#### LAVC OVERTIME, TIME ACCOUNTING, POLICIES AND PROCEDURES HANDBOOK

#### REVISED: PQXGO DGT'9.'4235

Acknowledgment of Receipt:

I hereby acknowledge receipt of the LAVC OVERTIME, TIME ACCOUNTING POLICIES AND PROCEDURES HANDBOOK. I also acknowledge that I am aware that I am responsible for adhering to the requirements of its content and that failure to comply with those requirements could subject me to disciplinary action.

Signature:

Supervisory Employee

Date

# LA VALLEY COLLEGE TIME ACCOUNTING, ABSENCE CERTIFICATION, AND OVERTIME POLICIES AND PROCEDURES HANDBOOK

# 2011

ISSUED BY: OFFICE OF ADMINISTRATIVE SERVICES

**REVISED: SEPTEMBER 2011** 

#### **OVERTIME AND TIME ACCOUNTING POLICIES AND PROCEDURES HANDBOOK**

#### **Table of Contents**

LAVC OVERTIME, TIME ACCOUNTING, POLICIES AND PROCEDURES HANDBOOK	1
OVERTIME AND TIME ACCOUNTING POLICIES AND PROCEDURES HANDBOOK	3
VISION & MISSION STATEMENTS	4
GENERAL INFORMATION	5
TIME ACCOUNTING POLICY AND PROCEDURES	6
TIME FORM TO USE AND HOW	7
DEPARTMENT WEEKLY TIME SHEET INSTRUCTIONS FOR COMPLETION	8
DEPARTMENT WEEKLY TIME SHEET SALARIED	9
DEPARTMENT WEEKLY TIME SHEET CERTIFICATED HOURLY	10
DEPARTMENT WEEKLY TIME SHEET UNCLASSIFIED	11
WEEKLY SIGN-IN INSTRUCTIONS	12
DEPARTMENT WEEKLY SIGN-IN FORM	13
ABSENCE CERTIFICATION / REQUEST GUIDELINES	14
ABSENCE CERTIFICATION/ REQUEST INSTRUCTIONS	15
OVERTIME USE POLICY	17
OVERTIME REQUEST AND REPORT PROCESS	19
OVERTIME REQUEST AND REPORT FORM	20
TIME REPORTING PROCESS AND CODES	
WORK SCHEDULE D & G BASIS	
HR W410 GUIDE 1	
HR W410 GUIDE 2	
HR W410 GUIDE D & G BASIS 3	

#### **VISION & MISSION STATEMENTS**

#### **Vision Statement**

Los Angeles Valley College serves the community as a leader in instructional excellence, facilitating the success of its diverse students, developing critical thinkers and life-long learners, and contributing to the economic and cultural vitality of the San Fernando Valley and beyond. (Revised October 2008)

#### **Mission Statement**

Los Angeles Valley College is a comprehensive community college located in the center of the San Fernando Valley. The College serves the community by providing transfer, degree, career-technical, foundational, transitional and continuing education programs in an attractive and accessible learning environment that fosters student success. Embedded in these programs are the greater goals of critical thinking and life-long learning which are necessary for success in the workplace and for advancing one's education, personal development and quality of life.

The Los Angeles Valley College faculty and staff are dedicated to helping students be successful. They emphasize excellence in teaching and providing a variety of support services that are designed to meet students where they are and help them reach their personal and professional goals. Beyond the classroom, the College provides for students a variety of co-curricular activities that serve to create a rich campus life experience.

Los Angeles Valley College advances the economic development of the region through programs, services and partnerships that address continuing and emerging employer needs in a diverse set of industries, including one of the largest concentrations of entertainment studios in the world.

Los Angeles Valley College hosts numerous cultural and athletic events throughout the year and serves as home to the San Fernando Valley Historical Museum.

The campus has a park-like quality, with a rich variety of trees selected by its founding faculty. As a result, the campus itself serves as a laboratory for learning and gives the College a special appreciation for the environment and issues of sustainability. (Revised October 2008)

#### **GENERAL INFORMATION**

This handbook is to serve as the guide for completing and submitting unit time sheets; using and submitting Absence Certification Requests; and Authorizing, Accounting, and Submitting Overtime reports.

Time Sheets are due on a weekly basis, by 3:00 PM of the Monday following the week worked.

Overtime forms and Absence Certification Request forms are to be submitted with the weekly time sheets for the week to which these forms apply.

Only the forms found in this handbook are to be used for accounting for time worked, absences, and overtime.

These forms may also be found on the LA Valley College Website by going to the following:

www.lavc.edu/personnel

Payroll Forms and Time Report Template

No other forms are acceptable.

#### TIME ACCOUNTING POLICY AND PROCEDURES

LAVC, in accord with LACCD Human Resources Guide, implements these additional guidelines for authorizing the use of overtime and approval of overtime work.

## Any conflict between the information contained on this page and pertinent collective bargaining agreements will be resolved in favor of the collective bargaining agreement.

#### POLICY

The College will adhere to the LACCD approved method of Time Accounting.

A violation or non-compliance with these policies and/or procedures may subject the concerned employee to disciplinary action.

#### PROCEDURES

All work schedules shall be scanned and saved for the required three year record retention time frame.

Departments should save these documents electronically, though a hard copy may also be kept on file. Time documented on employee time sheets shall be accurately entered into the SAP system for payroll processing.

Time documented per Absence Certification Request forms shall be accurately entered in the SAP system for payroll processing.

The District's Overtime Request & Report (ORR) form is to be used to document the approval of overtime. The District has implemented procedures to ensure that time documented per overtime request forms are accurately entered in the SAP system for payroll processing.

**The time keeper, in the payroll office** shall reject all absence time reports that are submitted without a supervisor's signature and date. This form will be returned to the employee's supervisor/manager for proper submittal.

All timesheets submitted without the proper signature WILL be rejected by the time keeper. The District is going to implement a new Time Keeping system. When that system becomes operational all time sheets submitted are to be attested to by the employee. **An accuracy time entering confirmation will be generated by the system to the employee.** The employee should then confirm that the time entered is correct by checking a confirmation box. If the information is incorrect, the employee will be given the opportunity to make the necessary corrections.

The Timekeepers are to counter check each others work to ensure that the correct information has been entered into SAP.

Personnel in the Payroll Office will randomly check each other's entries.

A report will be made available on the portal that will provide detailed quota balances for every employee. Managers are required to review this report on a monthly basis to attest its accuracy. A score card prepared by the payroll office for each department shall be presented to all department heads on a monthly basis. This score card should present all errors noted by the timekeeper. The information should be tracked and trended to help combat the errors problem.

To be created by the SPOC; prepared by the payroll person(s) in the Payroll Office. This is to be done every month and sent to the departments.

#### TIME FORM TO USE AND HOW

	USED TO REPORT TIME			WHERE DOES	EMPLOYEES PER	RETENTION
FORM TITLE	FOR	TYPE OF REPORTING	SUBMIT	IT GO?	PAGE	REQUIREMENTS
DEPARTMENT WEEKLY TIME SHEET - CLASSIFIED SALARIED	SALARIED CLASSIFIED POSITIONS EMPLOYEES	EXCEPTION REPORTING - REPORT ABSENCES AND OVERTIME. MUST ATTACH OVERTIME REQUEST AND REPORT FORM AND ABSENCE CERTIFICATION REQUEST FORMS.	WEEKLY	PAYROLL	6	3 YEARS
NOTE:	Salaried employees are all em	ployees except for professional	experts, straigh	t_sub&relief worke	rs, student workers,	and tutors.
DEPARTMENT WEEKLY TIME SHEET - CERTIFICATED NON- TEACHING HOURLY	OTHER THAN INSTRUCTION AND SUBSTITUTES	ACTUAL HOURS WORKED	WEEKLY	PAYROLL	7	3 YEARS
DEPARTMENT WEEKLY TIME SHEET UNCLASSIFIED	PROF EXPERTS, STUDENT WORKERS, TUTORS, ATHLETIC DEPT, CADETS	ACTUAL HOURS WORKED	WEEKLY	PAYROLL	8	3 YEARS
MONTHLY TIMESHEET	MAY BE USED IN LIEU OF WEEKLY TIMESHEET FOR NON-TEACHING HOURLY	ACTUAL HOURS WORKED	MONTHLY	PAYROLL	8	3 YEARS
FORM INSTRUCTIONS:	For Unclassified employees en In the Department box enter th In the Dept Chair/Mgr/Supervis In the Week Beginning Date bo In the Payroll Month/Yr box en	e form to report the exception h Enter the appropriate code from ter the actual hours of work for in the REMARKS section of the e name of the department. or box print the name of the cor ex enter the first day of the week	the codes prove each day worke form. cerned person. being reported ear. Example: N	ided in the bottom d and the total nu . Weeks always s lay/09	section of the form. mber of hours worked tart on a Monday. Es	d for the week

