

Request for Waiver of Temporary Employee Hours

Requests are required for temporary employees expected to work over 1,280 hours in a calendar year. Hours that result in any temporary employee working 1,560, or more, hours in any 12 month period may result in your agency/department being responsible for paying penalties of up to \$3,000.00, or more, for that employee. Each request must include the following information and you may use a spreadsheet when requesting waivers for multiple temporary employees.

Requests should be submitted to: DHR.Temps@Vermont.gov

Requesting Waiver for Calendar Year :

Department Name:

Name and Title of the individual submitting this request:

Temporary Employee Information

Employee Name:

Employee ID:

Position Number:

Title:

Number of total hours requesting for the Calendar Year:

Number of hours worked to date beginning with the pay period containing January 1st of the relevant year:

Please indicate start and end dates for above calculation : **Start** 01/01/____ **End** ____/____/____

Affordable Care Act (ACA) Penalty Fee

Does the agency/ department understand that temporary employees working 1,560 hours in a **calendar year** may result in the agency/ department incurring up to a \$3000.00 penalty , or more, per temporary employee meeting the above mentioned hours under the ACA?

I acknowledge

Does the agency/ department understand that temporary employees working 1,560 hours, or more, in a **12 consecutive month period** may result in the agency/ department incurring up to a \$3000.00 penalty , or more, for that employee?

I acknowledge

Does the Agency/Department have sufficient budgeted funds to pay such fines if and when they are incurred?

Yes **No**

Please provide a detailed justification of why a waiver should be granted for each temporary employee, including detailed responses to the following questions. If additional space is needed, you may answer questions on a separate document and attach to this form.

1. Provide a brief description of the specific work performed by each temporary employee. Do not cut and paste from job specifications.

2. Explain why the temporary employee(s) cannot stay within the original requested hours for the Calendar Year ?

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3. Explain why additional temporary positions cannot be utilized to ensure all temporary employees stay within the hour limitation?

4. Explain why other existing temporary employees cannot be assigned more hours to ensure all stay within the hour limitation? This question is especially important for 24/7 operations.

5. Explain why classified employees cannot perform the work within their regularly scheduled hours to avoid overuse of temporary positions?

6. For departments with a position pilot program (as authorized by Act 179, Section E.100(d)): Explain why the temporary positions associated with your waiver request are not candidates for conversion under the terms of the pilot?

7. Is there an expectation that the temporary position(s) associated with your waiver request will be needed on a continuing basis to perform an ongoing function? If yes, please explain. If no, how long do you anticipate needing the temporary position(s)?

Appointing Authority Signature:

Date:

By signing this form you certify that you understand the impact of failure to comply with the limit on the use of temporary employees. You further understand that your agency or department may be liable for payment of up to \$3,000.00, or more, for each temporary employee working 1,560, or more, hours in a 12 month consecutive period.

Commissioner Approval Signature

Date:
