



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

SSN (LAST FOUR) _____

NAME: _____

DEPT: _____

REGULAR FTE/HOURS PER DAY: _____

REDUCED SUMMER SCHEDULE:

DAY	START TIME	LUNCH BEGIN/END	END TIME	TOTAL HRS. WORKED	TIME REDUCED IF LESS THAN REGULAR FTE
MON	_____	_____	_____	_____	[_____]
TUE	_____	_____	_____	_____	[_____]
WED	_____	_____	_____	_____	[_____]
THU	_____	_____	_____	_____	[_____]

TOTAL WEEKLY WORK HOURS: [_____]

TOTAL HRS/WEEK REDUCED: [_____]

***PLEASE DO NOT SUBMIT THIS FORM
IF YOU ARE NOT REDUCING YOUR TOTAL FTE/HOURS PER WEEK.***

CHARGE TO: ☐ Sick (current medical note required) ☐ CTO/PTO ☐ Personal Necessity
☐ Unpaid ☐ Vacation ☐ Other _____

EFFECTIVE DATES FROM: ____ ____ ____ TO: ____ ____ ____
MM DD YY MM DD YY

TOTALS HOURS
REDUCED
FOR MAY/JUNE: [_____]

EFFECTIVE DATES FROM: ____ ____ ____ TO: ____ ____ ____
MM DD YY MM DD YY

TOTALS HOURS
REDUCED
FOR JULY: [_____]

DO NOT SUBMIT PLANNED VACATION/TIME OFF ON THIS FORM.

PLEASE SUBMIT THOSE HOURS ON A SEPARATE NOA.

EXPLANATION FOR REQUEST (Attach sheet if necessary): _____

Approval Signatures:

Employee's Signature Date

Immediate Supervisor's Signature Date

Component Administrator Date

FOR QUESTIONS: CONTACT DANIELLE DONICA x4785 OR LINDA JAY x4817 IN HR
SUBMIT FORM TO: HUMAN RESOURCES DEPT. **NO LATER THAN MAY 9**

cc: NOA FILE; PAYROLL IF APPLICABLE.