#### DEPARTMENT WEEKLY TIME SHEET INSTRUCTIONS FOR COMPLETION

This form is c													
The sheets a	ire due in the	e Payroll Offi	ice on Mond	day of the w	eek followin	ig the work b	eing perforn	ned.					
												•	
There are fou					e the correc	t one for the	employee c	lassification	and do not	mix different	classificat	ions on one	sheet.
Department b													
Dept Chair/M	0 1												
Week Beginn													
Payroll month	h/Yr: Enter 1	ne month by	/ number, e	xample 07 1	for July and	the four digit	t year.						
						-							
												-	
Personnel No.	Class Code	Mon			sday	1	esday		sday	Fric	· ·		
		In	Out	In	Out	In	Out	In	Out	In	Out		
Employee name	e 	Abse	ence	Abs	sence		ence	Abs	ence	Abs	ence	Remarks	
						1	8						
				ОТ	4								
			,						·				
While the act		eet nas a bo	x for every of	day of the w	eek, inclua	ing Saturday	and Sunda	y, the above	only snows	wonday thr	ougn Frida	у.	
For each Em	pioyee:												
La tha Lana h													
In the large b					s name. In t	the smaller to	op ieπ box e	inter the em	bioyee's per		per. In the t	box to the h	gnt of
the personne	i number en	ter the empl	oyee's class	s code.									
		FO.											
CLASSIFIED						nla if the even		ad his sylks		م مام م		مطاهل معالك	
For Classified													
		ess leave or	n vvednesda	ay for 8 nou	rs enter the	Absence Co	de from the	list found at	the bottom	of the time s	sneet for III	ness which	is the letter I.
And the num	ber 8.												
lf an ananlau		have afraci	al as cantina a		anter the C					a ha at fan thi	a subiah ia		
If an employe	e worked 4	nours or paid		In Tuesday		pecial Pay C				Sheet for thi	s, which is	OT, and th	e number 4.
			ad avartime	o oithor for y		onocton/tim		ottoch the				DT form to	the time
SPECIAL NC													
sheet. Make													
-		-	-										ctions for form)
If an employe									ure that it ha	as been com	ipletely and	accurately	,
completed, ir	Icluding hav	ing been sig	neu anu uai		equired sign		structions to	n ionn)					
UNCLASSIF		VEES. (Stu	dont works	re Tutore	Profossion	al Exporte	Athlatic ur	classified	amployoos				
UNCLASSI				, iutors,	FIDESSIDE	iai Experts,	Auneuc ui	icia some u	empioyees				
For unclassif	ied employe		t ontor start	times and	and times fr	or each day y	worked and	the total nur	nher of hour	s worked for	each dav		
i or unclassin	lea employe	es you mus		times and						3 WOIKED IOI	cacil day.		
Example for o	one unclass	ified employ	<u>00</u> .										
Personnel No.	Class Code	Mon	udou .	Tuo	sday	Mada	esdav	Thu	sday	Frid	lou		
Personner No.	Class Code		-		- <u> </u>		1				· · · · · · · · · · · · · · · · · · ·		
-		In	Out	In	Out	ln Aba	Out	In	Out	ln Aba	Out	Domorko	
Employee name 99999999999	e U8425	Abse	ence	Abs	sence	Abs	ence	Abs	ence	Abs	ence	Remarks	
99999999999	00425	0.20 AM	11:30 AM			9.20 AM	11:30 AM	0.20 AM	11:30 AM			-	0
		0.30 AW					11.30 Alvi 3	0.30 Alv	11.30 AIVI			-	9
DOE, JOHN			)			•	3		3				
Enter the area		har the Ole	n Code E	nnlovoc N-	mo								
Enter the em	pioyee num	uer, the clas	ss code, Er	npioyee Na	me.								
For each day	worked ont	or the start t	ima ar IN		ndor Mondo	u oo hoing G		o and time			r the times	ontor the f	total
					1	ay as being c	S. SU AIVI. THE	e end time, i	51001, 11.3				Jolai
number of ho	urs worked	for the day s	shown by the	e number 3.	•								
At the end of	the week th		kad aaab di	ny ara tatak	ad and anta	rad in the he	v to the for i	ight titled D	amarka aha	un in this or	aa hu tha i	oumbor 0	
At the end of	the week ti	le nours wor		ay are locate							ise by the i	lumber 9.	
CEDTIELCAT	ED.												
CERTIFICAT		a not gonorg	ulu hovo to v	oubmit o tin	na abaat Th		a ta thia ara	these sortif	icated ample		anaaial aa	oignmontu	vith
Certificated e													
specially fund													
in the same r						IS WORK IS DE	ing compens			jular assigni	nents and	assures pa	yment
to the certific	ateu employ	ree will be m	aue accura	iery and tim	iely.								
	FC.												
IN ALL CASI		(00.0lc==:f-	otion all and		h obocto rom	l	l hu tha arra	nioor and a	latad				
Regardless o										 		( h a Al 4 / )	
The time she								• •			ement may	pe that the	e ume sheet
will be due to	o me Payroll	Unice by Fr	iday of the	actual wee	K WUIKED, O	i on the first	business da	ay or the follo	owing week.				

#### **DEPARTMENT WEEKLY TIME SHEET SALARIED**

Los Angeles Com	munity Colle	ges							Valley C								
					DEPAR	TMENT \	NEEKL			- DUE E	VERY M	ONDAY					
	Depart	ment						BY 3	:00 PM					W	leek Beginn	ing Date	
	Dept Chair/Mg	gr/Supervis	or			CL	assi	FIED	- EXC	EPTI	ION			Payro	oll Month/Y	r (XX/XXXX)	
	1		1														
					_										-		
Personnel No.	Class Code	Мог	nday	Tue	esday	Wednes	sday	Thu	rsday	Fn	iday	Satu	ırday	Sui	nday		
		In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	_	
Employee name	,	Abs	ence	Ab	sence	Abse	nce	Ab	sence	Abs	sence	Abs	ence	Abs	sence	Remarks	
																_	
					1								<u> </u>		<u> </u>		
																_	
						<b></b>											
																-	
						<sup> </sup>							<u></u>		<u> </u>	_	
															1	1	
																_	
													<u> </u>			-	
			Î.														
Special Pay Cod	es_					e Codes											
OT	Overtime			AP		hysical Pai	d	PN		Necessit	y Paid						
CW	Comp Time			В	Breavem			S	Subpoer								
PT	Paid Tardy-	-Unit 1 Or	nly	С		bsence Pa	id	T	-		thout Leav	e Unpaid					
Pay Date Codes				CT	Comp Tim			U		ed Unpaid	1						
M	Monthly			1	Illness Pa		<b>N-1-1</b>	V	Vacation		I certify the	information a	nearing on th	his timesheet a	as true and cr	prrect	
SM	Semi-Month	пу		A		Accident F	ala	W	Work Re	lated		Mgr/Supervis				Date	
				J	Jury Duty	raid					-						

