

Agreement for Stand-By Compensation

1. I, _____, understand that I am eligible to receive stand-by compensation as provided for by state personnel regulation 1-5-26 and the Adjutant General's Department Stand-by Policy effective _____ in accordance with the terms and conditions below until otherwise notified.

2. I understand that all stand-by assignments must be scheduled and/or authorized by the following individuals, or their appointed designees:
 - a) _____, Supervisor
 - b) _____, Director

3. I also understand that while on stand-by, I am required to remain available to the agency via the following, provided by the agency, within the indicated response times: *(Bold or circle all that apply and fill in response time(s).)*
 - a) cellular phone (response time = _____ minutes)
 - b) pager (response time = _____ minutes)
 - c) radio (response time = _____ minutes)
 - other: _____

4. Failure to respond within the designated response time may result in forfeiture of stand-by compensation for that off-duty period and possible loss of eligibility for continued stand-by status; all at the discretion of the agency. In addition, disciplinary action, up to and including dismissal, may also occur.

5. I am required to maintain an accurate Stand-by Time Log to reflect all periods of stand-by and any work performed while on stand-by. This log will be attached to each respective timesheet.

6. At the beginning of the next regular workday following stand-by duty, it is my responsibility to inform my supervisor or designee of any work performed while on stand-by status - both on and off the worksite.

7. I understand that the time spent working while in stand-by duty will be compensated in the following priority order unless otherwise determined by the agency:
 - a) rearranged time within the same work period (i.e. week) as the stand-by work was performed
 - b) compensatory time
 - c) pay

8. I am currently assigned stand-by duty as follows:

9. I received, read and understand the state personnel regulation 1-5-26 regarding stand-by compensation and the agency's Stand-by policy, and agree to comply with them. If at any time I am uncertain about stand-by procedures, I will seek clarification from my supervisor

Employee Signature/Date

Attachments: Agency Stand-by Policy, Agency Stand-by Log and K.A.R. 1-5-26

cc Personnel File