# ROSTERED DAYS OFF POLICY

This template policy is intended to assist member businesses develop their own workplace policy. The following information should be used as a guide only. Any wording changes, other than those to insert a business name, may change the context, meaning or purpose of the policy. We recommend you receive advice from the Victorian Chamber of Commerce and Industry prior to making such changes.

## Contacting the Victorian Chamber of Commerce and Industry

The Victorian Chamber’s team of experienced workplace relations advisors can assist members with a range of employment, human resources and industrial relations issues.

Our experienced workplace relations consultants can also provide assistance to both members and non-members on a range of more complex matters for a fee-for-service. The consultants can, among other things, provide training to employees, conduct investigations and provide representation at proceedings at the Fair Work Commission.

For assistance or more information, please contact the Workplace Relations Advice Line on (03) 8662 5222.

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# ROSTERED DAYS OFF POLICY

Date of issue:

Policy approved by:

Contact person:

## 1 PURPOSE

The purpose of this policy is to implement a Rostered Days Off (‘RDOs’) system. The objectives of this Policy are to ensure the smooth operation of the RDO system to enable employees to take their RDOs at appropriate times while ensuring disruptions to the business are minimised.

This Policy will commence from **[INSERT DATE]**. It replaces all other RDO policies (whether written or not).

## 2 APPLICATION

This policy applies to all full-time employees of **[INSERT COMPANY NAME]**.

The Policy is not intended to override the terms of any award, enterprise agreement or contract that applies to an employee.

## 3 POLICY

## Entitlement to RDOs

*Industrial Instrument covered employees*

Full-time employees who are covered by the **[INSERT INDUSTRIAL INSTRUMENT NAME]** are entitled to one rostered day off per **[INSERT FREQUENCY OF RDO]**. RDOs must be taken in accordance with requirements under the **[INSERT INDUSTRIAL INSTRUMENT NAME]**.

## Taking rostered days off

To minimise disruption to **[INSERT COMPANY NAME]**’s business, employees must obtain prior written approval from HR Manager before taking an RDO.

If an employee knows in advance that they wish to take a specific day as an RDO, it is suggested that the employee requests this day as an RDO as early as possible.

**[INSERT COMPANY NAME]** will consider each employee’s request for approval and advise employees accordingly.

## Accumulating RDOs

RDOs cannot be accumulated to use in blocks of more than **[INSERT MAXIMUM AMOUNT OF RDO’S ON A BLOCK]**.

The terms of the following instruments will also apply:

**[INSERT INDUSTRIAL INSTRUMENT NAME]**, however the **[INSERT INDUSTRIAL INSTRUMENT NAME]** does not form part of this Policy.

## Swapping RDOs

 **[INSERT COMPANY NAME]** allows employees to ‘swap’ RDOs with other employees who perform the same work. However, the HR Manager must provide prior written approval of the ‘swap’ to ensure minimal disruption to **[INSERT COMPANY NAME]**’s business.

Employees are required to provide a minimum of **[INSERT NOTICE]** notice to the HR Manager of their request to ‘swap’.

## Payment in lieu of untaken RDOs

 **[INSERT COMPANY NAME]** acknowledges that it may not always be possible for an employee to take their RDO during a given roster period.

**[INSERT COMPANY NAME]** allows employees, who have made a prior written request, to receive a payment in lieu of an untaken RDO, providing that **[INSERT COMPANY NAME]** considers the request for payment in lieu of an RDO(s) to be appropriate in light of this Policy and the circumstances. **[INSERT COMPANY NAME]** approves an employee’s request for payment in lieu of an untaken RDO, the employee will receive their ordinary rate of pay for that period.

***[INSERT COMPANY NAME]*** *may amend and vary this policy from time to time.*

## 4 ASSOCIATED DOCUMENTS

* **[INSERT ASSOCIATED POLICY]**

WORKPLACE PARTICIPANT ACKNOWLEDGEMENT

## I acknowledge:

##  I have received, read and understood the policy

##  I am required to comply with the policy; and

## There may be disciplinary consequences if I fail to comply, up to and including the termination of my employment.

Name: Signature:

Date: