

Southeast Health Group

4-Day Workweek Procedures

- Key FT/40 = Full-time employee at 40 hours per week
5-day = Five-day workweek schedule (Sat-Fri) at approx 8 hours per day, 40 per week*
4-day = Four-day workweek schedule (Sat-Fri) at approx 10 hours per day, 40 per week*
*Exempt Staff: hours are approximate; employee may work more or less

1. Unless formally designated otherwise by the Supervisor, all FT/40 positions are associated with a 5-day workweek. This schedule is subject to flextime modification at the Supervisor's request (or Employee's request with Supervisory approval).
2. Should a Supervisor feel SHG would benefit from a 4-day workweek for a new or existing position, the Supervisor will inform HR. HR will add this designation to the recruitment package, if applicable. Applicant/Employee will be asked to complete *4-day Workweek Designation* form.
3. Should an Applicant/Employee wish to request a 4-day workweek, s/he will be asked to complete a *4-day Workweek Request* form with HR. HR will meet with the Supervisor, who will make the determination. Such decisions, made on a case-by-case basis, will not be in conflict with what is in the best interest of the agency.
4. Regardless of schedule, all job-related responsibilities remain intact (ie competent and timely job duty completion, acceptable productivity, proper attendance at mandatory and other necessary meetings).

4-Day Workweek Details

1. The *4-Day Workweek Designation* form, signed by Employee and Supervisor, will be maintained in Employee's personnel file.
2. There is no change to leave amounts (ie holiday remains 8 hours, monthly sick leave accrual remains 8 hours, bereavement leave—for immediate family member—remains 24 hours).
3. A two-week notice is expected when an Employee wishes to request a schedule modification.
4. Workweek containing **one holiday**:
Nonexempt Three 10-hour days + 8 hour holiday + 2 hour vacation = 40 hours.
Exempt Three 10-hour days + 8 hour holiday = 38 hours. Supervisor may require a 5-day workweek (four 8-hour days + 8 hour holiday).
5. Workweek containing **two holidays**:
Nonexempt Two 10-hour days + 16 hour holiday + 4 hour vacation = 40 hours.
Exempt Two 10-hour days + 16 hour holiday + 4 hour vacation = 40 hours. Supervisor may require a 5-day workweek (three 8-hour days + 16 hour holiday).
6. Workweek containing **bereavement**:
Nonexempt
 - 8 hours bereavement: Three 10-hour days + 8 hour bereavement + 2 hours vacation/sick = 40 hours.
 - 24 hours bereavement: One 10-hour day + 24 hour bereavement + 6 hours vacation/sick = 40 hours.**Exempt**
 - 8 hours bereavement: Three 10-hour days + 8 hour bereavement = 38 hours. Supervisor may require a 5-day workweek (four 8-hour days + 8 hour bereavement).
 - 24 hours bereavement: One 10-hour day + 24 hour bereavement + 4 hours vacation/sick = 38 hours. Supervisor may require a 5-day workweek (two 8-hour days + 24 hour bereavement).
7. Week containing **vacation and/or sick**:
Nonexempt Leave may be requested in increments of 15 minutes. Employee should be able to maintain his/her 4-day workweek.
Exempt Leave may be requested in 4-hour increments. Supervisor may require a 5-day workweek schedule when using vacation/sick.

Southeast Health Group

4-DAY WORKWEEK REQUEST

Name: _____

1. I hold (or have been hired to fill) a full-time position at Southeast Health Group, based on 40 hours per week, and am in Good Standing with the agency.
2. I wish to request a 4-day workweek, at 10 hours per day, knowing my job duties, responsibilities, productivity requirements, hours per week, and other factors of my position remain unchanged.
3. I wish to start this schedule on or around ____/____/____ due to _____

4. A description of my new schedule would be as follows: _____

5. Following are several reasons a 4-day workweek schedule will benefit the agency, as well as myself: _____

Signature: _____ Date: ____/____/____

4-DAY WORKWEEK DESIGNATION

Name: _____

1. I have received Supervisory approval to begin a 4-day workweek on ____/____/____.
2. This designation is not considered permanent and can be adjusted or discontinued at any time SHG deems appropriate.
3. This designation, whether Supervisor-requested or Employee-requested, is to not interfere in competent, timely and appropriate performance of my job duties. Should I experience any issues, I am required to contact my Supervisor in a timely manner and discuss the situation.
4. I realize I may be required to adjust to a regular 5-day schedule for any workweek involving leave (ie holiday vacation, sick, bereavement, jury). Should I wish to request a schedule modification, I am expected to give my Supervisor a two-week notice.
5. Should this designation change in any way, whether Supervisor-requested or Employee-requested, I am required to contact HR for proper personnel file documentation.

Employee Signature: _____ Date: ____/____/____

Supervisor Signature: _____ Date: ____/____/____

OFFICE ONLY~

HR Signature: _____ Date: ____/____/____