

San Mateo County Behavioral Health and Recovery Services
Proposal for Flexible/Alternative Schedule

This proposal is to be completed by the program/unit supervisor in consultation with all affected staff including support staff. Refer to BHRS Policy 01-02 for specific requirements and assurances that are to be addressed in Flexible/Alternate Work Schedule proposals.

Program Unit (s) _____

Program Supervisor/Chief _____

1. Describe current vs. proposed hours of operation including coverage for all staffing-administration, support staff, direct services. Do proposed hours of operation represent a change from current program hours? Is client access affected? How?

2. Attach a chart of proposed weekly staffing pattern; indicate schedule for all staff (note job classification on chart). All staff hours should be noted on chart including flexible hours and telecommuting schedules, if applicable. Staffing schedule should clearly distinguish between on-site schedule and telecommuting schedules.

If multiple services/teams are housed at single site, how are support services coordinated to assure needed coverage?

3. How will the flexible/alternative work schedule maintain or improve services to clients?

(a) Expected positive outcomes.

(b) Potential problems. (Include statement of how problems will be addressed.)

(c) Assurance that direct service staff will be available to clients 8 AM-5 PM, Monday through Friday. Note if hours of client/public access are expanded.

4. Staff and Client Safety: Attach safety plan and describe and changes or special provisions required as result of Flexible Work Hours Plan.

5. Annual Performance Agreements: All performance agreements for direct service staff are to be current and attached to proposal.

San Mateo County Behavioral Health and Recovery Services
**Staff Agreement and Support for Proposed
 Flexible/Alternative Work Schedule**

Program Unit: _____

We, the undersigned individuals, work for _____ unit/program and are fully aware and supportive of the proposed Alternative/Flexible Work Schedule. We also understand that continuation of the schedule depends on maintaining program access, quality and client satisfaction with services.

(List each staff member of the unit and indicate concurrence with the proposed plan through signature.)

NAME (PRINT)	SIGNATURE	TITLE
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