

TRAINING UPDATE

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

Date Distributed: 8/15/2014
Due Date: 9/15/2014
Implementation: **9/15/2014**

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:

TOP (Time Off with Pay) Request GEC.L16 / SGAH.L19 / WAH.L19 v6
TOP Borrowing Acknowledgement Form AG.F225.3
Schedule Change Request AG.F63.1

Description of change(s):

Section 5: Item B.5 revised to add weekend coverage

5. Use of TOP does not eliminate the need to work an assigned holiday or weekend. In addition, if the requested TOP time overlaps the employee's regularly scheduled weekend or their routine schedule includes weekends (i.e. Sun-Thurs schedule), the employee must obtain coverage for the weekend shifts. Complete and submit a Schedule Change Request form.

Section 6: add Schedule Change form

This revised SOP will be implemented on September 15, 2014

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

Approved draft for training all sites (version 6)

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:

Review:		
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). 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.

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. **In addition, if the requested TOP time overlaps the employee's regularly scheduled weekend or their routine schedule includes weekends (i.e. Sun-Thurs schedule), the employee must obtain coverage for the weekend shifts. Complete and submit a Schedule Change Request form.**
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 both a TOP Borrowing form and a TOP – Authorization for Deduction from Final Paycheck form. The completed forms are submitted to the supervisor.
2. TOP Borrowing Minimum Requirements:
 - a. Employees must have at least one (1) year of service.
 - b. Employees must not be in active Corrective Action, written warning level or above.
 - c. Employees must not be in the circumstance of having given notice of intent to leave the company including Reduction in Force.

Form revised 3/31/00

3. The following specific guidelines should be used in deciding borrowing issues:
 - a. For a single event an employee may borrow up to one week of routinely scheduled hours with supervisory approval provided their TOP balance does not exceed negative 80 hours.
 - b. In certain circumstances, such as the waiting period for Short Term Disability, employees may borrow up to two weeks of routinely scheduled hours in a single event provided their balance does not exceed negative 80 hours and they will be able to earn back the hours borrowed before the end of the TOP Plan Year end.
 - c. Work Force Central will impose a cap on borrowing at negative 80 hours. An employee will not be able to request time in excess of negative 80 hours.
 - d. At the time of the request the employee will receive a notice in Work Force Central that borrowing TOP is considered a loan from the company and they are expected to pay it back if they leave the company with a negative balance.
 - e. Prior to approving a request to borrow TOP a supervisor should consult with their manager.
 - f. At the time the supervisor approves the request in Work Force Central they will receive a reminder that the employee's balance is negative and a TOP – Authorization for Deduction from Final Paycheck form should be signed by the employee and kept on file.
 - g. Management may encourage use of borrowing where it allows broader scheduling throughout the year for operational effectiveness.
 - h. An employee **calling out on an unscheduled absence** who does not have TOP available may borrow TOP subject to supervisor approval. However they are not required to borrow TOP (only applies to a call out).
4. All forms are retained in the employee's personnel file.
5. An employee can borrow 80 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.
6. For employees on a leave of absence covered by Short Term Disability or Workers' Compensation, TOP/PTO may only be borrowed to provide payment for such required waiting periods provided the employee will not end the plan year in a negative balance. Employees are not required to borrow TOP/PTO if their current accrued balance does not cover this amount of time. If they choose not to borrow hours, are at the maximum borrowed allotment of eighty-hours (80), or the request to borrow is denied by the business unit, those hours will be unpaid.
7. Employees taking a leave of absence, including an intermittent FMLA leave or a leave not covered by Short Term Disability, Workers Compensation or other state disability are eligible to borrow TOP/PTO according to the TOP/PTO Borrowing Policy. Employees must use TOP/PTO to satisfy the disability waiting period, if they have a positive TOP/PTO balance. If an employee has an unscheduled absence and has a TOP/PTO balance of negative 80 as of the most recent pay period prior to the absence, the absence will be unpaid.

6. RELATED DOCUMENTS

- TOP Request Form (AG.F131)
- TOP Borrowing Acknowledgement Form (AG.F225)
- TOP/PTO - Authorization for Deduction from Final Paycheck Form (AG.F263)
- Schedule Change Request** (AG.F63)

7. REFERENCES

- Your Employee Handbook, Quest Diagnostics Incorporated, Jan 2012.
- TOP/PTO Borrowing Policy, Quest Diagnostics, 9/19/13

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
004	11/11/2013	Section 5: Item D revised to add guidelines from corporate policy, ES approval removed Section 6: forms moved from section 9, add Authorization form Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13.	L. Barrett	L. Loffredo
5	8/6/2014	Section 5: Item B.5 revised to add weekend coverage Section 6: add Schedule Change form	L. Barrett	L. Loffredo

9. ADDENDA AND APPENDICES

None



- Germantown Emergency Center
- Shady Grove Adventist Hospital
- Washington Adventist Hospital

SCHEDULE CHANGE REQUEST

Date of Request: _____

Shift Date	Shift Time Range <small>(Ex 0630-1500)</small>	Shift Location <small>(WAH, SGAH, GEC)</small>	Person Scheduled for Shift <small>(Print Name Legibly)</small>	Person Who Will Work Shift (Print) <small>(Print Name Legibly)</small>

I/we understand that this agreement must be upheld and presented to the supervisor with at least 72 hours notice. The same work schedule and assignments will be carried out as outlined on the posted schedule.

Notes:

- shift changes that result in overtime accrual will not be approved
- the person picking up the shift must have a similar skill set

Signature of person 1 (requesting change)

Signature of person 2 (working the shift)

Supervisor/Manager Signature & date

Approved: Denied:



TOP Borrowing Acknowledgement Form East Region

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 eighty (80) hours of TOP with the approval of their department director.

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: _____ TOP hours requested (#): _____

TOP hours available today: _____ 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: _____