

	TITLE: Immunology Laboratory Paid Time Off (PTO) Request Procedure		DEPT OF LAB MEDICINE Policy and Procedure Manual
			DOCUMENT IMM 132
			Page 1 of 4
WRITTEN BY: Teodorico Lee Penny Smith	EFFECTIVE DATE: November 13, 2001	REVISION: July 31, 2012	SUPERCEDES:

I. Purpose

The purpose of this policy is to define the Immunology Laboratory’s guidelines for the requesting and granting of scheduled time off under Yale New Haven Hospital’s Paid Time off Program (PTO) (Human Resource Policy # H:18. (<https://hr.ynhh.org/newynhh/policy/h18.pdf>)). This policy will include guidelines for requesting individual days off as well as PTO and vacation selection and applies to all personnel of the Immunology, Molecular, and Flow Cytometry laboratories and will be administered in a fair and equitable manner.

II. Eligibility

All regular employees with 24 or more scheduled hours are eligible to participate in the Paid Time Off Program (PTO). Employees earn PTO for each benefit month after the first 90 days of employment, except when on an unpaid leave of absence. Regular part time employees earn PTO benefit month on the basis of hours paid, excluding hours over 40 in any workweek. Exact earning of PTO is detailed in the HR Policy #H:18.

III. General Considerations

The Department endeavors to meet the needs of all employees, services provided by the laboratory directly affects patient care. This service must be provided on an uninterrupted basis for the YNHH patients and Outreach clients. Service needs require maintaining a level of adequate minimum staffing at all times, including holiday periods.

IV. Use of PTO

PTO will be used to cover the following in accordance with HR Policy #H:18.

1. Scheduled day(s) off
2. Scheduled vacation
3. Hospital holidays
4. All unscheduled time off
5. Requesting Scheduled Days Off
 - a. All request for scheduled time off must be made in writing to the Laboratory Manager or the Assistant Chief Technologist. Routine requests must be made at least 7 days in advance. Emergency PTO (less than 7 days in advance) can be granted at the discretion Laboratory Manger and his/her absence the Assistant Chief Technologist.
 - b. Include the date(s) and a signature
 - c. Use Form IMM132-C for application for PTO day(s).

6. Granting Scheduled Days-Off

- a. All requests for scheduled time-off must be approved by the Laboratory Manger and his/her absence the Assistant Chief Technologist.
- b. PTO day(s) will be granted only if the schedule permits and there is adequate staffing to cover all necessary laboratory functions. Only one LA or Lab Technician, one Flow MT/MLT, one Molecular MT/MLT, one Day shift Immunology MT/MLT (except during the summer months when 2 MT/MLT's will be permitted off) and one evening shift MT/MLT can be off at a given time. Exceptions can be made at the Lab Managers discretion providing the minimum number of techs needed in each department is met. All requests will be reviewed on a case by case basis.

Minimum need:

LA/Lab Technician – 2

Molecular MT/MLT – 2

Flow MT/MLT s – 4

Immunology Day Shift MT/MLT – 6 Techs

Immunology Evening Shift MT/MLT – 1 Tech

- c. The limit for requesting consecutive PTO days is 3 days. A request for more than 3 days will be considered a vacation request.
- d. PTO may be requested for portions of the day and will be granted to cover appointments so that an individual can complete their needs and then return to work, subject to the same criteria as above.
- e. Employees have the option of using PTO or Flex time for an absence from scheduled work of two hours or less per day. If the absence is more than two hours, the total number of hours needed to supplement the regular schedule must be charged to PTO.
- f. Scheduled days off will not be granted in cases where an employee has exhausted all their PTO. **Employees should manage their PTO hours so as not to be confronted with this situation.**

V. Vacation Requests

1. Requests for vacation and/or PTO days shall be written on the provided vacation form (Doc# Imm 132-B) and submitted to the Laboratory Manger or Assistant Chief Technologist in accordance with the allowable time period. If an employee does not submit a vacation form within this time period, they will only be allowed to select vacation weeks after the initial vacation selection has been completed.
2. Vacation can only be requested for Monday thru Friday. Weekend dates will not be part of the vacation request.
3. Priority week(s), if any, should be starred. Include alternate dates when possible. Remember, vacation requests are just that, a request for time off. **Don't make plans in advance since**

vacation requests may not always be granted.

