



POLICY AND PROCEDURE
NAME: FLEXIBLE EARNED DAYS OFF

CITY OF MARTENSVILLE
NUMBER: 121-26

1. **PURPOSE:**

The City of Martensville is committed to providing an opportunity for employees to better manage work/life balance through an Earned Day Off (EDO) Program in accordance with Article 13.04 of the Collective Bargaining Agreement.

2. **SCOPE:**

The EDO Program is available to Permanent full-time CUPE employees.

3. **POLICY:**

3.1 **Definitions:**

Earned Day Off (EDO): an arrangement where an employee works for longer periods of time per day or shift in exchange for a day off. To earn 15 days off with no loss of pay or benefits, employees work an additional thirty-five (35) minutes at the beginning or end of every workday to accumulate time.

3.2 **Legislation Requirements:**

All EDO arrangements must comply with legislative requirements and specifically maintain average biweekly and total annual hours.

3.3 **General Guidelines:**

All arrangements must be beneficial to both employee and employer. At a minimum, service to the City (both internal and external) shall not be compromised. The operational requirements of the department or other departments shall not be adversely affected and shall take precedence over the application of the EDO program.

3.4 **Participation:**

Newly hired full-time permanent employees will be offered the opportunity to participate in the EDO program at the start of employment. A participation form is contained in Appendix 1.

Employees that choose to terminate their EDO participation must provide a minimum of thirty (30) days' notice in writing to the Director or Designate. Under special circumstances such as illness or injury, this notice period may be



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waived. Any employee who wants to join will have to submit their request in writing and may have a waiting period of 60 days before rejoining the EDO program. Notice and waiting periods are for scheduling purposes.

3.5 Process:

Every employee participating in the EDO program will work an additional thirty five (35) minutes each day at the beginning or end of their workday.

EDO time can only be earned on regular workdays and is not earned when the employee is away from work for other leaves taken, including but not limited to, vacation, sick or banked overtime.

EDO time must be worked at the same time each day as agreed upon when commencing the program. This is to ensure that scheduling, coverage, and supervision times can remain consistent.

Statutory holidays will be compensated for at regular hours (7.5 or 8 hours). No EDO time can be banked on statutory holidays.

EDO time will be recorded on an employee's timesheet and recorded in a leave bank. Adequate time must be available to request EDO time off.

Extra time or overtime will not be calculated until after working the earned time and must be approved by the Director or Designate prior to being worked, as is customary.

3.6 Scheduling of EDO:

The minimum amount of EDO that may be taken at one time is a full day.

EDOs will be planned in advance to balance operational requirements, and earned time off may be rescheduled should there be no replacement coverage.

Minimum staffing levels for service requirements, as determined by the Department Director or Designate, shall determine the number of employees who may be off on EDO concurrently.



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EDOs may be taken as requested by the employee subject to approval of their Department Director or Designate. Where employees' requests for taking an EDO for the same time frame exceed minimum staffing levels for service requirements, the request will be granted to the employee that requested first. As an exception, vacation leave requests will take precedence over EDO requests should the overlap of the requests exceed minimum staffing levels for service requirements.

3.7 **EDO Banks:**


EDO days are intended to support work life balance. Therefore, it is expected that EDO days are taken regularly throughout the year. To ensure days are regularly taken, restrictions have been placed on the amount of days in the bank at times during the year.

An employee's EDO bank may not exceed two (2) days on June 30.

In accordance with the Collective Bargaining Agreement, employees will be permitted to carry over a maximum of four (4) EDO days into the next calendar to be used by March 31st. No payout of EDO annually will be permitted.

When an employee leaves the employment of the City with time remaining in an EDO bank, such remaining earned time off shall be paid out to the employee at his/her rate of pay at the time of departure.

Approved:



City Manager

February 12, 2026
Date



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APPENDIX 1

Earned Day Off (EDO) Participation Agreement

This form must be completed by employees to indicate their participation in the Earned Day Off (EDO) Program or their decision to opt-out of the EDO Program.

Employee Information

Employee Name: _____

Department: _____

Position/Title: _____

Director/Manager: _____

Acknowledgement of Policy

I confirm that I have read and understand the Earned Day Off (EDO) Policy, including all eligibility criteria, scheduling requirements, and operational considerations.

I do not wish to participate in the Earned Day Off Program.

Employee Initials: _____

I confirm that I have read, understood, and agree to comply with the Earned Day Off (EDO) Policy, including all eligibility criteria, scheduling requirements, and operational considerations.

Employee Initials: _____ (N/A if not participating)

Employee Declaration

I understand that participation in the Earned Day Off Program is voluntary and subject to approval. I acknowledge that failure to comply with the EDO Policy or approved scheduling requirements may result in withdrawal from the program.

Employee Initials: _____ (N/A if not participating)

Employee Signature: _____

Date: _____



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Management Review

Date of commencement: _____

Agreement on when EDO time is worked

Before shift – Shift start time: _____

After shift – Shift end time: _____

Other: _____

Reviewed Policy

Reviewed Time Sheet Coding

Approved for EDO

Comments

Director/Manager Name: _____

Signature: _____

Date: _____