

## **WORK SCHEDULE FOR FULL-TIME STAFF**

Office of Origin:	Human Resources
Date Adopted:	02-25-92
Last Date Reviewed:	03-12-2012
Last Date Modified & Approved:	03-12-2012

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The basic workload for a full-time classified employee is a minimum of thirty-seven and one-half (37 ½) hours per week up to forty (40) hours per week. The basic workload is determined by the departmental administrator and can be modified from time to time.

If an employee's work schedule is to be changed, he/she will be notified two (2) weeks in advance.

Full-time employees may apply for a reduced work schedule with Lake Michigan College. Employees under a reduced work schedule, working a minimum of 40 weeks annually, maintain full medical benefits for 52 weeks annually. Paychecks for these employees will be paid in 26 equal pays.

Each full-time employee of Lake Michigan College is eligible to apply for a reduced work schedule. The applications are submitted to the Office of Human Resources and must be received by the first Monday in June, for a reduced work schedule effective July 1. The application constitutes a proposition to irrevocably reduce hours of employment for the next fiscal year, beginning on July 1, and ending on June 30, contingent only upon acceptance by the College. Decisions regarding application approvals will be made by the first Wednesday in June.

Each reduced work schedule application must be reviewed and mutually agreed upon by the departmental administrator before a recommendation is forwarded to the President's Cabinet. Cabinet members will determine, based on the recommendation of the departmental administrator, the program needs of the College, and the economic feasibility, the number of reduced applications, if any, to be approved by the President. At a maximum, 25% of the employees of any one division will be considered. The decision of the President shall be final.

## Lake Michigan College Procedure

Annual holidays, vacation and sick days are prorated according to the number of weeks indicated on the letter of appointment for Classified Staff as follows:

Weeks of Employment	Paid Holidays	Vacation Days Earned	Sick Days Earned
40-43	10 (no personal days)	Varies by years of employment: 1 through 4 = 5 5 through 9 = 5 beginning year 10 = 5 beginning year 20 = 10 days	9
44-47	10 (one personal day)	Varies by years of employment: 1 through 4 = 5 5 through 9 = 7 beginning year 10 = 10 beginning year 20 = 15 days	10
48-51	11 (two personal days)	Varies by years of employment: 1 through 4 = 8 5 through 9 = 12 beginning year 10 = 16 beginning year 20 = 20 days	11
52	12 (three personal days)	Varies by years of employment: 1 through 4 = 10 days 5 through 9 = 15 days beginning year 10 = 20 days beginning year 20 = 25 days	12

Annual holidays, vacation and sick days are prorated according to the number of weeks indicated on the employment contract for Administrators and Professional Technical Staff as follows:

Weeks of Employment	Paid Holidays	Vacation Days Earned	Sick Days Earned
40-43	10 (no personal days)	5	9
44-47	10 (one personal day)	10	10
48-51	11 (two personal days)	15	11
52	12 (three personal days)	20	12

## Lake Michigan College Procedure

### General Guidelines

Eligible vacation time will be confirmed by the Office of Human Resources. If a vacation day falls at a time when the College is officially closed, the employee may take an alternate day scheduled in mutual agreement with the immediate supervisor.

Upon termination of employment, payment for unused, accrued vacation will be included in the employee's final paycheck.

Vacation time is not cumulative and will be forfeited unless used (1) during the fiscal year earned, or (2) during the following fiscal year.

Eligible sick time will be confirmed by the Office of Human Resources. One equated sick leave day per month of appointment will be granted to each full-time employee, with a maximum accumulation to 120 days.

**Responsibility:** Vice President, Administrative Services

**References:**

## Application for Reduced Work Schedule

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Department/Division \_\_\_\_\_

Current Classification    ☐ Administrator    ☐ Professional/Technical    ☐ Classified  
(check one)

Requested Number of Weeks of Employment \_\_\_\_\_  
(indicate weeks between 40 and 52)

I understand that my salary will be prorated according to the actual number of weeks employed during \_\_\_\_\_ FY, and that my sick, vacation, and personal days will be prorated according to my reduced work schedule. I further understand that my supervisor and I will establish a mutually agreeable schedule for any approved reduction in weeks of employment for the fiscal year and that this schedule will be forwarded to Human Resources on or before July 1.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

***CURRENT JOB DESCRIPTION MUST BE ATTACHED TO THIS APPLICATION.***

### **Review Signatures:**

Immediate Supervisor \_\_\_\_\_

Department Administrator \_\_\_\_\_

Division Administrator \_\_\_\_\_

**Received in Human Resources (Date):** \_\_\_\_\_

**Cabinet Action**    ☐ Approved    ☐ Not Approved

**Applications Due by June 3<sup>rd</sup>.**