

 <p>Massachusetts Department Of Correction</p> <h1>POLICY</h1>	Effective Date	Responsible Division  Deputy Commissioner, Administration
	8/1/2021	
	Annual Review Date	
	8/1/2021	
Policy Name	M.G.L. Reference:	
103 DOC 213 ALTERNATIVE WORK OPTIONS	M.G.L. c. 7, § 6(F) (Chapter 500 of the Acts of 1974); M.G.L. c. 124, § 1(c) and (q); M.G.L. c. 149, §§ 30A, 30B and 100.	
	DOC Policy Reference:	
	ACA/PREA Standards:	
Attachments Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inmate Library Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Applicability: Department employees, excluding bargaining unit 4 employees, as well as employees in job titles involved in twenty-four (“24”) hour a day shift coverage including, but not limited to, correctional program officers, power plant engineers, steam fireman and sewage treatment plant operators.
Public Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Location: Department’s Central Policy File Each Deputy Commissioner’s File Each Institution’s Policy File Department’s Personnel Policy Manual	
<p><b>PURPOSE:</b>          To establish Department of Correction (“Department”) policy concerning alternative work options.</p> <p><b>RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:</b>          Deputy Commissioner of Administration          Assistant Deputy Commissioners          Superintendents and Division Heads          Executive Director of Human Resources</p> <p><b>CANCELLATION:</b>          103 DOC 213 cancels all previous Department policy statements, bulletins, directives, orders, notices, rules or regulations regarding alternative work options, which are inconsistent with this policy.</p> <p><b>SEVERABILITY CLAUSE:</b>          If any part of 103 DOC 213 is, for any reason, held to be in excess of the authority of the Commissioner, such decision shall not affect any other part of this policy.</p>		

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**213.01**

**DEFINITIONS**

Bargaining Unit Employee: An employee of the Commonwealth in a job title in one of eleven (11) statewide bargaining units, as certified by the Massachusetts Labor Relations Commission, who is covered by an applicable collective bargaining agreement.

Business Day: Monday through Friday, excluding holidays.

Business Hours: Monday through Friday, 9:00 a.m. to 5:00 p.m. excluding holidays.

Headquarters: The Department's administrative offices, located in Milford, Massachusetts.

Collective Bargaining Agreement: The contract between the employee's bargaining unit and the Commonwealth of Massachusetts governing an employees terms and conditions of employment.

Collective Bargaining Unit: One of eleven (11) statewide units, established by the Commonwealth's Labor Relations Commissioner, into which state employees with similar work responsibilities/related job functions represented by a union are grouped for purposes of collective bargaining.

Director of Employee Relations: The staff person within the Department's Administration Division responsible for directing operations in areas of labor relations, contract administration and the Commonwealth's Civil Service Merit System.

Holiday: Those legal holidays set forth in M.G.L. c. 4, sec. 7: Presidents' Day, New Year's Day, Martin Luther King Day, Patriot's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, Christmas Day.

Part-Time Employee: An employee who works less than a regular full-time schedule (37.5 or 40 hours per week) in the same title, and who is committed to an assigned tour of duty.

Unsubstantiated Absence: An absence charged to sick leave for which no medical evidence has been provided, or for which unsatisfactory medical evidence has been provided.

## 213.02

### ALTERNATIVE WORK OPTIONS

1. Pursuant to M.G.L., c. 7 § 6F and M.G.L. c. 149, §§ 30A, 30B and 100 employees may be approved for participation in the following alternative work options.
  - a. Flextime - Flextime permits employees to set their own schedules within limits of the bandwidth. The bandwidth of a flextime plan is the span of time between the earliest an employee may arrive at the office and the latest an employee may leave. The bandwidth established for the Department's Headquarters and Administrative offices are 7:00 a.m. - 6:00 p.m. The office or work site is not necessarily open to the public during the entire bandwidth. The bandwidth for institutions shall be determined by the Superintendent and may vary depending on work schedules. Arrival and departure times may vary, as can the number of hours worked each day. Employees shall work the total number of hours that are required of full-time employees each week. The four-day work week is a form of flextime.
  - b. Job-Sharing - Job-sharing enables two (2) (or more) individuals within the same Job Title to divide the responsibilities assigned to one specific position. Together, the job-sharing employees work the same number of hours each week as a full-time employee. Any combination of time that adds up to the equivalent of one full-time position is acceptable.
  - c. Part-time - Part-time employees are scheduled to work at least half-time, but less than full-time.
  - d. Staggered Work Hours - This scheduling option enables employees to set arrival and departure times to fit their needs. The same schedule is followed every day, five (5) days a week (e.g., 8:00 a.m. - 4:00 p.m. or 9:30 a.m. - 5:30 p.m. five days a week).

