



**Green Mountain
Flagging, LLC**

GMCS and GMF Part Time Paid Time Off Policy

Purpose

GMCS/GMF is pleased to be offering its part time employees a new Paid Time Off policy (PTO), accruing at 1 hour per every 40 hours worked for eligible employees. Employees are encouraged to schedule sufficient time off for relaxation to promote employee wellness. An employee may use this leave for any purpose they wish, including vacations, unpaid holidays, illness or time away from work for personal or family matters. Absences should be scheduled in advance with supervisory approval and should replace a normally scheduled shift. Unscheduled absences are strongly discouraged, except in emergency situations.

Eligibility

All employees are eligible for PTO that they accrue (1 hour for every 40 hours worked).

Accrued hours have a cap of 40 annually. If the 40 hour maximum is hit, no further time will accrue until available time is used.

Procedure

All requests for time off must be submitted using the Time off Request Form (attached here) and available upon request from HR (humanresources@gmcsusa.com). Requests must be submitted as far in advance as possible, **but at minimum they must be submitted 2 business days prior to the date requested.** Emergency requests will be addressed on a case by case basis, but must be submitted within 48 hours of the missed shift.

We expect and encourage that routine and recurring appointments be scheduled outside of normal work hours. **All requests for PTO must be for days that fall within normally scheduled or similar shifts.**

The Time off Request form must be submitted to the Manager or scheduling in order to be reviewed, and once approved it will be sent to HR for final approval. Forms may be emailed, faxed, mailed, or submitted in person. Calls and texts are not acceptable.

Please note that any hours worked under the Burlington Livable Wage Ordinance will accrue at a rate of 1 per 20

PTO/Time Off Request Form



**Green Mountain
Flagging, LLC**

Name: _____

Today's Date: _____

Date(s) Requested	PTO (Yes/No)	Hours Requested

Employee Signature

Date: _____

Approved:

Scheduling Manager

Date: _____

HR

Date: _____

Payroll Received Date/Initial: _____