



OVERNIGHT WORK REST GUIDELINES

Version: 6-8-18

Overnight Work: to be defined as any job that either begins after or extends beyond 12:00 am. Jobs completed before this time are not eligible for policy implementation without written approval.

General Guideline Overview:

The following represents ServeStar's guideline regarding minimum rest times allotted upon request following overnight work. **ServeStar will allow for a minimum of 8 hrs rest following emergency jobs completed overnight (after 12:00 am)** prior to next dispatched job travel time beginning. This is an elective policy that must be requested formally in writing by the employee either prior to, during, or immediately following work completion in order to prevent scheduling conflicts.

Guideline Purpose:

1. To ensure sufficient rest & recovery time for employees following overnight work.
2. To provide uniform procedure by which jobs are scheduled & or rescheduled to facilitate implementation of policy.
3. To define communication processes required to prevent interruption and to maintain efficient schedule

Communication Process:

1. **Emergency Job or Scheduled Job Commences** and extends beyond the 12:00 am min requirement.
2. **Communication / Request Sent:** During or immediately following completion of work employee **MUST** send written email communication to: dispatch@servestars.com & email of direct supervisor to invoke rest policy. This communication should include a subject line stating: Your Name, Title, Division, Date, and the phrase "Rest Request". The message body should include details as to:
 - a. Job employee was on
 - b. Estimated completion time of said job
 - c. Estimated travel time home or to hotel
 - d. when work schedule can resume based on 8 hrs of rest upon arrival at either shop, residence, or hotel.

See Attached Example



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Required Email Communication Example:

To: Dispatch Department <dispatch@servestars.com> v

Cc: Servestars Office <Aaron.Miller@ServeStars.com> v

Bcc: Aaron Miller <aaron.miller@servestars.com> v

Subject: Aaron Miller: Technician Nashville Division 6-8-18 Rest Request Example

From: Aaron Miller – aaron.miller@servestars.com

Message Size: 8 KB


Hello,

Please be advised that I was dispatched to a job in Nashville for Opry Mills Mall last night. I worked til 3:15 am and will be home to begin rest period at 4:00 am. I will be available for calls after 12:00 pm if you can schedule accordingly.

Thank you!

Sincerely,


Aaron L. Miller
Managing Member
ServeStar LLC



Quality. Service. Delivered.

Toll Free: (866) 782-7701
 Direct Cell: (615) 429-2015
Aaron.Miller@ServeStars.com
www.ServeStars.com

Dispatch Department:
 Dispatch Email: Dispatch@ServeStars.com
 Nashville Metro | Middle TN: (615) 258-5532
 Chattanooga TN | Cleveland TN: (423) 244-0016
 Atlanta Metro: (404) 348-0303
 North GA: (706) 686-5022



Example of rest time:

Job ends at 3:15 am

Technician arrives at residence, shop, or hotel at 4:00am (GPS Confirmed)

4:00 am

+ 8 hrs

= 12:00 PM (First available time to start traveling toward service call)

+ 1 hr (Drivetime To First Job)

= 1:00 PM (First Scheduled Job Start Time)



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Dispatch Rest Scheduling Process:

1. **Email Communication Required** or schedule is to remain as is. This is to prevent jobs being reassigned against the employees wishes if the employee has opted to work through for various reasons.
2. **CLEAR SCHEDULE:** If employees schedule was already clear **NO NEW JOBS** are to be scheduled for commencement until after the rest period is complete.
3. **FLEXIBLE SCHEDULE:** If existing job scheduled has flexible time that can be moved without losing job or risking unsatisfied customer experience job **MAY BE RESCHEDULED** for same employee.
4. **NON FLEXIBLE SCHEDULE:** If existing jobs were scheduled for employee are of emergency or time sensitive nature they **MUST BE RE-ASSIGNED** to ensure the customer's best interest is met.
5. **COMPANY DISCRETION:** Management reserves the right to assign or reassign any job based on its discretion / judgement as to what is in the companies best interests.

Policy Acceptance:

I hereby acknowledge receipt of the above policy guideline and agree to abide by its terms and conditions as permitted by and in accordance with local and federal law.

Employee Name Printed: _____

Employee Signature: **X** _____

Date: