

**ALASKA DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
WAGE AND HOUR ADMINISTRATION**

Preferred Method of Response? (Check one)	
E-Mail:	<input type="checkbox"/>
FAX:	<input type="checkbox"/>
U.S. Mail:	<input type="checkbox"/>

FLEXIBLE WORK HOUR PLAN

EMPLOYER NAME OR DBA: (PLEASE PRINT)		DATE:	
AUTHORIZED REPRESENTATIVE: (PLEASE PRINT)			
E-MAIL ADDRESS:	PHONE:	FAX:	
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:

I understand that regulation 8 AAC 15.102 (see 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, the employee is given the opportunity to work a full workweek in a reduced number of days.
2. Employee participation in this plan must be voluntary and cannot be a condition of employment.
3. Flex-plans do not allow an employer to routinely impose a work schedule that deviates from the hours specified and agreed to by the employee in the plan. Only occasional deviations up to 20 percent of the weeks worked (one in five weeks) are allowed. Failure to adhere to the flex plan schedule for at least 80 percent of the workweeks will very likely result in the plan being invalidated, thus triggering all the overtime to be owed based on any hours worked over eight hours in a day or over forty straight-time hours in a week. To avoid this significant potential liability, employers are encouraged to take employees off the flex plan during any weeks when their work schedule becomes unpredictable. Once the work schedule returns to a normal routine, the employer and employee may re-engage the plan.
4. Employers must keep copies of the approved plan on file signed and dated by each participating employee.
5. Flex Plans are approved for a specific employer and may not be transferred to another employer.

NOTE: Variations from an approved plan other than those discussed above may void the Flex Plan entirely.

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

Four 10-hour work days per workweek

Or:

By signing below, the employer acknowledges and accepts the conditions listed above.

EMPLOYER'S AUTHORIZED SIGNATURE:	TITLE:
STATE USE ONLY	
AUTHORIZED REPRESENTATIVE:	
DATE APPROVED:	DATE DISAPPROVED:
TO BE SIGNED BY EMPLOYEE AFTER APPROVAL BY THE DEPARTMENT	
Employee participation must be voluntary and uncoerced.	
EMPLOYEE NAME (PLEASE PRINT)	
EMPLOYEE SIGNATURE:	DATE:

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(d)(14) must be signed by the employer and submitted to a Wage and Hour Administration office of the department. The request must be in writing on a form provided by the department, 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 daily and weekly hours to be worked under 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 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.
- 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.

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 W. 8th Street, Suite 302
P.O. Box 111149
Juneau, AK 99811-1149
Ph: (907) 465-4842
Fax: (907) 465-3584

**Alaska Department of Labor and
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Wage and Hour Administration
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**Alaska Department of Labor and
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Wage and Hour Administration
Fairbanks Regional Office**
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