



Human Resources

P.O. Box 1609, Mammoth Lakes, CA, 93546
(760) 965-3610
www.townofmammothlakes.ca.gov

Appendix A: Snow Patrol Policy Acknowledgement and Opt-In Form

Employee Name		Fiscal Year	
Department		Authorization Expiration Date	

Step 1: Indicate your work schedule – Please complete only *FLSA Work Schedule Week 1* if you work the same scheduled hours each week (exclusive of meal periods). The *FLSA Work Schedule Week 2* fields are provided for employees who have an approved alternative work schedule.

FLSA Work Schedule Week 1														
Mon		Tues		Wed		Thurs		Fri		Sat		Sun		Total Hours
Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	

FLSA Work Schedule Week 2														
Mon		Tues		Wed		Thurs		Fri		Sat		Sun		Total Hours
Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	

Step 2: Indicate your scheduled meal period –

Scheduled Meal Period	
Start	End

Step 3: Read the statement below carefully – Determine if you elect to opt-in to the Snow Patrol Program and acknowledge all the parameters outlined in the Snow Patrol Policy before completing this document with your signature and date.

I understand that by signing this form, I agree that I am electing to voluntarily participate in the Town's Snow Patrol Program; to abide by the terms and conditions of the Snow Patrol Policy; and that I acknowledge that my participation will incur costs for my department (including overtime), and that these wages are budgeted and authorized.

Employee Signature		Date	
Approved By			
Supervisor		Date	
Department Head		Date	
Human Resources		Date	