#### DEPARTMENT WEEKLY TIME SHEET CERTIFICATED HOURLY

Los Angeles Com					DEPAR	TMENT	Los A WEEKL	Y TIME		ollege - DUE E	VERY M	IONDAY					
	Depar	ment						BY 3:	00 PM					We	eek Beginn	ing Date	
	Dept Chair/M	gr/Supervise	or	ł		CI	ERTIF	ICAT	ED H	OURI	LY			Payro	ll Month/Y	(XX/XXXX)	
Personnel No.	Class Code	Mor	-	Tues	-	Wedn		Thur			day	Satu	1	Sun		-	-
Employee name		In Abs	Out ence	In Abs	Out ence	In Abs	Out ence	<i>In</i> Abs	Out ence	ln Abs	Out ence	In Abs	Out ence	In Abs	Out ence	Remarks	
	1															-	
																-	
																_	
																_	
																-	
																-	
																-	
											I certify the Dept Chair/	information a Mgr/Supervis	l pearing on th sor Signature	is timesheet a	is true and co	rrect. Date	<u> </u>

#### **DEPARTMENT WEEKLY TIME SHEET UNCLASSIFIED**

Los Angeles Com	nmunity Colleg Departr Dept Chair/Mg	nent	DEPAR	TMENT WEEKL	BY 3:00 PM	- DUE EVERY M	ONDAY	Week Beginni Payroll Month/Yr	
	Dept Chair/wg	rsupervisor		UN	ICLASSIFI	ED		Payroli Monthi fi	(^^/^^^)
Personnel No.	Class Code	Monday In Out	Tuesday In Out	Wednesday In Out	Thursday In Out	Friday In Out	Saturday In Out	Sunday In Out	
Employee name		Absence	Absence	Absence	Absence	Absence	Absence	Absence	Remarks
	UNCLASSIFI	ED INCLUDES: PROF	EXPERTS, STUDENT	WORKERS, TUTORS,	ATHLETICS, CADETS		n formation apearing on thi	s timesheet as true and co	rrect.
	START AND EMPLOYEE.	END TIMES MUST E	BE REPORTED FOR E	ACH DAY OF THE WE	EK AND FOR EACH	Dept Chair/l	Mgr/Supervisor Signature		Date

#### WEEKLY SIGN-IN INSTRUCTIONS

The DEPARTMENT TIME REPORT - WEEKLY SIGN IN is for use by the department and is not submitted to the Payroll Office.

This form is intended for use by departments requiring employees to sign in each day to facilitate the accurate completion of the Department Weekly Time Sheet.

This form, signed by the supervisor, is to be retained by the department for a period of three years.

Selection:           Contraction:         Selection:           Contraction:         Selection:           Contraction:         Selection:           Contraction:         Selection:           Contraction:         Selection:         Selection:           Contraction:         Selection:         Selection:         Selection:         Selection:           Contraction:         Contraction:         Selection:							Loc	Los Angeles Community Colleges	Commur	ity Colle	səbi									
onnis allo cread tire vorked and absences laten each week for each end. Point candina allo Creation: LVVLLEYCOLLEG permanti: LVVLEYCOLLEG permanti: LVVLEYCOLLEG pe			DEPA	RTM	ENT	TIME	REF	PORT	ME.	EKL	.≺ SI	NI-ND						S	Salaried	
Remarks:         I. Record grand from / to (n/ out) times worked on obsent. Do not ound.           Remarks:         I. Record grand from / to (n/ out) times worked on Overtime fragment absent.           First         From         To         From         To         From         To           Remarks:         - Remarks:           Remarks:         - Remarks: <td< th=""><th>This form is use</th><th>ed to reco</th><th>d time w o</th><th>orked and</th><th></th><th>s taken e</th><th>ach w ee</th><th>sk for eacl</th><th>h employ</th><th>ee. An /</th><th>Absence</th><th>Request /</th><th>Certifics</th><th>tion form is</th><th>also rec</th><th>luired fo</th><th>or paid a</th><th>bsences</th><th></th><th></th></td<>	This form is use	ed to reco	d time w o	orked and		s taken e	ach w ee	sk for eacl	h employ	ee. An /	Absence	Request /	Certifics	tion form is	also rec	luired fo	or paid a	bsences		
Interview         2. Do not base any voltagy bank. If absent, while the and absence color           Upervisor:         3. Record overtine. I compression ymer wortagy. Interview on dashence color           First         Monday         Tuesday         Tursday         Finday         Santagy         Santagy           First         From         To         From         To         From         To         From         To         Santagy	Locatio		A VALLE	/ COLLI	EGE	1. Reco	ord exact	from / to	(in / out)	times w o	orked or	absent. Do	o not ro	.pur		•	ayroll I	Payroll Month:		
upervisor:       3. Record Overtine / compariancy time worked on Overtine Request and Report         First       Monday       Tuesday       Thursday       First       Returdsy       Saturday       Saturday       Saturday         Remarks:       -	Departmer	÷				2. Do n	not leave	any work	day blan	k. If abs	ent, w rit	e time and	absence	code.				Year:		
Montagy         Turestagy         Turestagy         Turestagy         Finant         Samtagy	Supervisc	or:				3. Recc	ord overti	me / comp	oens atory	/ time w.	orked on	Overtime F	Request	and Report.		-	Week Ending:	Ending:		
First         From         To         From         Fr		ž	onday	Tue	sday	Wedne	esday	Thurs	day	Frid	ay .	Saturd	ay	Sunday					1 0 14	
Remarks:	NAME	From		From		From	To	From		From							ADJCT Supervis	or to Co	molete)	CHUCK
Remarks:         Permarks:         Permarks: <th< td=""><td></td><td></td><td></td><td></td><td>_</td><td></td><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>:</td><td></td><td></td><td>A I</td><td>PN T</td><td>&gt;</td></th<>					_		2								:			A I	PN T	>
Remarks         Fermatics         A           Remarks         A         A </td <td>Ä</td> <td></td>	Ä																			
Remarks:         I<	ij														R	arks:				
Permetrics         Image: market in the	WS:																			
Remarks:         AP         AP           Remarks:         I	Remark	S:																		
Remarks:             Remarks:           Remarks:              AP           Remarks:             AP         AP           Remarks:															AF		с U	A I	PN T	>
Remarks:         Permarks:         Permarks: <t< td=""><td>EN:</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	EN:																			
Remarks:	JC:														Rer	arks:				
Remarks:         A           Permarks:         P	:SM																			
Remarks         Image: second se	Remark	S:																		
Remarks:															AF		C	AI I	PN T	- N
Remarks:         Image: Second Se	EN:																			
Remarks:         AP           Fernarks:         AP           Premarks:         AP           Premarks:         AP           Remarks:         AP           Remar	JC:														Re	arks:				
Remarks:         Image: Marks:	WS:																			
Remarks:         AP         AP           Remarks:         AP         AP           Remarks:         AP	Remark	S:																		
Remarks:         Image: Second Se															Ā		υ	₹	⊢ ₹	>
Remarks:	EN:																			
Remarks:         Image: Marks:	JC:														Rer	arks:				
Remarks:         Image: Second Se	WS:																			
Remarks:         A         A           Remarks:         -	Remark	S:																		
Remarks:															A		с	₹ I	⊢ ₹	>
Remarks:	Ä																			
Remarks:         Image: Markstart (Markstart)         Image: Markstart (Markstart)         Image: Markstart)         Image: Markstar	:C														Pa Pa	arks:				
Remarks:         Image: Second Se																				
AP     AP     AP       Remarks:     AP     AP       Remarks:     AP       AP     AP       AP   <	Remark	S:	_						T							_	_		_	
Remarks:     Absence Authorization (A/A C odes)       r     AP = Annual Physical     J = Jury Duty Paid     S = Subpoena     U - Unpaid Absence       r     AP = Annual Physical     CT = Comp Time Taken     J = Jury Duty Paid     S = Subpoena     U - Unpaid Absence       ule     C = Casual Absence     A = Industrial Accident     PT = Paid Tardy, Unit 1Only     W - Work Related     V = Vacation	ť														¥		υ	≤	⊢ ₹	>
Remarks:       Absence Authorization (A/A Codes)         es															Re	arks.				_
Remarks:     Absence Authorization (A/A Codes)       es     Absence Authorization (A/A Codes)       r     AP = Amual Physical     CT = Comp Time Taken     J = Jury Duty Paid     S = Subpoena     U - Unpaid Absence       r     B = Breavement     I = Illness     PN = Personal Necessity     T = Tardy, Unpaid     UA - Union Activities, Paid       ule     C = Casual Absence     IA = Industrial Accident     PT = Paid Tardy, Unit 10nly     W - Work Related     V = Vacation	.oc														2					
es     Absence Authorization (A/A Codes)       r     AP = Annual Physical     CT = Comp Time Taken     J = Jury Duty Paid     S = Subpoena     U - Unpaid Absence       B     B = Breavement     I = Illness     PN = Personal Necessity     T = Tardy, Unpaid     UA - Union Activities, Paid       ule     C = Casual Absence     IA = Industrial Accident     PT = Paid Tardy, Unit 10nly     W. Work Related     V = Vacation			_																	
r AP = A mual Physical CT = Comp Time Taken J = Jury Duty Paid S = Subpoena U - Unpaid Absence B = Breavement I = Illness PN = Personal Necessity T = Tardy, Unpaid UA - Union Activities, Paid Ule C = Casual Absence IA = Industrial Accident PT = Paid Tardy, Unit 10nly W - Work Related V = Vacation							Absenc	e Authori	ization (/	A/A Cod	les)					I certif	y the info	rmation a	opearing o	n this
B         = Breavement         I = Illness         PN = Personal Necessity         T = Tardy, Unpaid         UA - Union Activities, Paid           Jule         C         = Casual Absence         IA = Industrial Accident         PT = Paid Tardy, Unit 10nly         W- Work Related         V = Vaccation	= Emp	AP = A	nnual Phys	cal	CT = Con	tp Time Ta	ken	J = Jury Dut	ty Paid		S = Subpo	ena		- Unpaid Absei	nce	timere	eport is tr	ue and co	rrect.	
Jule     C = Casual Absence     IA = Industrial Accident     PT = Paid Tardy, Unit 10nly     W Work Related     V = Vacation		B = B	eavement.		I= Illness			PN = Persc	o nal Nece		T = Tardy,	Unpaid	J	A - Union Activ	rities, Pa	p				
	WS = RegularWork Schedule		asual Abser	lce	IA = Indus	trial Accid∈		PT = Paid 1	Fardy, Unit		W - Work F	Related	>	= Vacation						
	LACCD TA-5A 09/06/07															Superv	isor's Sign	ature - Not	Initials	Date

