

Procedure: 4.2.2p1. (III.Q.1.)

Official Business Hours and Work Schedules

Revised: September 14, 2016; September 27, 2012; and January 4, 1996.

Last Reviewed: September 19, 2022; and September 14, 2016.

Adopted: September 4, 1986.



I. PURPOSE:

According to State of Georgia policy and except for a regular, salaried employee working less than full-time (e.g., thirty (30) hours per week) as well as certified law enforcement employees serving in a Technical College's police department, all other salaried employees of the Technical College System of Georgia (TCSG) shall either work, utilize paid leave or holidays, or be placed on authorized or unauthorized leave without pay for forty (40) hours each seven (7) day work week/work period. Work period requirements for certified law enforcement employees are outlined in paragraph VI.C.

Within these parameters, the Commissioner shall establish the official and core business hours for the System Office, and each Technical College president shall establish the official and core business hours for their Technical College. In addition, the Commissioner and each Technical College president, or their designee, shall ensure that employee work schedules are established to facilitate the effective and efficient operation of the System Office and each Technical College.

Additionally, it is the responsibility of the Commissioner and each Technical College president to ensure that System Office and Technical College operations comply with all applicable provisions of the Fair Labor Standards Act, as well as the State of Georgia policy governing Working Hours, Payment of Overtime, and Granting of Compensatory Time.

II. RELATED AUTHORITY:

Fair Labor Standards Act of 1938, as amended.

Office of Planning and Budget (OPB) Policy Governing Working Hours, Payment of Overtime, and the Granting of Compensatory Time.

State Telework Policy.

TCSG Procedure 4.2.1p. - Working Hours, Overtime, and Compensatory Time.

TCSG Procedure 4.2.2p2. – Telework and Alternate Work Locations.

III. APPLICABILITY:

All work units and Technical Colleges associated with the Technical College System of Georgia

IV. DEFINITIONS:

Core Business Hours: the period during a typical business day when employees working a schedule with flexible starting and ending times are required to be present at work. An example would be core hours from 9:00 a.m. until 3:00 p.m. An employee with these core hours could be permitted to begin their work day between 7:00 a.m. and 9:00 a.m. and end their day between 3:30 p.m. and 5:30 p.m., including an unpaid lunch period of at least thirty (30) minutes.

V. ATTACHMENTS:

Attachment 4.2.2p1.a1. Sample Alternating Week-Day Off Calendars
Attachment 4.2.2p1.a2. Alternating Week-Day Off Schedule Agreement
Attachment 4.2.2p1.a3. Four 10-Hour Work Day Schedule Agreement

VI. PROCEDURE:

A. Official Business Hours:

1. The official business hours of the System Office are from 8:00 a.m. until 5:00 p.m., Monday through Friday. During this period, all offices will be open for business unless administratively or operationally unfeasible due to such factors as inclement weather. All System Office work units shall be adequately staffed during official business hours to provide necessary services to employees, officials, the public, and as applicable, current, and prospective students.
2. The president of each Technical College shall establish the College's official business hours.

B. Work Periods and Work Schedules for Non-Law Enforcement Employees:

1. The work period for all non-law enforcement employees is a fixed period of seven (7) consecutive calendar days. However, work units may establish different work periods for different groups of employees, provided there is a business-related justification.
2. The scheduled work hours of each employee (to include an unpaid meal period and, as applicable, breaks) will be established in conjunction with the needs of the assigned System Office or Technical College work unit. Managers and supervisors may permit an employee to work desired hours provided the proposed schedule is consistent with System Office and/or Technical College guidelines, work unit operations, and the schedules of other employees. Work schedules may vary from employee to employee, dependent upon the type of work performed, work location, and the needs of the work unit.
3. Employees may be permitted to work schedules that vary from the System Office or Technical College official business hours (i.e., a flexible work schedule) or may request or be required to work an alternating week-day off or a compressed work schedule as outlined below. In all such instances, an employee must be at work during core business hours.

4. Participation in an alternative work schedule may be rescinded if performance or attendance problems are present or other work-related issues as determined by the immediate supervisor or reviewing manager.
5. When possible, an employee should be provided advance notice to modify their established work schedule.
6. In addition to a standard work week consisting of five (5), eight (8) hour days, the following alternative work schedules may be incorporated into System Office or Technical College operations with the approval of the Commissioner or Technical College president:
 - a. Alternating Weekday Off Schedule:
 1. This schedule incorporates a two (2) week period during which an employee will work a schedule of eight (8), nine (9)-hour days and one (1), eight (8)-hour day with an additional day off. During each work week or seven (7) day work period, an employee will work four (4) nine (9) hour days and four (4) hours of his/his scheduled eight (8)-hour day as noted below. For FLSA compliance and ease of administration, this work schedule should begin on a Monday or Friday. An employee's established seven (7) day work period will begin or modify to the middle of the eight (8) hour day and continue for seven (7) consecutive twenty- four (24) hour periods.

