U.S. Department of Homeland Security
United States Coast Guard

Commanding Officer
U. S. Coast Guard
Personnel Services and Support Unit

1240. E. Ninth Street
Cleveland, OH 44199-2060
Staff Symbol: (XO)
Phone: 216-902-6282
Fax: 216-902-6293

PSSUCLEVEINST 5330.1
FEB 19 2010

PERSONNEL SERVICES AND SUPPORT UNIT CLEVELAND INSTRUCTION 5330.1

Subj: PERSONNEL SERVICES AND SUPPORT UNIT CLEVELAND COMPRESSED WORK SCHEDULE

Ref: (a) Compressed Work Schedule (CWS) for Coast Guard Members, COMDTINST M5330.9
(b) Alternative Work Schedules (AWS), MLCLANTINST 5130

1. **PURPOSE.** This instruction outlines the procedures for use of the Compressed Work Schedule (CWS) for Coast Guard personnel (military and civilian) assigned to the Personnel Services and Support Unit (PSSU) Cleveland.

2. **ACTION.** This instruction provides guidance in the implementation of reference (a) and (b) for PSSU Cleveland personnel.

3. **DIRECTIVES AFFECTED.** None.

4. **BACKGROUND.** As outlined in references (a) and (b), the purpose of the CWS is to provide members with a freedom and control over their personal and working lives which in turn will have a direct, positive contribution to their work effectiveness. The "5/4/9" schedule is the only authorized CWS at this time - working 9 hours/day for 8 days, 8 hours for one day, and one scheduled Regular Day Off (RDO) per 2-week period.

   a. An initial determination has been made that there will be no adverse impact on work operations nor on the service we provide to our internal and external customers.

   b. It will be critical to CWS success that the alternative work schedules remain as constant as possible. The guidelines established in paragraph 5 are designed to accomplish this.

5. **COVERAGE**. All personnel assigned to PSSU Cleveland are authorized to apply for CWS.

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NON-STANDARD DISTRIBUTION: All PSSU Cleveland Staff Components and Branches, PSC (BOPS)

6. **POLICY.** Any person may apply for CWS by submitting a work schedule request. The approval of their specific schedule will be via the chain of command to the Branch Chief. Branch Chiefs will route through the Executive Officer. No one will be required to work a CWS. Also, there is no guarantee the specific CWS requested will be approved, and there may be individual situations where CWS cannot be authorized. Supervisors are responsible for ensuring work operations and customer service are not negatively impacted.

7. **GUIDELINES**. General guidelines are as follows:

   a. The CWS will be based on the 2-week civilian pay cycle, for both military and civilian personnel. The Regular Day Off (RDO) will be designated as a week day of that cycle, i.e. the second Tuesday, first Monday, etc.

   b. The RDO designation is a critical part of the management plan and must remain constant. Changes to it (i.e. taking it on another day) are not authorized without resubmission of a new work schedule request or approval by the supervisor on a one-time/case-by-case basis. Resubmission of a new work schedule requests may only be done once in a 60-day period. Constant changes to schedules should be avoided as they often produce confusion and an increased administrative burden.

   c. It is intended for individuals to remain on CWS if they elect CWS. Once approved, individual CWS plans must remain in effect for at least a full 2 week pay period. An individual may drop CWS at the end of any pay period by submission of another work schedule request, but then may not re-apply for 60 days.

   d. In accordance with reference (a), flexitime is not authorized in a CWS plan. Individuals on CWS must work the fixed hours approved in their work schedule.

   e. Core hours for CWS are considered to be 0900 until 1600 on the 9-hour days and 0900 until 1500 on the 8-hour day. The earliest start time is 0630 and the latest ending time is 1830. A mandatory 30 minute lunch period is to be taken between 1100 and 1300. All lunch times exceeding 30 minutes shall be made up at the end of the same work day.

   f. "In Lieu of" Holidays. If an RDO of an individual's CWS plan falls on a Federal holiday, the individual is entitled to the work day immediately preceding as an "in lieu of" holiday. The exception is if the holiday is Monday, then Tuesday will be the "in lieu of" holiday.

8. **ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS.** Environmental considerations were examined in the development of this instruction and have been determined to be not applicable.

9. **FORMS/REPORTS.** Each Branch will maintain a "pay period" calendar of approved CWS work schedules. At a minimum, it will list the work hours each weekday of all employees on CWS. This will be the decision tool for Branch Chiefs/Executive Officer's approval of CWS applications.

JEAN A. PASCHAL

Encl: (1) Compressed Work Schedule (CWS) Nine Hour Time Chart
(2) Work Schedule Request Form

COMPRESSED WORK SCHEDULE (CWS) NINE HOUR TIMECHART

START TIME	DEPARTURE TIME										
	1600	**1615**	**1630**	**1645**	**1700**	**1715**	**1730**	**1745**	**1800**	**1815**	**1830**
0630	30	45	60	75	90	--	--	--	--	--	--
0645	--	30	45	60	75	90	--	--	--	--	--
0700	--	--	30	45	60	75	90	--	--	--	--
0715	--	--	--	30	45	60	75	90	--	--	--
0730	--	--	--	--	30	45	60	75	90	--	--
0745	--	--	--	--	--	30	45	60	75	90	--
0800	--	--	--	--	--	--	30	45	60	75	90
0815	--	--	--	--	--	--	--	30	45	60	75
0830	--	--	--	--	--	--	--	--	30	45	60
0845	--	--	--	--	--	--	--	--	--	30	45
0900	--	--	--	--	--	--	--	--	--	--	30

Time periods in center of above chart, indicate allowable lengths (minutes) of lunch period that can be taken daily between 1100 and 1300. Thirty (30) minute minimum lunch period is mandatory.

Example – Arrival @ 0800 with a 45 minute lunch equates to an allowable departure time of 1745.

WORK SCHEDULE REQUEST

SECTION 1 - REQUEST

[X] Permanent Request

I elect to participate in the following work schedule (check one):

[ ] Regular Program: 0730 - 1600 daily, five days a week

[ ] Flextime Program: Eight hours per day, five days a week.

[ ] CWS Plan (5-4/9 Plan): Nine hours per day for eight days of bi-weekly pay period and one eight-hour day. The one eight hour day will follow the Flextime Program work schedule

Complete the following schedule if electing to participate in the CWS (5-4/9 Plan).

ENTER START/STOP TIMES FOR THE APPROPRIATE DAYS

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
WEEK 1							
	TO	TO	TO	TO	TO	TO	TO
WEEK 2							
	TO	TO	TO	TO	TO	TO	TO

EMPLOYEE NAME: **SIGNATURE:** **DATE:** 30-Sep-09

SECTION II - APPROVAL/DISAPPROVAL

[ ] APPROVED

[ ] DISAPPROVED

REASON (if disapproved)

SIGNATURE OF **SUPERVISOR:** **DATE:**

[ ] APPROVED

[ ] DISAPPROVED

REASON (if disapproved)

SIGNATURE OF **BRANCH CHIEF:** **DATE:**