



The Commonwealth of Virginia has adopted a provision in the 2013 Appropriations Act that limits the work hours of wage 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, The College of William and 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 limit.

It is critical that that the supervisors monitor their employees' work hours so that the auditing process at the end of the Standard Measurement Period can be completed fluently.

Department/School	Click here to enter text.	VIMS <input type="checkbox"/>
Employee Name	Click here to enter text.	
Employee Banner #	Click here to enter text.	
Employee Title	Click here to enter text.	
Supervisor Name	Click here to enter text.	
Supervisor Banner #	Click here to enter text.	
Supervisor Title	Click here to enter text.	
Supervisor Email	Click here to enter text.	
Supervisor Phone Number (Extension)	Click here to enter text.	

Please provide the **exact** hour(s) distribution of the final two pay periods (up to the point he or she reaches the 1500 hour limit) planned for the employee.

Table Instruction: Replace “#” with number of hours. For “#” next to PP, designate the pay period. Enter hours for each day (1st through the 15th and 16th through the 31st) for both pay periods. [Click here for the date range of each pay period.](#)

PP: #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Hours	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	
PP: #	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hours	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#



Please type any justification below:

Click here to enter text.

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 employee's work hours to ensure that his or her hours do not exceed 1500 hours for the 12 month period ending the 30th of April. Furthermore, I understand that failing to do so may result in disciplinary action.

Click here to enter text.

Supervisor Name (Print)

Supervisor Signature

Date

-----For Human Resources Use Only-----

Approved

Denied

Reviewer Name and Signature

Date