## 213.03

### ELIGIBILITY

1. Department employees excluding bargaining unit 4 employees, as well as employees in job titles assigned to twenty-four (24) hour a day shift coverage (including, but not limited to, Correctional Program Officers, Power Plant Engineers, Steam Firemen and Sewage Treatment Plant Operators) may be eligible for an alternative work option. In addition, those employees with an identified performance problem for which there is an action pending, may be excluded from participating in an alternative work option.

Work unit productivity must be maintained with appropriate coverage of work responsibilities provided at all times. Therefore, a Superintendent or Division Head may also exclude employees whose presence is critical during standard work hours. Superintendents and Division Heads retain the right to establish minimum levels of staffing and adequacy for coverage.

In addition, those employees with an unsatisfactory EPRS, ACES or disciplinary action within the previous twelve (12) months may be excluded from participating in an alternative work option.

2. In the event that two (2) or more employees requesting the same schedule cannot be authorized for that modified schedule, the authorization to utilize that schedule shall be based on seniority within the Department, unless operational needs dictate to the contrary.
3. This program is a benefit and participation in the program is completely voluntary.

#### **213.04**

#### **APPLICATION**

1. Any employee who wishes to participate in an Alternative Work Option shall complete the attached Alternative Work Options Request (Attachment #1) and submit it to his/her/their supervisor for approval.
2. The request shall be reviewed by the supervisor for approval/denial.
3. The request shall then be reviewed by the Superintendent/Division Head for approval/denial, and then forwarded to the Executive Director of Human Resources for review relative to compliance with current policy.
4. After review by the Executive Director of Human Resources, or his/her/their designee, the request shall be returned to the employee via his/her/their Superintendent/Division Head with a copy being retained in the Division of Human Resources for record-keeping purposes.
5. If the request is denied or determined to be non-compliant, the request shall be returned to the employee with an explanation of said denial/determination.

6. If approved, the employee must remain in the program for at least one (1) month.

### **213.05**

#### **RESPONSIBILITY**

1. It shall be the responsibility of each employee authorized to utilize an alternative work option to ensure that his/her/their weekly schedule allows for fulfillment of all job responsibilities.
2. It is the responsibility of each participating employee's supervisor to ensure that the employee meets all employment responsibilities while utilizing an alternative work option.
3. Supervisors may require that timecards/timesheets be used for employees.

### **213.06**

#### **WITHDRAWAL**

If an employee chooses to withdraw from the program, an Alternative Work Options Withdrawal Request must be submitted (Attachment #2) to his/her/their supervisor no less than five (5) business days before the intended withdrawal date. Part-time or job-sharing employees may not be guaranteed to return to a full-time position.

### **213.07**

#### **REMOVAL FROM PROGRAM**

1. An employee may be removed from the alternative work options program, if upon review by the Commissioner or a designee, it is determined that operational needs require said removal.
2. An employee may be removed from the program, if upon review, it has been determined that there has been abuse of the program. Some examples of abuse may be, but are not limited to, the following:
  - a. Inaccurately filling out the time sheet/time cards.
  - b. Failing to share duties or cover for other employees as required by the agreed upon arrangement.
  - c. Decreased productivity when staying late or coming in early indicating that the employee is not working when others are not around.
  - d. Habitually working long hours Monday through Thursday and then calling in sick on Friday.

**APPLICATION OF BENEFITS**

1. **Part-time:**

- a. Part-time employees shall earn sick leave, vacation time and personal leave on a pro-rated basis.
- b. Part-time employees shall earn holiday pay as follows:
  - i. Part-time bargaining unit employees will earn holiday pay in the same proportion that their service bears to full-time service. Part-time employees who are scheduled but not required to work on a holiday, and would receive less in holiday pay than in regular pay for the hours they were regularly scheduled to work may use other available leave time, or with the approval of his/her/their Superintendent/Division Head, may make up the difference in hours that same work week. When a holiday occurs on a day that is not an employee's regular workday, he/she/they, at the option of the employer, shall receive pay for that portion of a day that the employee's service bears to full-time service or an equal amount of compensatory time off with pay to be taken at a time approved by the supervisor.
  - ii. Part-time management and confidential employees shall earn holiday pay only if they were regularly scheduled to work on the holiday.
  - iii. An employee (with the exception of a bargaining unit 7 employee) who is on leave without pay or absent without pay for that part of his/her/their scheduled workday immediately preceding or immediately following a holiday that occurs on a regularly scheduled workday for which the employee is not required to work shall not receive holiday pay or, where applicable, a compensatory day off. A bargaining unit 7 employee who is on leave without pay or absent without pay for any part of his/her/their scheduled workday immediately preceding or immediately following a holiday shall not receive holiday pay or a compensatory day off for the holiday.

- iv. An employee granted sick leave for a holiday on which he/she/they is scheduled to work shall not receive holiday pay or a compensatory day off for that holiday.

