

EMERGENCY AUTHORITY ONLY

**MONTEREY COUNTY EMERGENCY RESPONSE MANUAL AND COVID-19
PREVENTION PROGRAM SECTION 6**



REDUCED WORK SCHEDULE (FULL TIME EQUIVALENT) REQUEST FORM

During the declared local emergency only, employees responsible for dependent care due to COVID-19 may request to temporarily decrease their total bi-weekly work hours with the understanding that, if approved at the discretion of the Department Head, the reduction in work hours will temporarily reduce their FTE for scheduling purposes. Employees who are approved to temporarily reduce their regular work schedule and work at least .5 FTE (40 hours per pay period) will not have an impact on their pre-COVID-19 annual leave/vacation/paid time off accruals, holiday pay, seniority hours and will not have a change to their pre-COVID-19 step advancement eligibility date. Employees who are approved to temporarily reduce their regular work schedule to less than .5 FTE (working less than 40 hours per pay period), will have a prorated reduction in annual leave/vacation/paid time off accruals, holiday pay, seniority hours and their step advancement eligibility date

EMPLOYEE INFORMATION:

Name:		County Email:	
County Phone Number:		Department:	
Job Classification		Employee Type	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt
Effective Pay Period Beginning Date			

Fill in statement immediately below and fill out proposed work schedule.

Effective on the above pay period date, I am requesting my bi-weekly hours be decreased from hours to hours per pay period. I understand if I reduce my regular work schedule and work at least .5 of my FTE (40 hours per pay period) I will not have an impact on my pre-COVID-19 annual leave/vacation/paid time off accruals, holiday pay, seniority hours and will not have a change to my pre-COVID-19 step advancement eligibility date. I further understand, if I reduce my regular work schedule to less than .5 of my FTE (working less than 40 hours per pay period), I will have a prorated reduction in annual leave/vacation/paid time off accruals, holiday pay, seniority hours and my step advancement eligibility date.

Note: Employees in certain bargaining units who reduce their hours below 64 hours per pay period may have a decrease to the County’s flex credit contribution towards their health insurance premium. Please refer to your bargaining unit [Memorandum of Understanding \(MOU\)](#) and contact your Benefit Coordinator in the event changes need to be made to your benefits. Employees are also expected to request any time off during the reduced work schedule day in accord with departmental protocols.

I am requesting to reduce my work schedule as follows:

PROPOSED REDUCED WORK SCHEDULE: (To be completed by <u>hourly/non-exempt</u> employees only)								
		Total hours per pay period: <input type="text"/>						
Pay Period		Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Week One (of pay period)	Start Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Lunch Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Lunch End	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	End Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

		Hours: <input type="text"/> week one						
Pay Period		Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Week Two (of pay period)	Start Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Lunch Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Lunch End	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	End Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Hours: <input type="text"/> week two						

Exempt Employees: In accordance with the County’s Payroll Time and Leave Reporting Policy, employees who are full-time and are in an exempt status ordinarily are scheduled to work and be paid eighty (80) hours per bi-weekly period. Exempt employees are expected to work during regular department work hours unless approved for an alternative/reduced work schedule. Exempt employees requesting an alternative/reduced work schedule should indicate below their proposed alternative/reduced schedule:

PROPOSED REDUCED WORK SCHEDULE: (To be completed by <u>exempt</u> employees only)	
Saturday	From: <input type="text"/> To: <input type="text"/>
Sunday	From: <input type="text"/> To: <input type="text"/>
Monday	From: <input type="text"/> To: <input type="text"/>
Tuesday	From: <input type="text"/> To: <input type="text"/>
Wednesday	From: <input type="text"/> To: <input type="text"/>
Thursday	From: <input type="text"/> To: <input type="text"/>
Friday	From: <input type="text"/> To: <input type="text"/>

I understand that all conditions stated above remain in full force and effect and reduced work schedules are at the discretion of the Department Head and may be terminated at any time.

Employee Name/Signature	Date
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SUPERVISOR/MANAGER REVIEW AND APPROVAL

Employee is required to report hours worked as follows (ESS or otherwise):

Employee is required to check-in with supervisor as follows:

Supervisor/Manager Name:	
Title:	
<input type="checkbox"/> Approved (<i>comments</i>)	
<input type="checkbox"/> Denied (<i>comments</i>)	

Supervisor/Manager Signature	Date
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DEPARTMENT HEAD/DESIGNEE REVIEW AND APPROVAL

Name:	
Title:	
<input type="checkbox"/> Approved (<i>comments</i>)	
<input type="checkbox"/> Denied (<i>comments</i>)	

Department Head/Designee Signature (required)

Date

HUMAN RESOURCES REVIEW

The approved reduced work schedule represents .5 or **above** of the employee's FTE. ESMT transaction required as follows (1) For exempt employee updating employee PACT code, Employment Status, Pay Class, Pay Policy, and Benefits Policy (if applicable). This does not change the exempt employee's FLSA status. (2) For non-exempt employee updating employee PACT code and Benefits Policy (if applicable). Please attach this form when processing ESMT.

OR

The requested reduced schedule represents a FTE of **below** .5 (ESMT transaction required to reduce the employee's FTE to actual FTE and Benefits Policy (if applicable) Please attach this form when processing ESMT.

Human Resources Signature

Date

Original-Employee Personnel File

Copy – Supervisor/Manager

Copy – Employee

Copy – Departmental Timekeeper