



The Commonwealth of Virginia has adopted a provision in the 2013 Appropriations Act that limits the work hours of hourly employees who are not eligible for the State Health Benefits Program. This amendment was necessary to ensure compliance with the Affordable Care Act. The Commonwealth restricts hourly employees to work a schedule of 29 hours or less per week, on average, or less than 1500 hours annually from May 1 through April 30 (Standard Measurement Period). There is no good faith exception in the law. An employer is subject to penalty if an employee exceeds the legal limit by just one hour.

To ensure compliance with the legal mandate, William & Mary is limiting hourly employees to no more than a maximum of 1400 hours over the aforementioned measurement period. Any hours in excess of 1400 must be approved in advance so that employees do not exceed the 1500 hour limit.

Department/School		Org:
Employee Name/Banner Number		
Employee Title		
Supervisor Name/Banner Number		
Supervisor Email/Phone Number		

Instructions: Below is a 31 day calendar. Insert pay period number and then enter the number of hours the employee will work on that day. Enter hours for each day (1st through the 15th and 16th through the 31st) for both pay periods. Send completed forms to AskHR@wm.edu. Please provide the exact hour(s) distribution of the final two pay periods (up to the point the employee reaches the 1500 hour limit).

PP: #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Hours															

Total Number of Hours for PP: _____

PP: #	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hours																

Total Number of Hours for PP: _____

Please provide justification below:

I have read and understood the information regarding my hourly employee's restricted work hours. I agree that the information I provided on this form is true and accurate to the best of my knowledge. I will continue to monitor my hourly employees work hours to ensure that his or her hours do not exceed 1500 hours for the 12 month period ending the April 30th. Furthermore, I understand that failing to do so may result in disciplinary action.

Supervisor Signature _____ Date _____

For Human Resources Use Only Approved Denied

HR Reviewer Signature _____ Date _____