCEDURES
EXECUTIVE AND LEGISLATIVE BRANCHES
DEPARTMENT OF PERSONNEL MANAGEMENT

SECTION:	**ALTERNATIVE WORK SCHEDULES**	NO: 20-V-001
SUBJECT:	**FLEXIBLE WORK SCHEDULE PROCEDURES**	RELEASE DATE: 2/28/2020
CROSS REFERENCE	**NNPPM, Section V. F. Alternative Work Schedules**	REVISION DATE: Click here to enter text.
REVIEW:	**DEPARTMENT OF JUSTICE REVIEW**	DATE: 9/30/2019

PURPOSE

The purpose of these procedures is to provide guidance to supervisors in addressing flexible work schedules.

APPLICABILITY

These procedures apply to regular full-time employees who have completed at least six months of continuous employment.

DEFINITIONS

Basic Tour of Duty - A basic operating schedule from 8:00 a.m. to 12:00 noon and from 1:00 p.m. to 5:00 p.m., Monday through Friday.

Basic Workweek- The basic workweek is seven days – Saturday through Friday. Standard hours of work for all employees are 40 hours per week.

Flexible Work Schedule - A work schedule with time of arrival and departure that differs from the basic tour of duty by not more than two hours. Example, a typical flexible work schedule arrangement is arrival at 8:30 a.m. and departure at 5:30 p.m. with a one-hour lunch.

A. Flexible Work Schedules may include:

1. Individualized start and end times that remain consistent each workday (e.g., 7 a.m. – 4 p.m. or 9 a.m. – 6 p.m. with one-hour lunch Monday through Friday).
2. Individualized start and end times that vary daily with the same number of hours worked each day (e.g., 7 a.m. – 4 p.m. on Monday, Wednesday and Friday and 8:30 a.m. – 5:30 p.m. on Tuesday and Thursday with one-hour lunch).

3. Compressed lunch period (not less than 30 minutes after six hours of work) offset by reduced time at the start and/or end of the day (e.g., 8:30 a.m. – 5:00 p.m., with half-hour lunch, Monday through Friday).

4. Compressed workweek where the employee works an extended number of hours each day (not to exceed 10 hours in a work day), but consistency in the total number of hours worked weekly (e.g., 7:00 a.m. – 6:00 p.m. Monday through Thursday, with a one-hour lunch).

B. Flexible work schedules must be equitable, clearly understood, and to the benefit of the department/program and employee. A signed, dated written agreement clarifying both parties' expectations is required. Further, a flexible work schedule is an employer option, not an employee right, and is appropriate only when it results in a benefit to the department/program.

C. Flexible work schedules may also be dependent upon the specific working conditions and needs of the requesting department/program.

D. The following guidelines are to be adhered to when addressing a flexible work schedule:

1. The employee is responsible for initiating the request by completing and submitting a Request for Flexible Work Schedule (RFWS) form to their supervisor. All requests must be submitted no later than 20 working days prior to the proposed flexible work schedule start date.

2. The supervisor shall approve or deny the employees request within ten (10) working days after receiving the completed RFWS form. The decision is at the supervisor's discretion.

3. Upon making a decision, the supervisor will complete the Flexible Work Schedule Decision section on the RFWS form and schedule a meeting with the employee to discuss:

   a. If approved, the details of the flexible work schedule and specific goals and responsibilities; or
   b. If denied, the reason for denial.

4. The supervisor's decision is the final decision and cannot be appealed.

5. For approvals, if the employee accepts the terms and conditions associated with the flexible work schedule, the employee and supervisor shall sign the Flexible Work Schedule Agreement.

6. Upon signature, the RFWS form shall be submitted to the Department of Personnel Management for final approval by the Human Resources Director.

7. Once final approval is obtained, the Flexible Work Schedule shall be initiated, and may be discontinued at any time at the request of the employee or by the supervisor's discretionary decision.

8. The department/program reserves the right to modify or immediately suspend the agreement in case of circumstances regarding employee's performance or operational needs.

9. The original Request for Flexible Work Schedule shall be maintained in the employee's personnel file, with copies to the employee, supervisor, Payroll and Risk Management.

E. Considerations

1. The operational needs, staffing patterns and health and safety issues may preclude granting a request for flexible work schedules.