#### **DEPARTMENT WEEKLY SIGN-IN FORM**

#### **ABSENCE CERTIFICATION / REQUEST GUIDELINES**

Any conflict between the information contained on this page and pertinent collective bargaining agreements will be resolved in favor of the collective bargaining agreement.

- I. An employee desiring or needing to take time off from work, or who has been absent, must submit a completed Absence Certification Request form.
  - A. **Submit** the Absence Certification / Request form **at least one week prior to the requested absence** unless the absence was unforeseeable as in the case of illness, accident, or similar event.
  - B. The Absence Certification / Request Form is used for requesting and certifying time off. Under Absence Certification, as in the case of illness or other unforeseen event, the employee completes the form either during or after the absence. If the absence was due to illness or injury for more than 5 consecutive days the employee should print the completed form and have the physician or other practitioner sign and date the form in the appropriate box.
  - C. Requests for all other absences which are or should be foreseeable, such as vacation, should be submitted at least one week prior to the requested absence to enable the supervisor to adequately arrange for work coverage during the period of the requested absence. Employees should consult their bargaining unit agreement for further details.
- II. Failure to comply with these requirements could result in the absence being denied or in appropriate disciplinary action against the employee.

#### III. SPECIAL ABSENCES

- A. **Special Absences**: Specific absences beyond the control of the employee and for which the employee is not charged for the absences.
- B. Bereavement Leave: Death of member of immediate family.
  - 1. In the event of the death of a member of the employees immediate family an employee is entitled to bereavement leave. The employee need not attend the funeral or services of that immediate family member to qualify for this leave.
  - 2. **Immediate Family includes**: The death of any member of the employees family related by blood or marriage, a person living in the same residence as the employee even if not related, or a friend.
  - 3. The employee is entitled to up to 3 days of leave if local, or up to 5 days if the employee needs to travel more than 200 miles.
- C. Appearance as a witness under government order: The employee is entitled to leave for the duration of the dates specified in the order.
- D. Jury Duty: Classified employees are entitled to up to paid jury duty leave not to exceed 2 weeks during any 2 consecutive fiscal years. (See appropriate bargaining agreement for details.) Certificated (Faculty) have no limits set so therefore are entitled to paid leave for the entire time of service.
- 1. Upon being released from Jury Duty the employee should be provided a Certification of Jury Service by the court. A copy of this document should be attached to the Absence Certification / Request form.

#### **ABSENCE CERTIFICATION/ REQUEST INSTRUCTIONS**

Submit the Absence Certification / Request form at least one week prior to the requested absence unless the absence was unforeseeable as in the case of illness, accident, or similar event.

The Absence Certification / Request is used for requesting and certifying time off. Under Absence Certification, as in the case of illness or other unforeseen event, the employee completes the form either during or after the absence. If the absence was due to illness or injury for more than 5 consecutive days the employee should print the completed form and have the physician or other practitioner sign and date the form in the appropriate box.

Requests for all other absences, such as vacation, should be submitted at least one week prior to the requested absence to enable the supervisor to adequately arrange for work coverage during the period of the requested absence. Employees should consult their bargaining unit agreement for specific details on advance notification stipulated by the agreement.

### Failure to comply with these requirements could result in the absence being denied or in appropriate disciplinary action against the employee.

#### **COMPLETING THE FORM**

The Absence Certification / Request form is available on-line at the LACCD website or on the college website at WWW.LAVC.EDU/Personnel. To access the form go to www.laccd.edu. At the home page, click on Faculty & Staff Resources. This will take you to the FACULTY & STAFF RESOURCES page. On the left side of the page will be a box containing several selections. Click on the word Forms. This will bring up Employee and Administrative forms. Scroll down the page to the section titled "Time Reports, Work Schedules, and Leave of Absence forms". Click on Absence Certification/Request, this will open the form.

Enter the requested information on the form by first clicking on the highlighted box for Last Name.

Key in your last name, then tab over and enter your first name. Continue this process until you have completed the form. Select whether you are an Academic or Classified employee by clicking on the appropriate box. Then tab until the box for Dates above the word "From" is highlighted. Enter the first date of the absence then tab over to the next box which is the last date of your absence and enter that date.

In the box for Full Days until the number of days for the absence, do not include your regular days off in the total number. If using less than a full day skip this section by tabbing over to "Part of Day". Here you enter the start time of your absence and then the end time of your absence. For example, if you leave work at 9:00 am and return to work at 11:00 am you would enter 9:00 above the word "From", click on AM, tab over to the box above the word "To", enter 11:00, and then click on AM.

In Section 2 REASON you just need to click on one of the boxes which best describes why you are taking the absence. You may click on more than one box such as you want to take vacation time off but do not have enough time on the books so you are asking for the vacation to be unpaid. In this case you would click both Unpaid and Vacation.

When you have completed the form you may save it or just print it out. You must print the form to obtain the required signatures, so print the form, sign it, and forward the form to your immediate supervisor for approval.

The supervisor may approve or disapprove the absence request. If disapproved, the form should be returned to the employee with an explanation as to why the request has been disapproved. The employee may then appeal the disapproval to the next immediate level supervisor.

If the supervisor approves the Absence Certification/Request the supervisor should inform the employee that the absence has been approved and forward the signed form to the timesheet keeper for the department for eventual forwarding to the Payroll Office.

#### **ABSENCE CERTIFICATION / REQUEST FORM**

E	i d	
Ľ		

LOS ANGELES COMMUNITY COLLEGES

770 WILSHIRE BOULEVARD, 5<sup>TH</sup> F LOOR LOS ANGELES, CA 90017

#### SALARIED EMPLOYEE ABSENCE CERTIFICATION / REQUEST

Use separate form for each absence period and reason for absence. Do not combine multiple reasons on one form.

