Albertville City Schools

Employment Memorandum

To:	ACS Non-Exempt Support Employees	New Hire
From:	ACS Payroll Office	Transfer Position
Date:		Schedule Adjustment Part-Time/Temp
Employ	yee Name:	
RE:	Work Schedule/Overtime(OT)	
Your d	irect supervisor is:	
Your jo	b title is:	
The All	pertville City Board of Education has employed you on the following work sched	ule:
	Number of Contract Days:	
	Assigned Work Hours- Clock in: Clock out:	
	Assigned Lunchtime: One (1) hour or thirty (30) minutes Assigned Tir	me:
	Type of Lunchtime: Paid Lunch Duty Free Lunch (non-paid)	
	Most employee's will be on a paid lunch schedule. The Duty Free Lunch option leave for lunch and be physically duty free for that lunch period.	is only for employee's that are
lunchti There i you lea return	pport employee of Albertville City Schools, you are required to clock in and cloc me is duty free/nonpaid, your schedule will automatically deduct the half or whis no need to clock in and out for lunch if you have the automatic lunch deduction everyour job duties during any part of your workday (doctor apt., dentist apt., et to your job. Under no circumstance should you work off the clock. If you have sing, etc.) you must complete your scheduled primary position before your supplements.	ole hour from your daily time. n. You are required to clock-out if c), and clock back in when you a supplemental position
missed	miss clocking in or out, a <u>Time Clock Override Form</u> found in ETrieve must be co time. Please include on the form why you missed performing the clock action. ay this occurs. All time is to be recorded in the District TCP program.	
Employ	rtime MUST be pre-approved by the employee's supervisor and turned into pay yees with a Pre-Approved OT dropdown box must clock in and out using the app red OT. If hours are being worked without approval, the employee may not be p	ropriate box for their pre-
times v	work your assigned work hours and take lunch according to the assigned time. It without an approved memorandum on file with payroll. This may include coming proved time to meet daily hours.	
_	gnature verifies that you have received a copy of, read, understand, and agree to follow ment Memorandum.	the procedures listed in this
Employ	yee Signature: Date:	
Superv	isor Signature: Date:	

Revised: 6/1/2023