2. The employee must be willing and able to adjust their flexible work hours as requested by the department/program supervisor to attend to operational needs. There may be times when employees will be required to work or travel outside of scheduled work hours.

3. In the event that more employees request flexible arrangements than a department/program can reasonably manage, the supervisor shall respond to requests that are consistent with these guidelines in ways that are in the best interest of the department/program and that consider employees' needs. Among the measures that might be adopted are staggering work hours, and rotating periods of flexible work schedules between employees.

4. To determine whether an employee is eligible for flexible work schedule arrangements, the supervisor shall consider:

   a. *The nature of the employee's job.* Example, if the job requires meeting attendance at specific hours, or a certain obligation every day of the week, then the employee would not eligible for flexible working hours.
   b. *The needs of the department.* Example, some departments (e.g. finance) may require employees to be present due to the workload.
   c. *The impact on colleagues.* Example, if the department's operations are largely dependent on teamwork, then the employee is less likely to be able to modify his/her working schedule.
   d. *The duration of the arrangement.* For example, an employee may have flexible hours on specific days, or for a certain time, but may have to follow a standard schedule at some other time.
   e. *Nature of Work.* A flexible work schedule for an employee should not negatively affect the workload or productivity of co-workers by either shifting burdens or creating delays or additional steps in the workflow. The department/program supervisor shall ensure that other employees in the

same department and other affected departments or partners understand how workplace flexibility functions and why it exists.

f. *Introductory Period.* Flexible Work Schedules shall not be granted during an employee's Introductory Period.

F. The employee shall work the hours agreed upon and obtain approval from the supervisor in advance of working any overtime or taking leave from work.

G. The supervisor shall maintain open communication, ensure that the employee's hours of work do not fall below the normal workweek hours, and discuss with the employee any concerns as they arise.

REQUIRED FORMS:
Request for Flextime Work Schedule

Navajo Nation

Request for Flexible Work Schedule

Employee Name: _____ Employee's AB No.: _____

Division: _____ Department/Program: _____

Job Title: _____ Supervisor: _____

Current Status: ◯ Full Time ◯ Part Time ◯ Exempt ◯ Non-Exempt

Type of Flexible Work Schedule Requested: ◯ Flextime ◯ Compressed Workweek

Requested Start Date: _____

I am requesting the following flexible work schedule:

Day	Start Time	Lunch Time	End Time	No. of Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

I am requesting a flexible work schedule for the following reason: (Attach additional sheet, if necessary)

_____

_____

_____

_____

_____

_____

_____ _____

Employee's Signature Date

FLEXIBLE WORK SCHEDULE DECISION

◯ **Request Approved**: Supervisor: please complete and sign the Flexible Work Schedule Agreement below and schedule a meeting time to discuss the terms and conditions of the Flexible Work Schedule.

◯ **Request Denied**: Supervisor: please schedule a meeting time to discuss the reason(s) for denial.

_____ _____

Department/Program Supervisor's Signature Date

FLEXIBLE WORK SCHEDULE AGREEMENT

- ○ This agreement is subject to final approval by the Human Resources Director, Department of Personnel Management.
- ○ Employee agrees to alternate their work hours as requested by the supervisor to attend to operational needs. There may be times when they will be required to work or travel outside of scheduled work hours.
- ○ The Flexible Work Schedule may be discontinued at any time by either the employee or supervisor. The discontinuance must be documented in writing.
- ○ The department/program reserves the right to modify or immediately suspend the Flexible Work Schedule in case of circumstances regarding employee performance or operational needs.
- ○ Any additional hours which might involve overtime (for non-exempt employees only) must be approved in advance by the supervisor.
- ○ Employee understands and agrees that all obligations, responsibilities, terms and conditions of employment remain unchanged, except those obligations and responsibilities specifically addressed in this agreement.

We hereby affirm by our signatures that we have reviewed this agreement and understand and agree to all of its terms and conditions.

_____ _____
Employee's Signature Date

_____ _____
Department/Program Supervisor's Signature Date

Start Date: _____ Date of Review: _____

DEPARTMENT OF PERSONNEL MANAGEMENT APPROVAL

- ○ **APPROVED**
- ○ **DENIED** due to the following reason:

_____

_____

_____

_____

_____ _____
Human Resources Director Date