

CITY OF AVON
MODIFIED WORK WEEK SCHEDULE PROGRAM

I. Authority.

Pursuant to Section 124.394 of the Ohio Revised Code, the City as an Appointing Authority may implement a Modified Work Week Schedule. The adoption of a Modified Work Week Schedule shall supersede any conflicting personnel policy and/or procedure while in effect.

The Employer is invoking this Program due to “fiscal emergency” as defined in Section 124.394 of the Ohio Revised Code.

Prior to implementing a mandatory Modified Work Week Schedule pursuant to the above, the City may elect to pursue a Voluntary Cost Savings and Layoff Aversion Plan, including application for a SharedWork Ohio (SWO) Plan (see Addendum). In order to fully pursue this alternative option, a minimum of two (2) volunteers from each affected unit is required, along with approval of the SWO Plan by the Ohio Department of Jobs and Family Services (ODJFS).

II. Purpose.

Our nation and our state have been experiencing difficult economic circumstances due to COVID-19, largely due to the shutdown of all non-essential businesses and services. As a governmental employer whose revenues are largely derived from income and property taxes, this situation has also negatively impacted the City’s receipt of revenues. Notwithstanding this, the City, as a provider of services, is charged with the responsibility of serving the public, and to that end, has determined it necessary to invoke cost savings measures in order to avoid layoffs.

III. Affected Classifications/Appointment Status.

Each non-bargaining unit (“exempt”) employee may be required to participate in the Modified Work Week (MWW) Program as outlined herein unless the City elects to proceed with the SWO Plan. The MWW program may be administered differently among employees based on their classifications, appointment categories, or other relevant distinctions as the City may determine necessary or appropriate. The City may modify or rescind this program as needed.

IV. Modified Work Week

The Modified Work Week (MWW) Schedule adopted may provide for a reduction from the usual number of hours worked during a week by any non-bargaining unit “exempt” employees immediately before the establishment of the program. The reduction in hours may include any number of hours so long as the reduction is not more than fifty percent

**CITY OF AVON
MODIFIED WORK WEEK SCHEDULE PROGRAM**

(50%) of the usual hours worked by exempt employees immediately before the establishment of the program.

For example:

- to accomplish a ten percent (10%) reduction in hours, work hours may be modified to thirty-six (36) hours per week by adjusting the quitting time by one hour on four (4) designated work days per week; or alternatively, by adjusting the starting and quitting times by one-half (1/2) hour on four (4) designated work days per week.
- to accomplish a twelve and one-half percent (12.5%) reduction in hours, work hours may be modified to thirty-five (35) hours per week by adjusting the quitting time by one hour on five (5) designated work days per week; or alternatively, by adjusting the starting and quitting times by one-half (1/2) hour on five (5) designated work days per week.
- to accomplish a twenty percent (20%) reduction in hours, work hours may be modified to thirty-two (32) hours per week by adjusting the work week to four (4) work days per week.

The City will provide affected employees with at least five (5) work days advance written notice of the implementation of any Modified Work Week.

ADDENDUM

**CITY OF AVON
VOLUNTARY COST SAVINGS AND LAYOFF AVERSION PLAN (VCSLAP)**

I. Plan.

To implement a voluntary cost savings and layoff aversion plan that will afford a necessary cost savings to the City in consideration of reduced business activity and reduced revenues, allow employees to remain working by reducing the work week, and thereby continue to provide essential City services. This Plan will be referred to as the Voluntary Cost Savings Plan (VCSLAP or Plan.) of the City of Avon. The Plan will commence June 21, 2020 and terminate not later than June 20, 2021.

This plan is being offered in an effort to avoid an estimated overall reduction in staffing twelve percent (12%) or more.

This Plan along with any necessary additions will also be submitted as a SharedWork Ohio (SWO) Plan through the Ohio Department of Jobs and Family Services (ODJFS), and if approved, the plans would run concurrently.

II. Affected Units.

Employees from the following work units are eligible to voluntarily elect to participate in the VCSLAP (Plan).

Administration – Full – time (FT)
Administration/Service – Full – time (FT)
Administration/Support – Full – time (FT)

Part-Time - Administrative Support
Part-Time - Senior Center
Part-Time - Service

To be eligible to participate in the Plan, an employee must complete and return the Voluntary Cost Savings and Layoff Aversion Plan Election Form and return it to Human Resources by the close of Business on May 18, 2020.

III. Reduced Work Week .

Option 1.

To accomplish a twelve and one-half percent (12.5%) reduction in hours, regular work hours will be modified to thirty-five (35) hours per week for full-time employees by adjusting the quitting time by one hour on the five (5) designated work days per week, Monday through Friday. The applicable employee and Department Head may mutually agree, in writing, to a variation of the modified work hours

ADDENDUM**CITY OF AVON
VOLUNTARY COST SAVINGS AND LAYOFF AVERSION PLAN (VCSLAP)**

Page 2

provided that regular hours worked are reduced to thirty-five (35) hours per week. For participating part-time employees, weekly work hours will be reduced by 12.5%.

Option 2.

To accomplish a twenty percent (20%) reduction in hours, regular work hours will be modified to thirty-two (32) hours per week for full-time employees by adjusting the work week to four (4) work days per week. For participating part-time employees, weekly work hours will be reduced by 20%.

The City may adopt one of the options for each work unit and employees in the affected unit will be advised of the available option in advance of having to make an election to participate.

