



**SAN JOAQUIN COUNTY WORKNET
 EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT
 POLICIES AND PROCEDURES DIRECTIVE**

DIRECTIVE NO.	EFFECTIVE DATE	APPLICABILITY	PAGE
D-52	April 17, 2020	Departmental	1 of 3
SUBJECT: REQUEST FOR A TEMPORARY MODIFIED WORK SCHEDULE DUE TO A PERSONAL HARDSHIP OR EMERGENCY SITUATION OF EMPLOYEES IN THE DEPARTMENT			

I. PURPOSE

The purpose of this directive is to establish policies, procedures and protocols, as well as, provide staff guidance for the submission and approval of a request for a temporary modified work schedule.

II. GENERAL INFORMATION

Periodically, employees of this Department are faced with personal hardships and emergency situations that require support and cooperation from both the employee's supervisor and manager that create a mutually beneficial situation for all parties involved.

The intent is to support our dedicated staff while they are going through a personal and difficult situation. The objective is to support a modified work schedule that minimizes the impact to the Department's operations, addresses the concern and has a solution and a positive impact for our employees. The intent is to provide a temporary solution until there is no longer a need for the modified work schedule. It must, however, not create a hardship to fellow employees and be detrimental to departmental operations.

III. POLICY

It is the policy of this Department that requests for temporary modified work schedules due to a personal hardship and/or emergency situation shall be considered and approved in accordance with this policies and procedures directive.

IV. PROCEDURE

If an employee of this Department is experiencing a personal hardship that may require departmental support through a temporary alternative work schedule, a

request for a temporary modified work schedule may be submitted for consideration and approved under the following conditions:

- A. The hardship is real and merits consideration;
- B. The request for a modified work schedule must be reasonable and appropriate;
- C. The request must be temporary with an identified end date;
- D. The request must be initially discussed with the employee's immediate supervisor. It shall be the responsibility of the supervisor to inform the respective manager and ensure there is mutual consent. If there is mutual agreement in the terms and conditions of the modified work schedule, the request must be submitted to the immediate supervisor for approval;
- E. The request must be submitted in a memorandum format with sufficient details that will enable the Department to make a sound decision (Attachment A);
- F. Upon approval by the immediate supervisor, it will be forwarded to the respective manager for approval, who will forward to the Executive Director with a recommended course of action; and
- G. The Executive Director will review the request with the respective manager to ensure that:
 - 1. There is minimal impact to the operations;
 - 2. It does not create additional hardship to co-workers or the work activity;
 - 3. It is consistent with County Policy and the employee's Bargaining Agreement or Memorandum of Understanding;
 - 4. It is not detrimental to the Department and its operations; and
 - 5. It is not detrimental to the respective employee.
- H. Once approved, a copy will be forwarded to all parties involved and the original will be kept on file with the designated personnel office manager and in the secured Department Personnel Files.

V. QUESTIONS REGARDING THIS DIRECTIVE

May be referred to the Executive Director of EEDD via Managers or designee.

VI. UPDATE RESPONSIBILITY

The Executive Director of EEDD and/or designee shall be responsible for updating this directive, as appropriate.

VII. APPROVED



JOHN M. SOLIS
EXECUTIVE DIRECTOR

JMS:rg

MEMORANDUM

(Insert Date)

TO: Executive Management

FROM:

SUBJECT: REQUEST FOR A TEMPORARY MODIFICATION TO THE DAILY WORK SCHEDULE

The purpose of this memorandum is to request a temporary modification to my work schedule.

Background

(Describe the current situation that will prevent you from working the traditional work schedule. Without compromising any confidential information, provide sufficient detail that would support the request.)

Request

It is recommended that my work schedule be modified as follows from (insert date) through (insert date):

Day of the Week	Start Time	Lunch Time	End Time	Hours Worked
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Justification

(Please identify the rationale and/or the benefit to the Department.)