2. **Job-Sharing**

- a. In general, part-time job-sharing employees are entitled to the same benefits as full-time employees, with some of those benefits granted on a pro-rated basis. Sick leave, vacation time and personal leave are pro-rated, but eligibility for group health and life insurance is the same as for full-time employees. Consideration for promotion is on an equal basis with full-time employees and seniority is accrued on a pro-rated basis.
- b. In accordance with the guidelines for the Merit Pay Plan for managers, part-time job-sharing employees are eligible for pro-rated bonuses based on performance.
- c. Two (2) employees, who each work half-time in a job-share situation, are both eligible for the benefits due to any part-time employee. If they both normally work on a day when a holiday falls, they are both paid for the hours they normally work.

3. **Flexitime**

In general, employees utilizing the flexitime option shall accrue and utilize benefits in the same manner as employees working a regular schedule. The various collective bargaining agreements provide that the term "day" shall mean either seven and one-half (7.5) or eight (8) hours for holiday pay purposes. Therefore, a full-time employee who normally works more than seven and one-half (7.5) or eight (8) hours on a day that falls on a holiday may utilize personal leave to be compensated beyond the seven and one-half (7.5) or eight (8) hours or, with the approval of his/her/their supervisor, may make up the difference in hours that same work week.



4. **Staggered Work Hours**

Employees utilizing the staggered work hours option shall accrue and utilize benefits in the same manner as employees working a regular schedule.

**213.09**

**COMPLAINT RESOLUTION**

Employees may file a complaint in writing alleging that the policy has been violated or that they have been arbitrarily or capriciously denied participation in an alternative work option (Attachment #3) with the Director of Employee Relations. The decision of the Director of Employee Relations or his/her/their designee shall be final and binding. Complaints over the implementation of this policy shall not be subject to contractual grievance procedure.

**213.10**

**EVALUATION REVIEW**

Evaluation of an employee's alternative work option shall be completed every six (6) months by utilizing the Alternative Work Options - Evaluation Review Form (Attachment #4).

**ALTERNATIVE WORK OPTIONS REQUEST**

**Section I**

Employee name: \_\_\_\_\_ DOC start date: \_\_\_\_\_  
 Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Institution/Division: \_\_\_\_\_ Union affiliation: \_\_\_\_\_  
 Official job title: \_\_\_\_\_ Employee ID #: \_\_\_\_\_  
 Functional title: \_\_\_\_\_  
 Current status: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
 Current hours per week: \_\_\_\_\_ Current days: \_\_\_\_\_

Request (please state in detail which work option you are requesting and why):

**NOTE: "Personal reasons" or "Family reasons" alone are NOT sufficient reasons for Alternative Work Option Status**

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**Section II**

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Supervisor Print Name: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Denied: \_\_\_\_\_  
 If denied, reason: \_\_\_\_\_

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**Section III**

Superintendent/Division Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Superintendent/Division Head Print Name: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Denied: \_\_\_\_\_  
 If denied, reason: \_\_\_\_\_

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**Section IV**

Executive Director of Human Resources/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

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Complies with policy: \_\_\_\_\_ Does not comply: \_\_\_\_\_

If in non-compliance, reason and/or modifications needed for compliance: \_\_\_\_\_

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This form to be returned to employee via Superintendent/Unit Director.

Attachment #2

**ALTERNATIVE WORK OPTIONS WITHDRAWAL REQUEST**

Employee name: \_\_\_\_\_  
Date: \_\_\_\_\_

Institution/Division: \_\_\_\_\_

Description of current work option:

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Requested date to end current work option: \_\_\_\_\_

Description of work option to take place after this date:

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Reason for withdrawal request:

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Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

**ALTERNATIVE WORK OPTIONS COMPLAINT FORM**

Employee name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution/Division: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for complaint:

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Attachment #1 (Alternative Work Options Request) must be attached to this form and forwarded to the Director of Employee Relations, Department of Correction, 50 Maple Street Milford, MA 01757.

Director of Employee Relations decision:

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Director of Employee Relations signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ALTERNATIVE WORK OPTIONS EVALUATION REVIEW**

Employee name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution/Division: \_\_\_\_\_

Date: \_\_\_\_\_

Work options start date: \_\_\_\_\_

Program Evaluation:

1. Discuss job performance since start of alternative work option.

\_\_\_\_\_  
Comments:  
\_\_\_\_\_  
\_\_\_\_\_

2. Discuss productivity since start of alternative work option.

\_\_\_\_\_  
Comments:  
\_\_\_\_\_  
\_\_\_\_\_

3. Changes recommended:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

I agree \_\_\_\_\_ disagree \_\_\_\_\_ with supervisor's comments.

Employee comments:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

Attendance since start of alternative work option:

sick days used \_\_\_\_\_ days off payroll \_\_\_\_\_