I. PURPOSE

To ensure proper staffing at all times.

II. DEFINITION

III. POLICY

All employees will report to work as scheduled.

IV. RESPONSIBILITIES

Radiology department

V. PROCEDURES/GUIDELINES

1. All employees will sign in at the front desk when they report to work.
2. Unclassified employees may sign in or their supervisor will indicate their presence.
3. In the event of illness or emergency the employee will notify the Front Desk, at extension 3122 at least one hour prior to the schedule start time or at the time when the division begins to work.
4. All requests for personal days are to be submitted on a request form at least one week prior to the day requested.
5. All employees are assumed to be scheduled for their regular shift on floating holidays unless they requested and are granted the day off or unless the department declares it a holiday to be covered with emergency.

6. Annual leave will be scheduled with the consent of each employee’s supervisor.
   - Except in extraordinary circumstances, annual leave should be limited to two weeks at a time.
   - All requests must be made in writing and should be made with as much notice time as possible.
   - Any leave that interferes with the function of the department will be denied.
   - Leave time, which has been granted, may be cancelled in emergency situations to cover the needs of the department.
   - Leave times must be granted in writing.

7. As per Health Science Center of Brooklyn (HSCB) policy for time and leave. Accurate and updated records of annual leave, sick leave and personal leave are maintained for each employee as appropriate to their bargaining unit.

8. Documented abusive sick leave patterns are reported to the department of Human Resources/Labor Relations Unit for the review and determination consistent with the time and attendance policy.

VI. ATTACHMENTS:

None

VII. REASON FOR REVISION:

Review

VIII. REFERENCES:

Joint Commission Standards
HR-10 Time and Attendance
http://www.downstate.edu/regulatory/pdf/policies/HR-10.pdf

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<th>Date Reviewed</th>
<th>Revision Required (Check One)</th>
<th>Responsible Staff Name and Title</th>
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<tr>
<td>4/2000</td>
<td>(Yes) No</td>
<td>James Shanahan, Administrator</td>
</tr>
<tr>
<td>9/2013</td>
<td>Yes (No)</td>
<td>Charles Carbone, Assoc. Dir. Radiology</td>
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<td>1/2015</td>
<td>Yes (No)</td>
<td>Charles Carbone, Assoc. Dir. Radiology</td>
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