Please print or type and ensure all information is provided as omissions can delay processing. <u>EMPLOYEE TIP SHEET</u>

: Na vic		🗌 Academi	c 🗌	First Name Classified	Ŧ		Middle Name		Employee ID Number
A	SEN	ce Period:	Dates:			F	ull Days	Part of Day:	
				From	— <u></u>		Number	Fror	🖸 PM 🗋 PM
			Faculty	Unit Only: F	For Part of Da	ay Absence	Identify <u>Hours of S</u>	Cheduled Duties Per	Day (Including Office Hours):
Rı	ASO	IN:							
Α.	<u>Ав</u>	SENCE CERTIFI	CATION:	l certify I wa	as absent fr	om my dut	y during the abse	ence period indicate	ed in Section 1 was due to:
		IIIness or Inj D Not the r Result of	esult of a		Accident		<ul> <li>Absences over</li> <li>Absences over</li> <li>Em ployment e</li> </ul>	lsewhere while on <u>an</u> /sician / Other Pract	ician Certification : Formal Leave of Absence y illness/injury absence prohibited. <b>itioner Certification</b>
		(Month/D	ay/Year)		-			e person was or is un: indicated above due	able to perform his or her duties to illness or injury.
		Personal Ne		Indicate R ember of im		milu	_		
		🗌 2. Aci	cident inv	olving my p	person.	ŕ	-	ed Physician/Other Prac	
		🗌 4. Ap	pearance	e in court as	a litigant.	erty 🔲 b ernmental		erty of a member of	f my immediate family.
		🗌 6. Illn	ess of m	ember of im					
		□ 6. IIIn □ 7. Bir □ 8. Im	ess of m th of child minent da	ember of im 3 – father. anger to my	nmediate fai home.	mily.			
		□ 6. IIIn □ 7. Bir □ 8. Im	ess of m th of child minent da	ember of im 3 – father. anger to my	nmediate fai home.	mily.		ring my regular ass	signed working hours:
		☐ 6. IIIn ☐ 7. Bir ☐ 8. Imr ☐ 9. Th	ess of m th of child minent da	ember of im 3 – father. anger to my	nmediate fai home.	mily.		ring my regular ass	signed working hours:
		6. IIIn     7. Bir     8. Im     9. Th	ess of m th of child minent da e followir	ember of im 3 – father. anger to my	nmediate fai home.	mily.			
		☐ 6. IIIn ☐ 7. Bir ☐ 8. Imr ☐ 9. Th	ess of m th of child minent da e followir	ember of im d – father. anger to my g significan	nmediate fai home.	mily. ch require	d my attention du	Out of S	tate Travel Required? 🔲 No
R		☐ 6. IIIn ☐ 7. Bir ☐ 8. Imr ☐ 9. Thr Reason —   Bereavemen	ess of m th of chilo minent da e followir nt Rel	ember of im d – father. anger to my g signific an ationship	nmediate fai home. It event whi	mily. ch required	d my attention du	Out of S	tate Travel Required?
B			ess of m th of child minent da e followir nt nt Rei	ember of im d – father. anger to my g signific an ationship lest to be al	hmediate fai home. It event whit bsent from i	mily. ch required Date my positio	d my attention du ofDeath (Month/D n during the abse	Out of S ay/Year) ence period indicate	tate Travel Required?
В.			ess of m th of chilo ninent da e followir nt <u>Rei</u> <u>st</u> : I requ sical Exa ence	ember of im d – father. anger to my g signific an ationship uest to be al m – Require	hmediate fai home. It event whit bsent from i	mily. ch required Date my positio	d my attention du	Out of S ay/Year) ence period indicate	tate Travel Required?
B			ess of m th of chilo ninent da e followir nt <u>Rei</u> <u>st</u> : I requ sical Exa ence	ember of im d – father. anger to my g signific an ationship uest to be al m – Require	hmediate fai home. It event whit bsent from i	mily. ch required Date my positio	d my attention du ofDeath (Month/D n during the abse	Out of S ay/Year) ence period indicate	tate Travel Required?
B			ess of m th of chilo ninent da e followir nt <u>Rel</u> <u>st</u> : I requ sical Exa ence ory Time me ("D"	ember of im d – father. anger to my g signific an ationship uest to be al m – Require Taken & "G" Basis	imediate fai home. It event whi bsent from i es supplem	mily. ch required Date my positio ental <u>Phys</u>	d my attention du of Death (Month/D n during the abse <u>ician's Certificatio</u>	Out of S ay/Year) ence period indicate	tate Travel Required?
в.			ess of m th of chilo ninent da e followir nt <u>Rel</u> <u>st</u> : I requ sical Exa ence ory Time me ("D"	ember of im d – father. anger to my g signific an ationship uest to be al m – Require Taken & "G" Basis	imediate fai home. It event whi bsent from i es supplem	mily. ch required Date my positio ental <u>Phys</u>	d my attention du of Death (Month/D n during the abse <u>ician's Certificatio</u>	Out of S ay/Year) ence period indicate	tate Travel Required?
в.			ess of m th of child ninent da e followir nt <u>Rel</u> at: I requ sical Exa ence ory Time me ("D" sence La	ember of im d – father. anger to my g signific an ationship uest to be al m – Require Taken & "G" Basis ave (PAL D	Imediate fai home. It event whi bsent from i es supplem s Quota) Day) - Unit 1	mily. ch required Date my position ental <u>Phys</u> 1 Employe	d my attention du of Death (Month/D n during the abse ician's Certifications es Only	Out of S ay/Year) ence period indicate on form.	tate Travel Required?
в.			ess of m th of child ninent da e followir nt <u>Rel</u> at: I requ sical Exa ence ory Time me ("D" sence La	ember of im d – father. anger to my g signific an ationship uest to be al m – Require Taken & "G" Basis	Imediate fai home. It event whi bsent from i es supplem s Quota) Day) - Unit 1	mily. ch required Date my position ental <u>Phys</u> 1 Employe	d my attention du of Death (Month/D n during the abse <u>ician's Certificatio</u>	Out of S ay/Year) ence period indicate on form.	tate Travel Required?
			ess of m th of child ninent da e followir nt <u>Rel</u> str: I requ sical Exa ence ory Time me ("D" sence La	ember of im d – father. anger to my ig signific an ationship uest to be al m – Require Taken & "G" Basis eave (PAL D Conference	Imediate fai home. It event white bsent from t es supplem S Quota) Day) - Unit 1 e/Training	mily. ch required Date my position ental <u>Phys</u> 1 Employe	d my attention du of Death (Month/D n during the abse <u>ician's Certifications</u> es Only n Release Time	Out of S ay/Year) ence period indicate on form.	son
C.			ess of m th of child ninent da e followir nt <u>Rel</u> at iscal Exa ence ory Time pry Time me ("D" sence La	ember of im d – father. anger to my ig signific an ationship uest to be al m – Require Taken & "G" Basis eave (PAL D Conference	Imediate fai home. It event white bsent from t es supplem S Quota) Day) - Unit 1 e/Training	mily. ch required Date my position ental <u>Phys</u> 1 Employe	d my attention du of Death (Month/D n during the abse <u>ician's Certifications</u> es Only n Release Time	Out of S ay/Year) ence period indicate on form.	son
C.			ess of m th of child ninent da e followir nt <u>Rel</u> at iscal Exa ence ory Time pry Time me ("D" sence La	ember of im d – father. anger to my ig signific an ationship uest to be al m – Require Taken & "G" Basis eave (PAL D Conference	Imediate fai home. It event white bsent from t es supplem S Quota) Day) - Unit 1 e/Training	mily. ch required Date my position ental <u>Phys</u> 1 Employe	d my attention du of Death (Month/D n during the abse <u>ician's Certifications</u> es Only n Release Time	Out of S ay/Year) ence period indicate on form.	son
C.			ess of m th of child ninent da e followir nt <u>Rel</u> at iscal Exa ence ory Time pry Time me ("D" sence La	ember of im d – father. anger to my ig signific an ationship uest to be al m – Require Taken & "G" Basis eave (PAL D Conference	Imediate fai home. It event white bsent from t es supplem S Quota) Day) - Unit 1 e/Training	mily. ch required Date my position ental <u>Phys</u> 1 Employe	d my attention du of Death (Month/D n during the abse <u>ician's Certifications</u> es Only n Release Time	Out of S ay/Year) ence period indicate on form.	tate Travel Required?