IV. Benefits.

Health benefits will continue to be made available to full-time employees who elect to participate in the Plan. Paid leave benefits will continue to accrue in accordance with existing policy. Contributions will continue to be made to the applicable pension system (OPERS or OPFPF).

V. Hourly and Salaried Employees.

An employee exempt from the overtime provisions of the Fair Labor Standards Act shall have his/her annual pay divided by two thousand and eighty (2080) hours to determine an hourly rate of pay equivalent. Participation in this plan results in a 20% salary reduction.

Full-time hourly employees will work and be compensated based upon thirty-two (32) regular hours of work per week resulting in a 20% reduction in wages; part-time hourly employees will be compensated at the regular hourly rate with a 20% reduction in weekly work hours.

VI. Discontinuation or Modification

The City may discontinue the entire Plan upon providing all participating employees with advance written notice of at least fourteen (14) calendar days.

An individual employee's participation may be terminated by the City with advance written notice of five (5) working days. Such termination shall not be subject to

ADDENDUM

**CITY OF AVON
VOLUNTARY COST SAVINGS AND LAYOFF AVERSION PLAN (VCSLAP)**

Page 3

appeal.

An employee may request, in writing, to terminate his/her participation in the plan if he/she can demonstrate exigent circumstances and with at least five (5) working days advance notice. All requests are subject to approval of the Mayor or designee.

The Employer may, with written notice, modify the plan to add or remove a unit or adjust the reduction percentage. If the reduction percentage is adjusted employees will be provided at least five (5) working days to enroll or re-enroll.

**VOLUNTARY COST SAVINGS AND LAYOFF AVERSION PLAN ELECTION FORM
Full-Time Employees**

Employee: _____

Classification: _____

Affected Unit: _____

I voluntarily agree to participate in the Voluntary Cost Savings and Layoff Aversion Plan and agree to a reduced work week schedule of 32 hours per week (20% reduction) beginning June 21, 2020 and ending June 20, 2021.

I understand that my Department Head and I must agree in writing on my work schedule. I understand the Voluntary Cost Savings and Layoff Aversion Plan (Plan) and the impact on my employment as outlined in the policy. I understand that any questions should be directed to the Department Head or designee.

I acknowledge that I have voluntarily elected to participate in this Plan and that I may not appeal this reduction to the Civil Service Commission or through any grievance procedure. I understand that this reduction may impact certain paid leave benefits I receive as an employee.

The City may discontinue the entire Plan upon providing all participating employees with advance notice of fourteen (14) calendar days.

An individual employee's participation may be terminated by the City with five (5) working days' notice, in writing, to the affected employee. Such termination shall not be subject to appeal.

The employee may request to terminate his/her participation in the plan with five (5) working days' notice, in writing, if he/she can demonstrate exigent circumstances. All requests are subject to approval of the Mayor or designee.

Employee Signature: _____

Date: _____

Department Head Approval: _____

Date: _____

Mayor's Approval: _____

Date: _____

cc: Human Resources, Payroll, personnel file

**VOLUNTARY COST SAVINGS AND LAYOFF AVERSION PLAN ELECTION FORM
Part-Time Employees**

Employee: _____

Classification: _____

Affected Unit: _____

I voluntarily agree to participate in the Voluntary Cost Savings and Layoff Aversion Plan and agree to a 20% reduced work week schedule beginning June 21, 2020 and ending June 20, 2021. By participating in this Plan I understand that my work week hours will be reduced from _____ hours per week to _____ hours per week.

I understand that my Department Head and I must agree in writing on my work schedule. I understand the Voluntary Cost Savings and Layoff Aversion Plan (Plan) and the impact on my employment as outlined in the policy. I understand that any questions should be directed to the Department Head or designee.

I acknowledge that I have voluntarily elected to participate in this Plan and that I may not appeal this reduction to the Civil Service Commission or through any grievance procedure. I understand that this reduction may impact certain paid leave benefits I receive as an employee.

The City may discontinue the entire Plan upon providing all participating employees with advance notice of fourteen (14) calendar days.

An individual employee's participation may be terminated by the City with five (5) working days' notice, in writing, to the affected employee. Such termination shall not be subject to appeal.

The employee may request to terminate his/her participation in the plan with five (5) working days' notice, in writing, if he/she can demonstrate exigent circumstances. All requests are subject to approval of the Mayor or designee.

Employee Signature: _____

Date: _____

Department Head Approval: _____

Date: _____

Mayor's Approval: _____

Date: _____

cc: Human Resources, Payroll, personnel file

VOLUNTARY COST SAVINGS AND LAYOFF AVERSION PLAN MODIFIED WORK HOURS FORM

Employee: _____ Full-time Part-time
Classification: _____
Affected Unit: _____ Department: _____

Work Hours under the plan shall be modified as follows:

_____ From regular hours of _____ a.m. to _____ p.m. Monday through Friday to modified hours of working same daily hours on:

- Monday Thursday
- Tuesday Friday
- Wednesday

_____ From regular hours of _____ a.m. to _____ p.m. Monday through Friday to modified daily hours _____ a.m. to _____ p.m. Monday through Friday.

Other variation (please describe):

Employee Signature: _____ Date: _____
Department Head Approval: _____ Date: _____

cc: Mayor, Human Resources, Payroll, personnel file