DHR-CC4039
9/08

Date: _____

DHHS
36/48 Work Schedule Contract
for
Health Care Technicians
Licensed Practical Nurses
Registered Nurses

I, _____, agree to work the 36/48 Hour Plan on the
(Print Name)
_____Unit at _____.
(Unit Name) (Facility Name)

1. I understand that the schedule shall be an alternating schedule of one week of three 12-hour shifts (36 hours) and one week of four 12-hour shifts (48 hours) for a 2 week schedule.

2. I understand the 12-hour shift includes a 30 minute meal break which will be scheduled within the normal work hours and shall not be scheduled at the beginning or end of the work shift. My schedule is: _____

3. I understand that shift premium pay will be paid for hours actually worked on second and/or third shift.

   Weekday Evening _____% Weekend Day _____%
   Weekday Night _____% Weekend Evening _____%
   Weekend Night _____%

4. I understand that any hours worked in excess of 40 hours will be paid at the rate of time and one-half of regular hourly rate of pay. During the 36 hour schedule week the employee is paid for 40 hours therefore no overtime is earned unless the employee works in excess of 40 hours that week. During the 48 hour schedule week the employee is paid for the 8 hours of overtime and any additional hours of overtime during that week.

5. I understand that hours worked in excess of regularly scheduled shift hours must be approved by the supervisor.

6. I understand that at the discretion of management, an employee may be reassigned from the Two Week Plan if their overall work performance does not meet job expectations.

7. I understand that in order for this Two Week Plan to be effective, I (the employee) must work as scheduled; therefore 2 episodes of absenteeism/tardiness in a six-month period will be considered excessive. Employees with excessive absenteeism/tardiness may be rescheduled to a regular 40-hour schedule at the discretion of the Director of Nursing.

8. I understand that this schedule may be terminated at any time should the status of patient needs and unit coverage change. Participating employees will be notified should the two-week schedule cease with a requirement to return to a regular 40-hour work schedule.

This Two Week Plan is considered to be an on-going exception. Facilities are expected to maintain data on overtime expenditures previously to and after implementation of the Plan. The Two Week Plan may be continued or discontinued at individual facilities based on the success of its use.

I understand the terms of this schedule and agree with the conditions set forth above:

_____	_____
Employee Signature	Date
_____	_____
Manager's Signature	Date
_____	_____
HR Manager Signature	Date