Note: Sample Alternating Weekday Off Calendars are attached as Attachment 4.2.2p1.a1.
 - b. Compressed Work Schedule:
 1. This schedule incorporates four (4), ten-hour (10) hour work days that may be adopted college-wide at the discretion of a Technical College president.
 2. Employees on a ten (10) hour per day schedule must have an unpaid lunch period of at least thirty (30) minutes added to their established work schedule.
7. An employee requesting to participate in an Alternative Week-Day Off or a Compressed Work Schedule shall complete an accompanying agreement (i.e., Attachment 4.2.2p1.a2. or, as applicable, Attachment 4.2.2p1.a3.). For example, newly hired full-time employees of a Technical College utilizing a four (4) day, ten (10) hour work schedule should complete Attachment 4.2.2p1.a3.

C. Work Periods and Work Schedules for Law Enforcement Employees

1. The work period for all P.O.S.T. certified law enforcement employees serving in a Technical College police department shall be established as a fixed period ranging from seven (7) to twenty-eight (28) calendar days.

2. Within the TCSG, the assigned work period shall generally be established in seven (7) day increments, e.g., seven (7) days, fourteen (14) days, or twenty-eight (28) days. NOTE: Different work periods may be established for different employees or groups of employees.
3. For each work period, a regular, salaried law enforcement employee must work or use paid leave/holidays for no less than the scheduled amount of hours for the work period. This is equivalent to the number of scheduled work days multiplied by the number of hours per day.

For example, if an officer is assigned to a twenty-eight (28) day work period, their scheduled hours equal 160 hours (twenty (20) work days times eight (8) hours or sixteen (16) work days times ten (10) hours per day.
4. The president (or their designee) of a Technical College operating a campus police department may elect to waive the requirement of adding an unpaid meal period to the established work day of P.O.S.T. certified law enforcement employees.
5. The established maximum hours worked standard before overtime compensation is required for non-exempt employees ranges from 43 hours (in a seven (7) day work period) to 171 hours (in a twenty-eight (28) day work period). Employees may be required to work up to the maximum number of hours in their designated work period without additional compensation.
6. A salaried, non-exempt employee who works more than the maximum number of hours in their work period shall receive overtime compensation in the form of FLSA compensatory time calculated at a rate of one and one-half (1 ½) for each overtime hour worked.
7. Paragraph VI.D. and VI.E provisions governing State Holidays and Annual, Sick, or Personal Leave and Compensatory Time apply to law enforcement employees whose assigned work day is either nine (9) or ten (10) hours.

D. State Holidays

1. According to State policy, holidays are valued at eight (8) hours.
2. Employees working a nine (9) or ten (10) hour day must either adjust their work schedule during the work period in which the holiday(s) occur or, request annual/personal leave or available compensatory time or request placement on authorized leave without pay to make up the one (1) or two (2) hour difference.

E. Annual, Sick, or Personal Leave and Compensatory Time

1. Employees working a nine (9) or ten (10) hour day and who are absent

from work on approved annual, sick, or personnel leave must request nine (9) or ten (10) hours of leave. Similarly, employees may request an equivalent amount of accumulated FLSA or State compensatory time for such absence(s).

F. Teleworking

1. According to the State Teleworking Policy, teleworking is an authorized work arrangement in which some or all of an employee's work is performed at location(s) other than the employee's primary (i.e., usual, and customary) workplace. For example, an alternate workplace may include the employee's home or another Technical College System of Georgia work site.
2. Employees who participate in a teleworking arrangement are expected to work the required hours and fulfill all responsibilities associated with their position.
3. Detailed information on teleworking may be found in the Telework and Alternative Work Locations Procedure.

VII. RECORD RETENTION:

All employment-related documents generated or collected according to this procedure shall be maintained consistent with the Georgia Archives' Retention Schedule for State and Government Paper and Electronic Records.

Example 1
SAMPLE CALENDAR: 9 HOUR/4 DAY SCHEDULE, ALTERNATE FRIDAYS
OFF

Month						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
Regular Schedule	Work 8 Hours	Work 8 Hours	Work 8 Hours	Work 8 Hours	Work 8 Hours	
12	13	14	15	16	17	18
Begin Alternate Schedule	Work 9 Hours	Work 9 Hours	Work 9 Hours	Work 9 Hours	<u>Off All Day</u> (but must take 4 hours of annual or personal leave or compensat ory time to have 40 hours in pay status for this workweek)	
19	20	21	22	23	24	25
	Work 9 Hours	Work 9 Hours	Work 9 Hours	Work 9 Hours	Work 8 Hours (4 hours are counted in each workweek)	
26	27	28	29	30	31	
	Work 9 Hours	Work 9 Hours	Work 9 Hours	Work 9 Hours	Off	

