



## **1500 Hour Compliance Monitoring Form**

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, any hours in excess of 1400 must be approved in advance by the RBC Office of Human Resources so that employees do not exceed the 1500 hour limit.

## It is critical 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.

| Employee Name   |  |  |  |  |  |  |   |   |      |   |   |  |  |
|---|--|--|--|--|--|--|---|---|------|---|---|--|--|
| Employee Title  |  |  |  |  |  |  |   |   |      |   |   |  |  |
| Supervisor Name   |  |  |  |  |  |  |   |   |      |   |   |  |  |
| Supervisor Title  |  |  |  |  |  |  |   |   |      |   |   |  |  |
| Supervisor Email  |  |  |  |  |  |  |   |   |      |   |   |  |  |
| Supervisor Phone Number   |  |  |  |  |  |  |   |   |      |   |   |  |  |
| . (Extension)   |  |  |  |  |  |  |   |   |      |   |   |  |  |
| 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. <u>Table Instruction</u> : For "#" next to PP, designate the pay period to be worked (i.e. May 3 – May 17). In the blank spaces, enter each day in the bi-weekly pay period(s) to be worked. Enter the number of hours to be worked for each day of the pay periods reflected below. The Bi-weekly Pay Period Schedule attached.         PP: # |  |  |  |  |  |  |   |   |      |   |   |  |  |
| Hours   |  |  |  |  |  |  |   |   |      |   |   |  |  |
|   |  |  |  |  |  |  | 1 | 1 | <br> | 1 | 1 |  |  |
| PP: #   |  |  |  |  |  |  |   |   |      |   |   |  |  |
| Hours   |  |  |  |  |  |  |   |   |      |   |   |  |  |
|   |  |  |  |  |  |  | 1 |   | <br> | 1 | 1 |  |  |
| PP: #   |  |  |  |  |  |  |   |   |      |   |   |  |  |
| Hours   |  |  |  |  |  |  |   |   |      |   |   |  |  |



## RBC OFFICE of HUMAN RESOURCES 1500 Hour Compliance Monitoring Form

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 30<sup>th</sup> of April. Furthermore, I understand that failing to do so **will** result in disciplinary action for both the employee **and the** supervisor.

| Supervisor Signature      | Date                   |
|---------------------------|------------------------|
| Employee Signature        | Date                   |
| Unit Head Signature       | <br>Date               |
| Approved Denied           | man Resources Use Only |
| Human Resources Signature | Date                   |