



Executive Directive



Title: Compressed Work Week	Executive Directive Number: ADM.050.0044
Related MD Statute/Regulations: Correctional Services Article, §2-103, Annotated Code of Maryland	Supersedes: N/A
Related ACA Standards: ACI-4-4048 4-ALDF 7D-06 2-CO-1C-01	Res: Exe: Hun  Division
Related MCCS Standards: N/A	Effective Date: June 6, 2013 Number of Pages: 1


Gregg L. Hershberger
Secretary


Patricia Donovan
Deputy Secretary
for Administration

.01 Purpose.

This directive publishes policy and procedure agreed to by the Secretary of Public Safety and Correctional Services (Secretary) and the Association of Federal, State, County and Municipal Employees (AFSCME) Maryland concerning the application and management of compressed work week scheduling.

.02 Scope.

This directive applies to all facilities and units of the Department of Public Safety and Correctional Services (Department).

.03 Policy.

Refer to policy contained in the attached agreement between the Secretary and AFSCME Maryland.

.04 Definitions.

Refer to definitions contained in the attached agreement between the Secretary and AFSCME Maryland.

.05 Responsibility.

A Department employee responsible for employee work schedules shall comply with policy agreed to by the Secretary and AFSCME Maryland as stated in the attached agreement.

.06 Attachments/Links.

AFSCME Maryland and the Department of Public Safety and Correctional Services – Compressed Workweek Policy effective June 6, 2013.

.07 History.

This directive supersedes provisions of any prior existing Department or unit communication with which it may be in conflict.

**The Department of Public Safety
And Correctional Services
COMPRESSED WORK WEEK POLICY**

The Department of Public Safety and Correctional Services (DPSCS), and AFSCME Maryland agree to the following terms regarding the Department's policy for the approval of requests for Compressed Work Week schedules. Any deviation or changes to this policy without the mutual agreement of the parties shall be considered a violation of this policy.

This policy shall replace policies within any Agency of the Department of Public Safety and Correctional Services.

- I. This policy applies to non-probationary employees who voluntarily request to work a compressed workweek schedule.
- II. Any compressed workweek schedule must be consistent with the Fair Labor Standards Act (FLSA). The Code of Federal Regulations (C.F.R.) expressly defines "employees in law enforcement activities" as "personnel in correctional institutions". 29 C.F.R. § 553.211 (f) provides that employees of correctional institutions who qualify as security personnel for purposes of the section 7(k) exemption are those who have responsibility for controlling and maintaining custody of inmates and of safeguarding them from other inmates, or for supervising such functions, regardless of whether their duties are performed inside the correctional institution or outside the institutions (as in the case of road gangs). 29 C.F. R. § 553.211 (f) states, civilian employees of law enforcement agencies who perform support services (dispatcher, radio operators, repair workers, janitors, clerks, etc.) and employees engaged in "building repair and maintenance, culinary services, teaching or in psychological, medical, and paramedical services are not considered law enforcement personnel. 29 C.F.R § 553.211 (g) states, "this is so even though such employees may, when assigned to correctional institutions, come into regular contact with the inmates in the performance of their duties..
- III. The following issues must be considered by supervisors, managers and appointing authorities prior to approving a request for a compressed workweek schedule
 1. The impact upon overtime expenditures. A proposal that either increases or is accompanied by overtime expenditures will not be approved.

2. The impact upon productivity and coverage of duties by employees of an agency/unit. Any proposal that adversely impacts the agency's/units cover and/or productivity should not be approved.
3. The seniority and the skill levels of the employees of a agency's/unit's personnel should be considered especially employees' ability to work independently and without direct supervision during periods of the work day.
4. All leave issues including leave benefits shall be based on a 40 hour work week. Any employee applying for a compressed work week schedule will sign a document attesting to their understanding the impact upon leave issues including release time arising from any proposal other than 8 hour work days.
5. The employee will sign a document regarding the manner in which holidays are addressed in situations other than 8 hour work days. For example if a holiday falls on a 10 hour work day, the employee would receive 8 hour of holiday leave and the employee would cover the remaining 2 hours with available annual, personal or compensatory leave.
6. The employee will sign a document that indicates the employee will give a 2 week notice of their intent to discontinue a compressed work week schedule.
7. Management can discontinue a compressed work week schedule if it is determined there is an adverse impact on the coverage and productivity within the agency/unit; or the employee is determined to be abusing the compressed work week schedule. If an employee is determined to be abusing the compressed work week schedule, the employee will be given counseling regarding the abuse; and if the abuse is not corrected then management can discontinue the compressed work week schedule. Management will provide an employee a 2 week notice of a discontinuation of a compressed work week schedule that includes the reason for the discontinuation.

IV. The Procedures for submitting a request for a compressed work week is as follows:

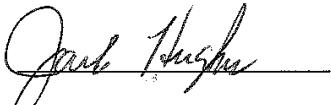
- A. Employees under the authority of the Deputy Secretary for Operations will submit a request to work a compressed work week schedule with an attached completed and signed Compressed Work Week Schedule form selecting the options and the conditions governing participation to their immediate supervisor. If the request is approved, the immediate supervisor will submit the request thru their chain of command to the Office of the Regional Executive Director/Regional HR Manager. The Deputy Secretary for Operations or designee will make the final decision.

A decision to deny a request shall include a reason for denial based on this policy.

- B. Employees under the authority of the Secretary, Deputy Secretary for Administration, Assistant Secretary Capital Programs or Assistant Secretary/Chief of Staff will submit a request to work a compressed work week schedule with an attached completed and signed Compressed Work Week Schedule form selecting the options and the conditions governing participation to their immediate supervisor. If the request is approved, the immediate supervisor will submit the request thru their chain of command to the Executive Director, Human Resources Service Division for review and a decision to be made by the Executive. A decision to deny a request shall include a reason for denial based on this policy.

Attachments: Request for Compressed Work Week

Requested Compressed Work Week Schedule

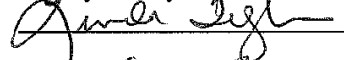


Jack Hughes for AFSCME Maryland

Date: 6/6/13



Corey Trusty-AFSCME



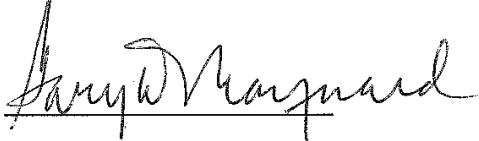
Linda Tilghman-AFSCME



Lisa James Henson-AFSCME



Christopher Duffy-AFSCME



Secretary Maynard for DPSCS

Date:



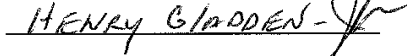
Patrick Okafor-AFSCME



Deborah E. Williams-AFSCME



Jeff Grabenstein-AFSCME



Henry Gladden-AFSCME

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Request for Compressed Work Schedule

The following conditions govern employee participation in the volunteer compressed work schedule:

1. Annual and sick leave earned is based on the number of hours worked. When annual or sick leave is taken, the employee is charged for their normal work day (i.e. 8 or 10 hours).
2. Holiday leave is earned at the rate of 8 hours per holiday for full time employees. When holiday leave is taken, it will be charged at the rate of 8 holiday leave hours and the remainder charged to accrued annual, personal or compensatory leave if the employee is scheduled for a 10 hour day.
3. In the event, a holiday occurs on the employee's day off, the holiday leave will accrue for future use in that leave year.
4. The number of hours of personal leave granted to participants with an approved compressed work schedule shall be the same as non-participants, i.e. 48 hours for full time employees.
5. All other types of leave, (e.g. military, jury,) will be granted in accordance with State law and/or COMAR regulations.
6. Compensatory time/overtime payment practices are unaffected by a compressed work schedule.
7. An employee is encouraged to use their day off whenever possible to accommodate such things as routine medical or dental appointments, personal business, etc.
8. An employee can discontinue a compressed work schedule with a 2 week written notice to their supervisor.
9. Management shall provide a 2 week notice to an employee if a compressed work schedule is being terminated.
10. Any changes to an approved compressed work schedule, i.e. hours, day off, must be in writing and approved in accordance with Department policy.

I have read the above conditions and have had the opportunity to ask questions and consent to participate in the volunteer compressed work schedule on with pay period beginning:_____.

Employee Signature:_____ Date:_____

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Please circle the option you are requesting and fill in the required information

Option 1: 4 days per week at 10 hours per day bi-weekly

Work Hours: _____ to _____

Day off each week: _____

Option 2: Week 1-5 days per week for 8 hours each day

Work Hours: _____ to _____

Week 2-4 days per week for 10 hours each day

Work Hours: _____ to _____

Day off this week: _____

Option 3: 4 days per week for 9 hours each day and 1 day per week for 4 hours per day

Work Hours: _____ to _____

Half day off each week: _____

Employee's Signature: _____ Date: _____

Approved: _____

Disapproved: _____

Supervisor's Signature: _____ Date: _____

Approved: _____

Disapproved: _____

Final Authority or Designee's Signature: _____ Date: _____

(See Policy for final authority designation)