4. Vacation selection will take place twice annually as follows:
 - August Selection - December 1st to May 31st
 - February Selection - June 1st to November 1st
5. Summer Vacation
 - a. Full-time employees will only be granted 2 full weeks or 10 total PTO days during the summer months of June, July and August.
 - b. Part-time employees will only be granted 2 full weeks or 6 total PTO days during the summer months of June, July and August.
6. Special Requests
 - a. Request for special vacations are to be submitted to the Laboratory Manager, in writing, as soon as the request is known and before vacation selection has occurred. Special requests cannot be honored after vacation selection has taken place.
 - b. If a special request is granted, priority will be given to the special request above all other vacation/PTO requests.
 - c. Only one special request per person will be granted every 3 years
 - d. Requests for vacation or PTO weeks other than the special request will be given the least priority.
 - e. Special requests cannot exceed 3 consecutive weeks or 15 consecutive business days.**
7. Vacation requests made after vacation selection must be made at least 30 days in advance. Granting these requests will follow the same rules as vacation selection.
8. Holiday Weeks
 - a. Full weeks will not be granted the weeks containing Thanksgiving, Christmas and New Years Day. Individual PTO days will be granted to allow more than one person off at a time.
 - b. More than one person from each section may be granted PTO days during Holiday weeks based on Managers Discretion and the minimum needed is met.
9. Granting of vacation requests
 - a. Only one LA or Lab Technician, one Flow MT/MLT, one Molecular MT/MLT, one Day shift Immunology MT/MLT (except during the summer months when 2 MT/MLT's will be permitted off) and one evening shift MT/MLT can be off at a given time. Exceptions can be made at the Lab Managers discretion providing the minimum number of techs needed in each department is met. All requests will be reviewed on a case by case basis.

Minimum need:

LA/Lab Technician – 2

Molecular MT/MLT – 2

Flow MT/MLT s – 4

Immunology Day Shift MT/MLT – 6 Techs

Immunology Evening Shift MT/MLT – 1 Tech

- b. Decision will be based on the following in the order listed :

1. Special requests (if granted)
2. Full weeks will be granted over individual PTO days.
3. Whether or not an agreement can be reached resulting in a favorable outcome for all parties.
4. Consideration of whether one has taken the same day/week within the previous **two years**.
5. Hospital Seniority.

If there is an operational emergency vacations/PTO requests may be canceled at the Manager's discretion.

VI. Vacation Cancellation

Any cancellation should be communicated to the Laboratory Manager as soon as it is known so that the request can be taken from the calendar and become available to someone else. It is also the Laboratory manager's right to cancel vacations if there is an operational emergency.

VII. Kronos

Each employee is responsible for updating their Kronos time card located on the L:Drive (L:\Immunology\Kronos). The follow information must be entered:

1. Any time off, including PTO days, vacation weeks, sick days etc.
2. Any deviations from a routine shift, includes coming in late, leaving early, and any overtime worked. If the time missed is 2 hours or less, please indicate whether flex or PTO will be used. **If an employee does not specify PTO or flex on their Kronos time card, PTO will be added.**
3. An Edited Overtime Authorization form (Doc# IMM 132-D) must filled out when an employee swipes in early or late creating an overtime event in Kronos during which no work is performed.

VIII. Appendix

132-B		Vacation Selection Form
132-C		PTO Request form
132-D		Edited Overtime Authorization Form

VACATION SCHEDULING REQUEST

Doc# 132-B

Please indicate vacation time requested for the period:

Return this form to JR/Penny no later than:

NAME: _____

DATE OF REQUEST: _____

(Please specify actual days in the blank below).

Use For whole week requests

1. WEEK OF: _____

2. WEEK OF: _____

3. WEEK OF: _____

4. WEEK OF: _____

Use for PTO day requests

1. DAY/DAYS: _____

2. DAY/DAYS: _____

3. DAY/DAYS: _____

4. DAY/DAYS: _____

COMMENT:

PTO REQUEST FORM
For use by: Direct Reports to
Teodorico Lee
Doc# Imm 132-C

I, _____, would like to
_____ request PTO

for the following dates:

Signature

Date

APPROVED BY:

Teodorico Lee
Manager
Immunology/Flow Cytometry/Molecular Diagnostics

Date

Form to be submitted and signed by Teodorico Lee/Penny Smith, at **minimum one week** prior to time being requested. Form can be submitted via hard copy.



Immunology/Flow Cytometry/Molecular Diagnostics

EDITED OVERTIME AUTHORIZATION FORM

This form will be completed when an employee swipes in early or out late creating an overtime event in Kronos. By signing this form, the employee declares that no work was performed during the time period listed. In addition, He/She agrees that the overtime will be edited from the time card and no overtime pay will be awarded.

DATE AND TIME: _____

EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

.....

Approved / Disapproved

Init: _____

Entering your First Name and Last Name is considered an e-signature

