



TRAINING UPDATE

Lab Location: GEC, SGAH & WAH
Department: All staff

Date Distributed: 1/2/2013
Due Date: 1/31/2013

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
TOP (Time Off with Pay) Request SGAH.L19, WAH.L19, GEC.L17 v004
Description of change(s):
Section 5: Item D added Section 7: update reference Section 9: Add TOP Borrowing form

Document your compliance with this training update by taking the quiz in the MTS system.

Approved draft for training all sites (version 004)

Non-Technical SOP

Title	TOP (Time Off with Pay) Request	
Prepared by	Leslie Barrett	Date: 3/15/2009
Owner	Robert SanLuis, Lori Loffredo	Date: 11/26/2012

Laboratory Approval		
Print Name and Title	Signature	Date
<i>Refer to the electronic signature page for approval and approval dates.</i>		
Local Issue Date:		Local Effective Date:

12 month (or new) management review and approval: Signature acknowledges SOP version remains in effect with NO revisions.		
Print Name	Signature	Date

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1. PURPOSE

Full time and part time (standard 20 hours per week) employees accrue TOP (Time Off with Pay) based on hours worked each pay period. All eligible employees must submit their TOP requests **via WorkForce Central** four weeks prior to request date, if possible.

Note: REQUESTS WILL NOT BE HONORED OR APPROVED UNLESS THEY ARE SUBMITTED VIA WORKFORCE CENTRAL.

2. SCOPE

Supervisors may honor TOP requests of one day with less than four weeks notice provided

- 1) Staffing allows for TOP requested with no utilization of over time.
- 2) The request is submitted via WorkForce Central and the employee discusses the request with his/her Manager or Lab Director.

If the amount of TOP requested exceeds the TOP accumulated to date, the employee is required to borrow TOP, **if and only if they meet the minimum TOP Borrowing Minimum Requirements (See section 5.D).**

Any request for two consecutive weeks requires four weeks notice. Requests for more than two consecutive weeks have additional requirements as outlined in the procedure.

Time off without pay cannot be approved.

No more than two consecutive weeks TOP will be approved during prime vacation periods (Memorial Day through Labor Day, and Thanksgiving through New Year’s Day). There are no exceptions.

Form revised 3/31/00

3. RESPONSIBILITY

The Regional Laboratory Director or Laboratory Operations Director is responsible for content and review of this procedure.

All Laboratory staff must have knowledge of and comply with this procedure.

4. DEFINITIONS

ES – Employees Services

WorkForce Central – employee electronic time keeping system also known as Kronos

5. PROCEDURE

A. General Information

1. Requests for TOP over a holiday require the WorkForce Central Request be submitted six weeks prior to the request date. Employees are required to rotate holidays and requests for holiday time off may be denied should the same holiday be requested two consecutive years.
2. Should the amount of TOP requested exceed the TOP accumulated to date, the employee is required to borrow TOP, [if the minimum requirements are met. Refer to section D.](#)
3. It is recommended that no more than two consecutive weeks be granted to any employee providing four weeks notice.
 - a. Any leave duration of three weeks requires six months notice and the approval of the Laboratory Operations Director. If approved, the manager must send an email to the ES Hospital Representative the day the TOP begins and the expected return to work date. The manager should also notify the ES Hospital Representative when the employee returns to work.
 - b. No more than three weeks leave will be granted.
 - c. **Only one leave request will be accepted 6 months to 1 year in advance per employee.**
4. A small portion of unused TOP may be carried over into the current year. Because of this limitation, employees are encouraged to schedule TOP during each quarter of the year.

B. Process

1. A TOP request in WorkForce Central requires date TOP begins, date TOP ends and hours per TOP day requested. Please note if you include weekend dates, TOP will be paid out for weekend days an employee requests as part of TOP. The employee is

paid according to what he/she requests in WorkForce Central. Employees with questions should consult with their manager or director prior to submitting in WorkForce Central.

2. The employee is responsible for informing the supervisor/manager if accrued TOP is not adequate to cover the requested time off. **Refer to section D. Time off without pay cannot be approved.**
3. Employees who do not accrue TOP must submit TOP requests via a manual form (see addenda). All other conditions in this policy apply.
4. Non Exempt employees TOP may be taken in half hour increments.
5. Use of TOP does not eliminate the need to work an assigned holiday or weekend.
6. No more than two consecutive weeks TOP will be approved during prime vacation periods (Memorial Day through Labor Day, and Thanksgiving through New Year's Day).
7. Approval of TOP must comply with scheduling constraints. Refer to section C below.

