

MARKLUND
HUMAN RESOURCES POLICY AND PROCEDURE

POLICY NO: 5.11

PAGE: 1 OF: 1__

SUBJECT: SUMMER FLEXTIME HOURS

DEPARTMENTS AFFECTED: ALL

APPROVED BY: _____

ISSUE/REVISION DATE: 5-29-11, 2-22-17

EFFECTIVE DATE: 5-29-11

PURPOSE:

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

POLICY:

Effective the pay period that begins closest to June 1st 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 Payroll Department. It is the supervisor's responsibility to advise the employee of the approval or non-approval.

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 30, 2021 (beginning of the pay period) and ends on August 21, 2021 for the summer season of 2021 only.

This request must be turned into your supervisor before the beginning of the program. Your supervisor must submit approved forms to Payroll.

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: _____