

HOURS OF WORK

POLICY

Employees are expected to attend work during their regular hours of work.

DEFINITIONS

“SAO” means Senior Administrative Officer

GUIDELINES

1. Employees’ will be advised of their regular hours of work verbally and these hours of work will be outlined in their Employment Agreement.
 - 1.1. an employee’s hours of work may change with the employee’s consent.
 - 1.2. any changes to the employee’s hours of work will be documented and placed in the employee’s file.
2. Unless absent with authorized leave (i.e. vacation leave, sick leave, etc.), employees are expected to attend work during their regularly scheduled hours of work.
3. The Supervisor is responsible for ensuring that attendance records are maintained for all employees; and
 - 3.1. That employee timesheets reflect actual hours worked, sick days, vacation days, time off etc.
4. The Finance Manager will keep attendance registers to track sick days, vacation days, authorized unpaid time off, etc. to aid in accurate documentation of the accrual of all leave credits.
 - 4.1.1. Registers must be updated on a biweekly basis after processing timesheets.
5. All employees must submit signed Leave Request Forms for approval by both their immediate Supervisor and the SAO.
 - 5.1. If leave is approved by an employee’s immediate Supervisor, he/she will submit the request to the SAO for final approval of leave credits that may be payable (e.g. vacation pay credits, lieu time credits, etc.).
6. If the leave is taken and not authorized, the employee may be subject to corrective action and the employee’s pay may be reduced to reflect the unauthorized time away from work.

ATTACHMENTS

Leave Form

REFERENCES

N/A



HAMLET OF ENTERPRISE APPLICATION FOR LEAVE FORM

Date: _____

Name: _____

Position: _____

Leave Start Date: _____

Leave End Date: _____

Return to Work Date: _____



_____ **Approved** _____ **Denied**

Reason (If Denied): _____

TYPE OF LEAVE	WITH PAY	WITHOUT PAY
ANNUAL		
SICK		
SPECIAL		
LIEU TIME		
WITHOUT PAY		
WITH PAY		

Supervisor Name

SAO Name

Supervisor Signature

SAO Signature

Date

Date