Example 2
SAMPLE CALENDAR: 9 HOUR/4 DAY SCHEDULE, ALTERNATE MONDAYS
OFF

Month						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5 <i>Regular Schedule</i>	6 Work 8 Hours	7 Work 8 Hours	8 Work 8 Hours	9 Work 8 Hours	10 Work 8 Hours	11
12 <i>Begin Alternate Schedule</i>	13 <u>Off All Day</u> (but must take 4 hours of annual or personal leave or compensat ory time to have 40 hours in pay status for this workweek)	14 Work 9 Hours	15 Work 9 Hours	16 Work 9 Hours	17 Work 9 Hours	18
19	20 Work 8 Hours (4 hours are counted in each workweek)	21 Work 9 Hours	22 Work 9 Hours	23 Work 9 Hours	24 Work 9 Hours	25
26	27 Off	28 Work 9 Hours	29 Work 9 Hours	30 Work 9 Hours	31 Work 9 Hours	

Alternating-Weekday Off Schedule Agreement**I. Work Hours**

I understand my designated workweek will begin at _____ and end at _____ on Monday or Friday. I further understand that my work hours will be _____ to _____ on my nine-hour workdays and from _____ to _____ on my eight-hour workdays.

II. Work Schedule Changes

- A.** I understand that changing my off days or working on a scheduled day off may be necessary, depending on work unit demands. I understand that these changes may require other work schedule adjustments, particularly for employees whom the Fair Labor Standards Act covers.
- B.** I understand that the above-referenced work hours will remain unchanged unless modified by my supervisor or until I submit a written request for an adjustment of assigned work hours to my supervisor and my supervisor authorizes the request.

III. Holidays

- A.** State holidays occurring on a designated workday result in an eight-hour absence; therefore, for each holiday occurring on a day I am scheduled to work nine hours, I must either:
 - 1. Take one hour of previously accumulated holiday time;
 - 2. Take one hour of FLSA compensatory time;
 - 3. Take one hour of annual or personal leave;
 - 4. Use one hour of accumulated State compensatory time; or
 - 5. Adjust my work schedule to make up the hour during the workweek in which the holiday occurs.

IV. Leave

- A.** I understand that a full day's absence will result in either eight or nine hours of leave based on the number of hours in the scheduled workday.
- B.** I understand that I should attempt to schedule routine medical appointments, personal business appointments, etc., on my scheduled off day.
- C.** I understand that my leave requests will be reviewed in conjunction with work unit staffing considerations and workload levels. Therefore, a request may be denied based on these or other work-related factors.

I have read and understand these guidelines about the alternating weekday-off work schedule. I desire to participate in this work schedule and agree to adhere to these stipulations. After discussion with my supervisor, my day off will be _____. I understand that I must use four hours of annual or personal leave or compensatory time to initiate the alternating-weekday-off work schedule if my day off is.

Employee Signature

Supervisor Signature

Printed Name

Printed Name

Date

Date

Four 10-Hour Workday Schedule Agreement**I. Work Hours**

I understand my workweek will consist of four 10-hour workdays beginning and ending each day. After consultation with my supervisor, my scheduled day off each workweek will rotate every month or will be permanently designated _____.

II. Work Schedule Changes

- A.** Depending on work unit demands, I understand that it may be necessary to change my off days or work all or part of a scheduled day off. I further understand that these changes may require other work schedule adjustments, particularly for employees whom the Fair Labor Standards Act covers.
- B.** I understand that the above-referenced work hours and the day off will remain unchanged unless modified by my supervisor or until I submit a written request for an adjustment of assigned work hours to my supervisor and my supervisor authorizes the request.

III. Holidays

- A.** State holidays occurring on a designated workday result in an eight-hour absence; therefore, for each holiday occurring on a day I am scheduled to work, I must either:
1. Take two hours of previously accumulated holiday time;
 2. Take two hours of FLSA compensatory time;
 3. Take two hours of annual or personal leave;
 4. Use two hours of accumulated State compensatory time; or
 5. Adjust my work schedule to make up the two hours during the workweek in which the holiday occurs.
- B.** If a State holiday falls on a scheduled off day, I will be granted an additional eight hours off, preferably in the same workweek in which the holiday occurred.

IV. Leave

- A.** I understand that a full day's absence will result in the use of ten hours of leave.
- B.** I understand that I should attempt to schedule routine medical appointments, personal business appointments, etc., on my scheduled off day.
- C.** I understand that my leave requests will be reviewed in conjunction with work unit staffing considerations and workload levels. I understand that a request may be denied based on these or other work-related factors.

I have read and understand these guidelines about a four 10-hour workday schedule. I desire to participate in this work schedule and agree to adhere to these stipulations.

Employee Signature

Supervisor Signature

Printed Name

Printed Name

Date

Date