#### **OVERTIME USE POLICY**

LAVC, in accord with LACCD Human Resources Guide, HR W-500, Overtime, implements these additional guidelines for authorizing the use of overtime and approval of overtime work.

# Any conflict between the information contained on this page and pertinent collective bargaining agreements will be resolved in favor of the collective bargaining agreement.

#### I. POLICY

- A. Whenever possible, and except for extenuating circumstances, overtime will not be authorized.
- B. Overtime shall not be authorized except by the College President, the Vice President of Administrative Services, the Vice President of Academic Affairs, or the Vice President of Student Services.
- C. In cases of emergency, when none of the above mentioned are available, authorization may be provided by an Administrator or Manager in the hierarchy of the department requiring overtime authorization.
- D. In any event wherein the use of overtime is required it is the responsibility of the concerned Administrator, Manager, Director, Department Chair, or designated supervisor to provide written justification to the President, or concerned area vice president as appropriate, for authorization prior to the scheduling or use of any overtime.
- E. Employees are not authorized and shall not work overtime without the express approval as required by this policy in advance of working any overtime.
- F. In the case of emergency use of overtime the written justification shall be submitted for overtime use within 24 hours of the use of overtime.
- G. Payroll will NOT process overtime for pay unless the time sheet has the authorization attached.

#### II. **PROCEDURE**

A. Requesting Overtime Authorization

To request overtime authorization a supervisor must submit to the concerned Administrator, at least 48 hours in advance of the needed overtime, the LACCD OVERTIME REQUEST AND REPORT form, LACCD TA-2A.

Completing the Form: TOP PART OF FORM Location - enter LAVC Department – Ex. M&O Supervisor's Signature and Request Date- Supervisor requesting overtime is to sign here, and enter the date. Payroll Month - Enter the Month, Example Aug for August Year: Enter the appropriate year, example 2011 Week Ending - Enter the last date of the concerned week, example 8/14/11

#### Section 1: Request to Work Overtime

Reason - Select one of the provided choices. If you select Other, then state what the "Other" is. If the reason involves a Civic Center or Lease Agreement, enter the appropriate number for that.

Employee(s) section:

Enter the Last and First names of the employees that will be working this overtime, if approved. Below the name, where it states PN enter the position number of the employee.

Maximum Number of Hours to be Worked:

Under the appropriate day of the week enter the maximum number of hours that employee is expected to work the overtime.

Payroll Estimator: Under the box titled OT Rate enter the employee's overtime pay rate. For example if the employee is normally paid \$20.00 per hour, the overtime rate is time and a half, so the OT Rate would be \$30.00. For the \$ Projection multiply the total number of hours by the OT Rate for that employee. So, for example if the employee is expected to work a total of 10 hours overtime for the week at a rate of \$30.00 per hour, the projection would be \$300.00

Charge/Transfer Account: Under Business Area enter V000; Under Gen Ledger enter the appropriate G/L Code, for example 233400 for Office & Clerical Overtime; Under Cost Center enter the Fund center for the department, for example V1710A for Athletics Men; under Fund enter the fund number, for example 10100.

Do the above for each individual employee.

#### **Section 2: Budget Review**

Charge Account Balance - Go into SAP or Business Warehouse through the Portal and obtain the current balance in the account to be charged for this overtime. Enter that amount here.

Estimated Expense - From the \$ Projection in Section 1 total the individual costs for each employee and enter that total here.

Balance After Request - Subtract the Estimated Expense from the Charge Account Balance and enter that amount here.

Budget Review Performed By - The signature, not initials, of the person checking the balance and the date this review was done.

#### **Section 3: Authorization**

The Supervising Vice President is to determine if the overtime is to for Compensatory Time only by placing an X to the left of that; for Monetary Compensation, meaning paid overtime, by placing an X next to that box, or if the overtime is Not Approved by placing an X next to that box. the Supervising Vice president is Sign, not just initial, in the signature box and insert the date.

The form is then returned to the requesting supervisor. (See B below)

# Section 4: Report of Overtime Worked - if the overtime was approved by the Supervising Vice President, and worked, the Supervisor is to complete or have completed this section.

Enter the name, the appropriate code either OT for overtime or CW for Compensatory Time Worked for each day during which the overtime was worked.

From - start time

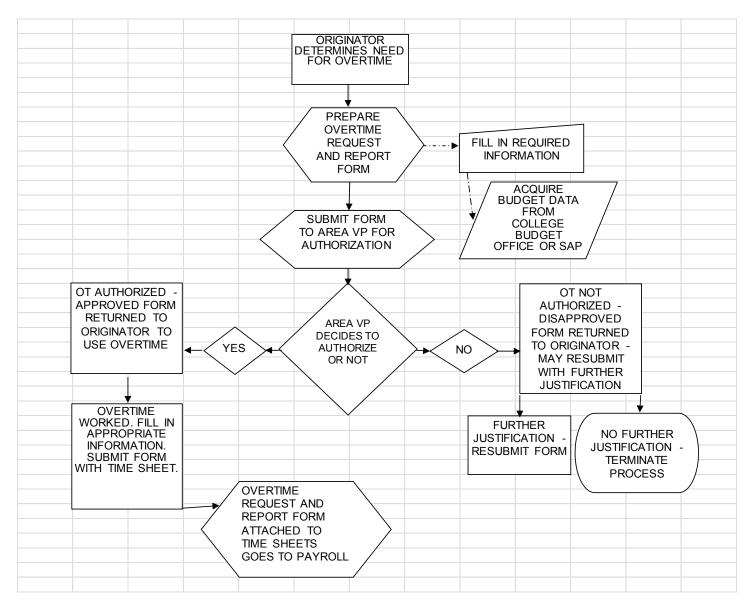
To - end time.

Once the form is otherwise completed the supervisor signs and dates the form.

The form is then attached to the time sheets for the employee(s) to be forwarded to Payroll for processing.

B. Upon review by the President or concerned supervising vice president, the signed LACCD TA-2A will be returned to the requesting supervisor.