C. Maximum TOP Approval by Section

SGAH						WAH				
Phleb	Front Desk	Spec proc	Blood Bank	Core Lab	GEC	Phleb	Front Desk	Spec proc	Blood Bank	Core Lab
2	1	1	1	Day 2	1	2	1	1	1	Day 2
				Eve 1						Eve 1
				Night 1						Night 1

D. Borrowing TOP

1. If the amount of TOP requested exceeds the TOP accumulated to date, the employee must meet the minimum requirements listed below **AND** must complete a TOP Borrowing form. The completed form is submitted to the supervisor.
2. TOP Borrowing Minimum Requirements:
 - a. Employees should have at least one (1) year of service.
 - b. Employees should not be in formal disciplinary process or on written performance plan.
 - c. Employees should not be in the circumstance of having given notice of intent to leave the company (or of being laid off).
3. An employee can borrow 40 hours of TOP provided they will accrue that time in the current TOP year. Borrowing TOP requires the signatures of the section Supervisor/Manager and the Regional Laboratory Director for up to 40 hours. Borrowing **more** than 40 hours requires the signature of the ES Director.

Form revised 3/31/00

6. RELATED DOCUMENTS

None

7. REFERENCES

Your Employee Handbook, Quest Diagnostics Incorporated, Jan 2012.

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes SOP L021.01		
000	3/15/2009	Purpose: Hour requirement for part time accrual Item A.3.a: added ES notification	L. Barrett	L. Loffredo
001	3/22/2010	Updated owner Section 5: Item C added Section 7: updated reference	L. Barrett	L. Loffredo
002	8/15/2011	Update owner Add WorkForce Central throughout. Add TOP borrowing, remove TOP without pay. Update TOP approval by section Section 7: update reference Section 9: revise TOP form	L Loffredo E Abram	L. Loffredo
003	11/26/2012	Update owner Section 5: Item D added Section 7: update reference Section 9: Add TOP Borrowing form	L Loffredo E Abram	L. Loffredo

9. ADDENDA AND APPENDICES

TOP Request Form (see Attachment Tab of Infocard)

[TOP Borrowing Acknowledgement Form](#) (see Attachment Tab of Infocard)



TOP Borrowing Acknowledgement Form Nichols Institute Chantilly

To Be Completed in the Event that TOP is Borrowed

I understand that borrowing TOP is at the discretion of the local business unit. I am requesting to borrow TOP and I understand that the hours borrowed will be deducted from my TOP bank as I am borrowing TOP before it is earned. TOP that is borrowed is considered to be a loan from the Company and must be repaid to the Company if my employment ends and I have a negative balance.

Employees may be permitted to borrow up to forty (40) hours of TOP with the approval of their department director. Also, any advance of TOP beyond forty (40) hours must be approved the Director of Employee Services.

I also understand that I am requesting to borrow _____ hours of TOP. If my employment should terminate, either voluntarily or involuntarily, while I still have a negative TOP balance, I authorize Quest Diagnostics to deduct up to the number of hours stated above, at my salary in effect at the time, from my last paycheck to the extent permitted by federal and/or state law. I also understand that any remaining balance is owed to the Company and I will pay it back. This amount to be repaid to the Company will be reduced as I accrue additional TOP as an active employee and the deduction from my last paycheck will be reduced accordingly. As necessary, I will also sign any additional documents to allow for this deduction as required by the Company to ensure compliance with appropriate laws.

Please attach the supporting documentation.

Employee Name (Please Print): _____ Employee ID: _____
Employee Department: _____
Dates requested for TOP: _____ Hours to be accrued by year end: _____
Employee Signature: _____ Date: _____

Supervisor/Manager and Department Director Approval

Supervisor/Manager Approval Signature: _____ Date: _____
Department Director Approval Signature: _____ Date: _____

Employee Services Director Approval

ES Director Approval Signature: _____ Date: _____
(Required for any borrowing over 40 hours)