

**MARKLUND**  
**HUMAN RESOURCES POLICY AND PROCEDURE**

<b>POLICY NO: 5.11</b>	<b>PAGE: 1 OF: 1</b>
<b>SUBJECT: SUMMER FLEXTIME HOURS</b>	
<b>DEPARTMENTS AFFECTED: ALL</b>	<b>APPROVED BY:</b>
<b>ISSUE/REVISION DATE: 5-29-11</b>	<b>EFFECTIVE DATE: 5-29-11</b>

**PURPOSE:**

To allow eligible employees, in departments where it is feasible, to work a flexible work schedule during summer hours.

**POLICY:**

Effective the pay period that begins closest to June 1<sup>st</sup> each year and ending the last full pay period in August, eligible employees will have the opportunity to request to work flexible summer hours.

For purposes of this policy, flexible hours are: Four ten hour days or four nine hour days and one four hour day. The scheduled days for this time period would be at the discretion of the department supervisor. Compressed work schedules will be granted in situations where job and business-related needs can continue to be met even under a compressed schedule.

Exempt employees, by definition, will continue to receive the same salary from week to week regardless of the schedule worked. Summer flex hours will not be in effect during the week of a holiday. Marklund reserves the right to suspend, cancel or amend this program at any time. Any employee that experiences performance problems deemed to be related to the new schedule may be asked to return to a regular five day schedule. Each circumstance will be evaluated on a case by case basis.

**PROCEDURE:**

All eligible employees that wish to apply for the summer flextime schedule will be required to fill out a request form (see attachment 1) and submit it into their supervisor for approval before the start of the summer schedule for each year.

Once approved, the supervisor will send the form to the Human Resources Department. It is the supervisor's responsibility to advise the employee of the approval or non-approval. The Human Resources Department will give a copy of the form to the Payroll Department and maintain a copy in the employee's HR file.

SUMMER FLEXTIME PROGRAM REQUEST FORM

Employee Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Description of Summer Flextime Arrangement Request:

Please circle one: 4 nine hour days and 1 four hour day  
4 10 hour days

Hour of Arrival: \_\_\_\_ Hour of Departure \_\_\_\_

Marklund's program begins on Sunday, May 31, 2015 (beginning of the pay period) and ends on August 29, 2015 for the summer season of 2015 only.

This request must be turned into your supervisor before the beginning of the program.

*I have read and understand Marklund's Summer Flextime program. I understand that due to business demands, if this flextime arrangement needs to be suspended or cancelled, I will return to my previous standard work schedule.*

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Approval by Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_