

ADMINISTRATIVE REGULATION

Vacation Accrual for Shift Police Employees

Number: AR-2005-16

Eff. Date: 09/12/2005

Supersedes: AR-2005-15

Date: 08/01/2005

City Manager's Approval: _____

SECTION 1. PURPOSE

The purpose of this regulation is to outline the way holidays will be treated for all police officers that work shift work.

SECTION 2. POLICY

It is the policy of the City of Aztec to treat all employees fair in regards to holidays. Since police officers must work their standard 43 hours in each and every week they are not allowed to be off for holidays. Police officers working shift schedules will be given additional vacation time instead of holiday time.

SECTION 3. PROCEDURE

Police officers working shift schedules will accrue vacation per years of service as outlined in the personnel handbook plus an additional 3.8462 hours bi-weekly. This equates to the following when your regularly scheduled pay period is 80 hours:

TOTAL YEARS OF SERVICE WITH THE CITY	BI-WEEKLY <u>HOURS</u> ACCRUED
0-4 Years inclusive	6.9262
5-14 Years inclusive	8.4662
15 or more Years	10.000

Calculating hours to be accrued:

- 0-4 years Bi-weekly rate 3.8464% x 80 hrs = 3.08 (3.08 + 3.8462 = 6.9262 Bi-weekly hours accrued)
- 5-14 years Bi-weekly rate 5.7693% x 80 hrs = 4.62 (4.62 + 3.8462 = 8.4662 Bi-weekly hours accrued)
- 15+ years Bi-weekly rate 7.6928% x 80 hrs = 6.154 (6.154 + 3.8462 = 10.00 Bi-weekly hours accrued)

No more than 55 days (440) hours of Annual Leave (vacation) shall be carried from one calendar year to a subsequent calendar year, per personnel policy.

SECTION 3. ACTION NECESSARY

This document shall be signed by the employee and returned to the Human Resources Department within 10 days of receipt.

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Vacation Accrual for
Shift Police
Employees

(Date of Receipt)

I _____ am in receipt of the Administrative Regulation entitled Vacation Accrual for Shift Police Employees and understand that I am required to read and become familiar with this regulation. If I have questions or need further clarification I will contact my Supervisor/Department Head, City Manager or the Human Resources Department.

Employee Signature

Date

For Human Resources Use Only

Date
Received: _____

HR Representative: _____