

## Request for Waiver of Temporary Employee beyond Statutory Limits

Requests are required for temporary employees expected to work over 1,280 hours in a calendar year or seasonal temporary employees expected to work over seven months in a calendar year. Each request must include the following information and you may use a spreadsheet when requesting waivers for multiple temporary employees.

**DHR Administrators will submit request 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/months requesting for the Calendar Year:

Number of hours/month 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

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 or more, for that employee.

Does the agency/ department understand that temporary employees working 1,560 hours in a **calendar year** may result in the agency/ depart-ment 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 \$3,000.00 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 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. Describe the “bona fide emergency” that would occur should this employee not be authorized to work in excess of 1,280 hours/seven months.

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## Request for Waiver of Temporary Employee beyond Statutory Limit

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3. Explain why the temporary employee(s) cannot stay within the statutory limits for the Calendar Year?

4. Explain why additional, or other existing, temporary employees cannot be assigned the additional work to ensure all stay within the statutory limits? 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)?

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***By signing this form you certify that you understand the impact of failure to comply with the limit on the use of temporary and seasonal 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.***

**Appointing Authority Signature:**

**Date:**

**DHR Commissioner Signature**

**Date:**