



**ALASKA DEPARTMENT OF LABOR  
& WORKFORCE DEVELOPMENT**

**DIVISION of  
LABOR STANDARDS & SAFETY**  
Wage and Hour Administration  
(Addresses for regional offices on page 2)

**FLEXIBLE WORK HOUR PLAN**

<b>EMPLOYER NAME OR DBA:</b> (PLEASE PRINT)		<b>DATE:</b>	
<b>AUTHORIZED REPRESENTATIVE:</b> (PLEASE PRINT)		<b>PHONE:</b> ( )	<b>FAX:</b> ( )
<b>ADDRESS:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>

**I understand that the regulation 8 AAC 15.102 (on back of this form) and the following conditions apply to all flexible work hour plans:**

1. This exemption is designed to provide employers some relief from overtime. In exchange, have the opportunity to work a full 40 hour workweek in a reduced number of days.
2. Flex-plans are not intended to allow an employer to routinely schedule employees to work more than 40 hours per week.
3. Employee participation in this plan must be voluntary and cannot be a condition of employment.
4. An employee who works more than the daily/weekly hours specified in the plan as described below, must be paid overtime for the extra hours.
5. Failure to follow an approved plan creates an overtime liability for hours worked over 8 in a day and/or 40 straight time hours in a week. For example, an employee who regularly works more or less hours than outlined in the plan is due overtime for hours worked over 8 in a day and/or 40 straight time hours in a workweek.
6. Employers must keep copies of the approved plan on file signed and dated by each participating employee.
7. Plans are approved for a specific employer and may not be transferred to another employer.
8. NOTE: Variation from an approved plan may void the plan entirely.

**THE FOLLOWING IS A DESCRIPTION OF THE EMPLOYER'S WORK SCHEDULE:**


**PLEASE NOTE: By signing, the employer acknowledges and accepts the conditions listed above.**

<b>EMPLOYER'S AUTHORIZED SIGNATURE:</b>	<b>TITLE:</b>
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**\*\*STATE USE ONLY\*\***

<b>DATE APPROVED:</b> _____	_____
<b>DATE DISAPPROVED:</b> _____	<b>AUTHORIZED REPRESENTATIVE</b>

**\*\*\*TO BE SIGNED BY EMPLOYEE AFTER DEPARTMENT APPROVAL \*\*\*\*\*  
\*\*Employee participation must be voluntary and uncoerced\*\***

<b>EMPLOYEE NAME (PLEASE PRINT):</b>	
<b>EMPLOYEE SIGNATURE:</b>	<b>DATE:</b>

## 8 AAC 15.102. VOLUNTARY FLEXIBLE WORK HOUR PLANS.

(a) A request for an exemption for a voluntary flexible work hour plan established under AS 23.10.060(14) must be filed by the employer with a wage and hour administration office of the department. This request must be in writing, and must include

- (1) a statement that the employer and employee participating in the flexible work hour plan understand that work performed in excess of 10 hours in a day or in excess of 40 hours in a week must be compensated at the rate of one and one-half times the regular rate of pay;
- (2) a description of the flexible work hour plan;
- (3) a statement that the flexible work hour plan has not been made a condition of employment and that participation in the plan is voluntary; and
- (4) the original signature of the employer or authorized representative.

(b) The department will approve a voluntary flexible work hour plan that conforms to the requirements of this section and the provisions of AS 23.10.060(14). An approved plan constitutes the certificate required in AS 23.10.060(14)(B). The department will issue the certificate, or a notice of denial, within five working days after receipt of the plan. A certificate issued under this section takes effect on the day it is signed by the department's representative. A voluntary flexible work hour plan may not be instituted until the certificate takes effect. A notice of denial issued by the department under this section will include the specific reason for the denial.

(c) An appeal of a notice of denial must be filed with the commissioner within 20 days after receipt of the notice of denial. The appeal must be in writing, and must set out the specific reasons upon which the appeal is based. The commissioner will grant or reject the appeal within 10 workdays after receipt of the appeal. The commissioner's decision is final.

(d) As part of the records required under AS 23.10.100, an employer must maintain a signed statement of voluntary participation of each employee participating in an approved voluntary flexible work hour plan.

(e) An employee may choose to participate in an approved voluntary flexible work hour plan at initial employment or at any other time during employment. Once an employee has chosen to participate in an approved voluntary flexible work hour plan, that employee is bound to do so, and may opt out of participation in the voluntary flexible work hour plan only from November 1, through December 31 each calendar year. Termination of an employee, regardless of the cause of termination, voids that employee's participation. An employee who is rehired by the employer must again choose to participate in the voluntary flexible work hour plan in order to be included in the approved plan. Nothing in this subsection prohibits the employer and employee from agreeing to the withdrawal of the employee from an approved plan at any time. (Eff. 9/28/85, Register 95)

(f) A voluntary flexible work hour plan is not valid, unless the employee working under the plan has been offered an equivalent weekly schedule of hours with overtime pay after eight straight time hours in a day.

(g) The department will not approve a voluntary flexible work hour plan for a weekly schedule of less than four days or 33 hours.

(h) Except for occasional deviations in an employee's work schedule that do not exceed 20 percent of the weeks worked by an employee under a voluntary flexible work hour plan, an employer shall pay overtime as required by AS 23.10.060(b) when an employee deviates from the approved flexible work hour plan. (Eff. 9/28/85, Register 95; am 3/2/2008, Register 185)

Authority: AS 23.05.060 AS 23.10.060 AS 23.10.085 AS 23.10.100

### Please mail or fax the flex plan application to the nearest Wage and Hour Office

Alaska Department of Labor  
and Workforce Development  
Wage and Hour Administration  
**Juneau Regional Office**  
1111 West 8<sup>th</sup> St., Ste. 302  
P.O. Box 111149  
Juneau, AK 99811-1149  
Ph: (907) 465-4842  
Fax: (907) 465-3584

Alaska Department of Labor  
and Workforce Development  
Wage and Hour Administration  
**Anchorage Regional Office**  
3301 Eagle St., Ste. 301  
Anchorage, AK 99503-4149  
Ph: (907) 269-4900  
Fax: (907) 269-4915

Alaska Department of Labor  
and Workforce Development  
Wage and Hour Administration  
**Fairbanks Regional Office**  
675 7<sup>th</sup> Avenue, Sta. J-1  
Fairbanks, AK 99701  
Ph: (907) 451-2886  
Fax: (907) 451-2885