

SAMPLE LETTER

Date:

To: All Regular Classified Employees

Management Team/Department Chairs

From: Danielle Donica/Linda Jay, Human Resources

Subject: Summer Hours for the Period From (Memorial day) May - (last Friday in)July

Per SEIU Contract Article 6.8.1, beginning Memorial Day week in May, the District will implement the Summer 4/10 Schedule. The work week will be four (4) days per week, Monday through Thursday, 10 hours per day. Employees need to work their full weekly FTE hours within this schedule, or reduce their schedule per the information below. This schedule will be in effect until last Friday in July.

The College's public hours will not be changed. Offices should plan on being open from 8:00 a.m. - 5:00 p.m. Monday through Thursday. The College will be closed from Friday through Sunday. Any office/department requesting exceptions to the normal public hours must be recommended to the employee's immediate supervisor and Component Administrator. If approved, those requests shall be forwarded to the Human Resources Department.

The full text of the Summer Hours Agreement is in Appendix G.1 of the SEIU/District contract. The agreement explains how an employee may use vacation time, compensatory time off (CTO), sick leave (if applicable), etc., to work less than ten hours per day.

If you wish to work an alternative schedule please complete the Summer Alternative Work Schedule Notice of Absence (NOA) form on the back of this memo and submit to your supervisor for approval. This form should be submitted to Human Resources by May 9.

Please report only your reduced hours for the Summer 4/10 Schedule. If you plan on taking additional time off during this period, please submit those hours on a separate NOA reporting your actual hours absent per day.

Please note: if you will be working within the established summer work hours and your regular FTE nothing further is required. Please do not submit this form if you are not reducing your FTE.

Thank you.

FOR QUESTIONS: CONTACT DANIELLE DONICA x4785 OR LINDA JAY x4817 IN HR
SUBMIT FORM TO: HUMAN RESOURCES DEPT.

NO LATER THAN MAY 9

Summer Alternative Work Schedule

NOTICE OF ABSENCE FORM

	=		
NAME:			
DEPT:			
REGULAR FTE/HOURS PER DAY:			
DEDUCED SUMMED SCHEDULE.			
	TAL HRS. TIME RED		
DAY START TIME BEGIN/END END TIME W			
MON]	
UE]	
WED]	
THU		1	
TOTAL WEEKLY WORK HOURS: [3	
TOTAL WEEK R			
IF YOU ARE NOT REDUCIN CHARGE TO: ☐ Sick (current medical note requ			EEK.
□Unpaid □ Vacation	☐ Other		
EFFECTIVE DATES FROM:TO	O:	TOTALS HOURS REDUCED FOR MAY/JUNE: Y TOTALS HOURS REDUCED FOR JULY:	
	O:		
MM DD YY	MM DD Y	Y	
MM DD YY DO NOT SUBMIT PLANN	MM DD Y	YE OFF ON THIS FORM.	
MM DD YY DO NOT SUBMIT PLANN	MM DD Y	YE OFF ON THIS FORM.	
MM DD YY DO NOT SUBMIT PLANN. PLEASE SUBMIT TI	MM DD Y TED VACATION/TIM HOSE HOURS ON A	YE OFF ON THIS FORM.	
MM DD YY DO NOT SUBMIT PLANN. PLEASE SUBMIT TO EXPLANATION FOR REQUEST (Attach sheet if necessar	MM DD Y TED VACATION/TIM HOSE HOURS ON A	YE OFF ON THIS FORM.	
MM DD YY DO NOT SUBMIT PLANN. PLEASE SUBMIT TO EXPLANATION FOR REQUEST (Attach sheet if necessary Approval Signatures:	MM DD Y TED VACATION/TIM HOSE HOURS ON A	YE OFF ON THIS FORM.	
MM DD YY DO NOT SUBMIT PLANN. PLEASE SUBMIT TO EXPLANATION FOR REQUEST (Attach sheet if necessary Approval Signatures: Employee's Signature	MM DD Y TED VACATION/TIM HOSE HOURS ON A y.):	YE OFF ON THIS FORM.	
DO NOT SUBMIT PLANN.	MM DD Y TED VACATION/TIM HOSE HOURS ON A y.): Date	YE OFF ON THIS FORM.	
DO NOT SUBMIT PLANN. PLEASE SUBMIT TO EXPLANATION FOR REQUEST (Attach sheet if necessar) Approval Signatures: Employee's Signature Immediate Supervisor's Signature	MM DD Y FED VACATION/TIM HOSE HOURS ON A y.): Date Date Date	Y E OFF ON THIS FORM. SEPARATE NOA.	9