C. Instructions for completion of the OVERTIME REQUEST AND REPORT form are contained in this handbook.



#### **OVERTIME REQUEST AND REPORT PROCESS**

The form is used       Location:     The Green area needs to submitted, and signed for Supervisor:       Section 1: Request to Work Overtime     Reason (Sel       Overtime must be approved in advance of wo     Reason (Sel       Employee(s)     Maximum Number of Hours       Frist Name     Mon     Tues     Wed       PN:     Enter names of personnel who       PN:     Or hours per       PN:     Or hours per       PN:     Enter current balance from SAP	This form is used to report time worked beyween a submitted, and signed for authorization prior to having overtime worked.     Supervision       time     The Green area needs to be filled out, supervision prior to having overtime worked.     Supervision       time     Reason (Select One);     Facilities and signed for authorization prior to having overtime worked.       time     Reason (Select One);     Repaired for authorization prior to having overtime worked.       time     Reason (Select One);     Repaired for authorization prior to having overtime worked.       time     Non     Thus     Repaired for authorization prior to having overtime worked.       Mon     Tues     Wed     Thurs     Fri       Mon     Tues     Wed     Thurs     Fri       Mon     Tues     Med     Thurs     Total       Mon     Tues     Med     Thurs     Mon     0       Ehter names of personnel who will work the overtime     Other     0	This form is used to report i area needs to be filled , and signed for authoriz wing overtime worked. Reason (Select One):	to report be filled	time w ork	ad bevond t	avolume ed						
Location:     Location:     In       Department:     Supervisor:     su       Supervisor:     Supervisor:     pn       Supervisor:     Supervisor:     nu       Ction 1: Request to Work Overtime     Mork Overtime     nu       Chast Name     First Name     Mon     n       Last Name     First Name     Mon     n       PN:     PN:     Enter nat       PN:     PN:     Enter nat       PN:     PN:     Enter nat       PN:     PN:     Enter ru       PN:     Nonetary     Enter cu	ior to having ior to having <i>in advanc</i> in advanc mes of perso	a needs to signed fo overtime v eason (Se	be filled				e's regular v	used to report time w orked beyond the employee's regular w ork schedule.				
Department:     Supervisor:     Supervisor:       Supervisor:     Supervisor:     Supervisor:       Ction 1: Request to Work Overtime     Mork Overtime       Dvertime must be approved     Image: Supervisor:       Last Name     First Name     Image: Supervisor:       PN:     First Name     Mon       PN:     PN:     Enter run       PN:     Monetary     Enter run	ior to having ior to having <i>in advanc</i> in advanc wed 1 ues wed 1 mes of perso	overtime v eason (Se			Supervisor's Signature and Request Date	ignature and R	kequest Date			Payro	Payroll Month:	
Supervisor:     pr       ction 1: Request to Work Overtime       Overtime must be approved       Employee(s)     Ma       Employee(s)     Ma       Last Name     Mon       First Name     Mon       PN:     Enter ma       PN:     Enter cu	ior to having in advanc ximum Num ues Wed 1 mes of perso	eason (Se	r authori:	zation							Year:	
ction 1: Request to Work Overtime Overtime must be approved Employee(s) Ma Last Name First Name Mon T PN:	in advanc ximum Num ues Wed 1 ues of perso	eason (Se	vorked.							Weel	Week Ending:	_
Overtime must be approved       Employee(s)     Ma       Last Name     Mon       PN:     First Name     Mon       PN:     PN:     Enter nai       PN:     PN:     Enter cu	in advanc		elect One)		Facilities Rental	ental		Civic Center / Lease Agreement No:	ease A	areement N		
Overtime must be approved       Employee(s)     Ma       Last Name     Mon     T       Last Name     First Name     Mon     T       PN:     PN:     Enter rai       PN:     PN:     Enter cul	in advanc ximum Num ues Wed 1 mes of perso	o of we			Repair / Maintenance	intenance			-		-	
Employee(s)     Ma       Last Name     First Name     Mon     T       FN:     Enter nai     PN:     Enter cu       PN:     PN:     Enter cu       PN:     PN:     Enter cu       ettion 2: Budget Review:     (When Monetary	ved 1 ved 7 ved 1 ved 1 ved 0 ved 1 ved 0 ved 1 ved 0 ved 0	·: > ?	work.	-	"Rush Period"	od"						
Employee(s)     Ma       Last Name     Mon       First Name     Mon       FN:     Enter       PN:     PN:       PN:     Enter       PN:     Enter       PN:     Enter       PN:     Enter       PN:     Enter	ximum Numl ues Wed 1 mes of perso				Other: Explain:	ain:						
Last Name First Name Mon T PN: PN: PN: PN: PN: Futer cu	ues Wed 1 mes of perso		Hours to Be Worked	Worked		Pa	Pavroll Estimator	ator		Charge / Transfer Account	ansfer Acc	count
PN: PN: PN: PN: PN: PN: Futer cu	mes of perso		i Sat	Sun	Total	OT Rate		tion	Bus Area	Gen Ledger	r Cost Center	nter Fund
PN: PN: PN: PN: PN: PN: Enter cu	mes of perso	_	_		0		_	0.00				_
PN: PN: PN: PN: PN: Enter cur	- 6- 	onnel who	will wor	k the ove	rtime		-	Notes:				
PN: PN: PN: PN: PN: PN: Fnter cui	6				0			0.00				
PN: PN: PN: PN: Fnter cui		OT hours pei	per day					Notes:				
PN: PN: PN: PN: PN: Enter culture For the monetary					0			0.00				
PN: PN: PN: Enter cultion 2: Budget Review: (When Monetary								Notes:				
PN: PN: PN: Enter cultion 2: Budget Review: (When Monetary					0			0.00				
PN: Find 2: Budget Review: (When Monetary								Notes:		Vice president signs here.	ent signs	here.
PN: Enter cultion 2: Budget Review: (When Monetary					0			0.00				
tion 2: Budget Review: (When Monetary	Enter current balance from	e from SAP	<b>L</b>					Notes:				
	Compensation	Requested	(			Section 3:	3: Author	Authorization:				
Charge Account Balance:			B udget	B udget Review P erformed B y:	formed B y:			Compensatory Time Only	ory Time	Only	Supervisin	Supervising Vice President
Estimated Expense:		00.0	0 To be	do ne by r	done by requestor (or	-		Monetary Compensation	mpense	tion		
Balance After Request:		00.0	_	ollege Bu	via College Budget Office)			Not Approved	7			
			Signatu	Signature and Date							Signature and Date	ind Date
Section 4: Report of Overtime Worked:						,	not approv	If not approved this box is checked	hecked			
W	Monday	Tuesday	day	Ме Ме	Wednesday	Ę	Thursday	Friday		Saturday	lay	Sunday
Last Name First Name Code From	٩	Code From	Ъ То	Code	From To	Code From	From To	o Code From	P	Code From	٩	Code From
Complete this section as the concerned is to sign, not initial, in the Supervisor's.	as the conc		ployee( nature b	s) work t ox, and	employee(s) work the overtime. Once completed the sul Signature box, and date the form. Attach this form to the	ne. Once	completed ch this fon	employee(s) work the overtime. Once completed the supervisor Signature box, and date the form. Attach this form to the	- <u>-</u>			
Department Weekly Time Sheet.	ime Sheet.					-		-				
												_
Special Pay Codes	Wher	n the auth	orized ov	ertime is	When the authorized overtime is worked the approving	he approvi		I certify the information appearing on this time report is true and correct.	r appeari	ng on this time	e report is tr	ue and corre
OT Overtime	super	supervisor com	pletes th	ne Blue s	completes the Blue section and forwards the	forw ards	the					
							Supe	Supervisor's Signature				Date

#### **OVERTIME REQUEST AND REPORT FORM**

#### TIME REPORTING PROCESS AND CODES

#### (These are the codes to be used when completing the Department Time Report)

		Absence Authorization	on (A/A) Co	odes	· · · · · ·	Clock Co	nversion
Re	port time when employee actually worked.	Definition	SAP	Time Report	Form Required	12-Hour Clock	24-Hour Clock
		Authorized Unpaid Absence	2010	Ū	No	12:00 AM	00:00
1.	Identify the service for the employee(s)	Administrative Leave Paid	1010			1:00 AM	01:00
	being reported.	Annual Physical Paid	1050	AP	Yes	2:00 AM	02:00
	- Use one form for each service.	Assault and Battery Paid *	1070			3:00 AM	03:00
		Bereavement Paid	1100	В	Yes	4:00 AM	04:00
2.	Complete the Payroll Month, Year, and	Casual Absence Paid	1130	С	Yes	5:00 AM	05:00
	Week Ending boxes showing when work	Child Care Unpaid *	2070			6:00 AM	06:00
	was performed.	Subpoena Paid	1170	S	Yes	7:00 AM	07:00
	•	Family Med and III Paid *	1260			8:00 AM	08:00
3.	Record the actual time each employee	Family Med and III Unpaid *	2180			9:00 AM	09:00
	worked under the column heading "From"	Governmental Service Unpaid *	2210			10:00 AM	10:00
	and "To."	Hourly Holiday	0500		No	11:00 AM	11:0
	- All time must be reported using either	Hours Worked	0100			12:00 Noon	12:00
	the 12-Hour or 24 Hour Clock format	Illness Paid	1350		Yes	1:00 PM	13:00
	shown at the right.	Illness Unpaid	2290		Yes	2:00 PM	14:00
	- Record fractional hours in 15 minute	Industrial Accident Paid	1390	IA	Yes	3:00 PM	15:00
	blocks, e.g., 10:15, 10:45, etc.	Industrial Accident Unpaid *	2310			4:00 PM	16:00
		Jury Duty Paid	1420	J	Yes	5:00 PM	17:00
4.	Complete the signature section.	Maternity Unpaid *	2430			6:00 PM	18:00
		Military Paid *	1510			7:00 PM	19:00
5.	Submit the Department Time Report to	Military Unpaid *	2450			8:00 PM	20:00
	the Location Time Reporting Office.	Organizational Paid *	1570			9:00 PM	21:00
	- Due Date: No later than Monday of the	Peace Corp Unpaid *	2580			10:00 PM	22:0
	following week.	Personal Necessity Paid	1680	PN	Yes	11:00 PM	23:00
		Retraining and Study HP *	1730				
		Retraining and Study Unpaid *	2680				
		Service Assignment Chg Unpaid *	2730				
		Suspension Unpaid	2770				
		Tardy/Absent Without Leave Unpaid	2800	Т			
		Vacation Paid	1870	V	Yes		
		Work Related Paid	1920	W	No		
	D TA-3B 6/05	* Absence code is automatically reported when employee is on a formal leave.					

