



TO: Executive Compensation Plan
Instructional Staff, Non-Teaching
Civil Service Staff
Excluding B & G Plant Operations & Campus Security

FROM: Gloria Chao *[Signature]*

RE: Summer Work Schedules – Options for Four-Day Week – 2022

DATE: May 19, 2022

CUNY’s four-day summer workweek will be in effect from Monday, June 13, 2022 through Friday, August 12, 2022 excluding the workweeks that include Juneteenth (observed on Monday, June 20th), and Independence Day (observed on Monday, July 4th). Employees will work four (4) regular un-extended seven-hour days on Tuesday, Wednesday, Thursday and Friday in these two weeks. During the other four-day summer workweeks, the College will be closed on these Fridays: June 17th, July 1st, July 15th, July 22nd, July 29th, August 5th, and August 12th.

DC37 Local 924 has not agreed to CUNY four-day summer workweek for Laborers. Laborers who wish to work a four-day week may request working four regular days and requesting Fridays off.

Please select and check the scheduled option you prefer and return this form to officeofhumanresources@bmcc.cuny.edu on or before June 6, 2022.

OPTION 1 35-HOUR WEEK

- Work Monday through Thursday, 8 ¾ hours per day (1 ¾ hours extra per day). 8:30 a.m. to 6:00 p.m. – 45-minute lunch period. Off on Friday – no charge to annual leave.

If you take an annual or sick day, you will be charged for the number of scheduled work hours – 8 ¾ hours.

OPTION 2 28-HOUR WEEK

- Work your regular 7-hour schedule, Monday through Thursday. Charge one-day annual leave for Friday.

If you elect Option 2, please submit an approved application for leave form to request the 7 Fridays and other projected annual leave.

NOTE: THE SUMMER WORK SCHEDULE YOU SELECT AT THIS TIME CANNOT BE CHANGED AFTER JUNE 17, 2022.

Name (Print) _____

Signature _____ Date: _____

Department _____

Supervisor’s Signature _____

Date: _____

cc: EOC

**Borough of Manhattan Community College
Office of Human Resources Application for
Leave**

Name: _____ Department: _____

Type of Leave: Annual
 Compensatory
 Unscheduled Holiday
 Sick
 Temporary Disability Leave
(Medical Documents submitted
to HR: Yes No)

From: _____ To: _____

Total days/hours: _____

Employee's Signature

Date

Signature of Approving Officer

Date

Signature of Division VP/Dean

Date

Note: I. Signature of Division VP/Dean is required when Leave request in excess of 10 consecutive Workdays

II. For classified employees, where an illness is in excess of 3 consecutive work days, an original physician's certificate must be presented upon return.

III. For instructional staff employees, where an illness is in excess of 5 consecutive work days, an original physician's certificate must be presented upon return.

IV. Application for all leaves must be submitted to the Office of Human Resources prior to the beginning of the leave date.