#### **WORK SCHEDULE D & G BASIS**

				-		unity College D			/==0		
	V	VORK	SCHED	ULEFC	<u> "D" אכ</u>	AND "G"		MPLOY	rees		
Location:						Employee					
Department:						Employe	ee No:				
					day throug	h Friday.					
Instructions:			ays on ca								
	Faculty:	Enter or	niy Start	and Stop	o times fo	r non-class	oom time	-			
_	N.4	<b>T</b>		<b>T</b> I							
Day:	Mon	Tue	Wed	Thu	Fri		2008-09 Noi				
Start Time:							D-Basis:	21			
Stop Time:							G-Basis:	22			
			2008						2009		
			Day						Day		
Month	Mon	Tue	Wed	Thu	Fri	Month	Mon	Tue	Wed	Thu	Fri
inortar	WOIT	1	2	3	4	montai	WOIT	Tue	wcu	1	2
	7	8	9	10	<u></u> 11	4	[]]]]₿]]]]	6	7	8	9
JUM	14	15	16	10	18	anal.	12	13	14	15	16
5.	21	22	23	24	25	January	19	20	21	22	23
	28	29	30	31			26	27	28	29	30
					1						
	4	5	6	7	8		2	3	4	5	6
w <sup>st</sup>	11	12	13	14	15	Uard	9	10	11	12	13
AUQUEL	18	19	20	21	22	February	16	17	18	19	20
	25	26	27	28	29		23	24	25	26	27
	1	2	3	4	5		2	3	4	5	6
September	8	9	10	11	12	З,	9	10	11	12	13
Cet e	15 22	16 23	17 24	18 25	19 26	March	16 23	17 24	18 25	19 26	20 27
2	22	30	24	20	20		30	24 31	20	20	21
	20		1	2	3		00		1	2	3
<u>،</u>	6	7	8	9	10		<b> </b>   <b> </b>				IIIIHdIIII
october	13	14	15	16	17	POUL	13	14	15	16	17
05	20	21	22	23	24	<b>K</b>	20	21	22	23	24
	27	28	29	30	31		27	28	29	30	
											1
á	3	4	5	6	7		4	5	6	7	8
embe	10	11	12	13	14	May	11	12	13	14	15
November	17	18	19	20	21	4	18	19	20	21	22
	24	25	26	27	28		25	26	27	28	29
	1	2	3	4	5		1	2	3	4	5
న	8	9	10	11	12		8	9	10	11	12
December	15	16	17	18	19	June	15	16	17	18	19
\Sec.	1111221111	1111231111	24		1111261111	20	22	23	24	25	26
	29	30	31				29	30			
Remarks:											
Code:			olleges Clo				I certify the	e report sch	edule note	d above.	
		Vacation D	ay for "D" a	and "G" bas	sis employee	es	_				Ţ
							Employee's	Signature and	Date		
							Vice Preside	nt Approval a	nd Date		
	<u> </u>						VICE FIESIDE	п. Аррго vara			

22

#### HR W410 GUIDE 1

						HR W-410			
LOS ANGE	LES COMM	UNITY COLLEGES		WC	RK SCHEE	DULE AND YEAR, "D" & "G" BASIS			
HUMAN RE	SOURCES	GUIDE							
ISSUE DATE: 18-Apr-08			SERVICE:	Х	ACADEMI	С			
				X	CLASSIFI	ED			
					UNCLASS				
REPLACES	Legacy Pe	rsonnel Guide:	CHANGES		New				
	B470 Basis, General								
		sis Calendar							
	POLICY								
			·						
		•	-			e academic program require variety of			
	partial year	duty patterns and to de	evelop stamine	g pa	tterns that i	meet those needs.			
ll.	DEFINITIO	NS							
	Basis is the term used to identify the period during the year when an employee is on duty and assigned a								
		rk schedule.							
	A Salaried	Emplovee works sch	eduled consi	sten	t duty hours	s, (has a work schedule), each week			
		s the same amount of c							
				1	ļ. Ī	h day of the week during which an employee			
		s or her assigned duties		Stop		I day of the week during which an employee			
						on is budgeted and the employee is paid.			
						Work Schedule define the actual days and			
				work	c year is pa	id July through June. A ten month work			
	year is paid September through		ne.						
III.	REQUIREN	IENTS							
	A. By def	inition, each salaried em	ployee is as	sigr	ned a set wo	ork schedule. Benefits such as holidays			
	and vac	cation/illness quota are	processed b	ased	d on the ass	signed work schedule. Since D and G Basis			
						12 calendar months, D and G basis			
	1		mber of non-	-duty	days each	year to ensure they do not work over their			
	assign	ed week days.							
			TA	ABLI	E W-410A				
		D A	ND G BASI	S AS	SSIGNMEN	T PERIODS			
			WORK V	VEE	K DAYS				
BASIS	SERVICE	Assignment Period	DUTY		NON-DUTY	NOTES			
D	Academic	July 1 and June 30	240		21	Applies to 12-pay period			
		•				employees on preparation schedule.			
						Employees are eligible for illness			
						benefits and receive pay for holidays			
						as specified in collective bargaining			
						agreement.			
						<ul> <li>May be used with compressed</li> </ul>			
						calendar.			
G	Classified	July 1 and June 30	239		22	Employees earn vacation, are			
						eligible for illness benefits, and			
		in addition for a set of the	affe at a th	<u> </u>	han af it t	receive pay for holidays.			
∟eap year,	and the day	in which leap year falls	, anects the	num	iber of duty/	/non-duty days. See Table W-410B for details.			

#### HR W410 GUIDE 2

Β.			are to schedule	•	• •		
			nal and student s		and as directed	by their colleg	e president.
	The basic	c guidelines for th	is process are as	follows:			
			ch year, the depar				
			Schedule for "D" a		• • •	W-410) is sub	mitted to
	the	supervising Vice	e-President for the	upcoming fiscal	year.		
		For faculty, only	non-classroom til	me need be desi	gnated on the w	ork schedule fo	orm
		since classroom	time is accounte	d for through the	regular schedul	e of class's	
		development pro	cess.				
	2. In o	developing a work	schedule and list	t of non-dutv dav	s. the departme	nt chair. in cor	sultation
			nd the appropriate				
			es the employee is				
			here the employe				
	is I	necessary to ens	ure that the emplo	oyee remains full	y accountable fo	or the quality,	
	con	pleteness, and t	imeliness for the	performance of h	s/her assigned	duties.	
	3. See	Los Angeles Co	llege Faculty Guil	d. Article 17. De	partment Chairs	and Departme	ents.
		contractual obliga					,
C			collective bargair	ing agreement o	necifies otherwise	e "D" and "C"	hasis
0.			bject to approval of	~ ~			
		•	her than when the	-			
	Calendar			a vacation day is			ddenno
~						1	
D.	-		ule: If during the				
			ly do so by submi o the appropriate				
E.			-to-day absences				eported
			by the college ad	ministration as s	oon as practica	l on Absence	
	Certificat	ion/Request (Forr	n IA-1).				
F.			r Year: The num		•	• • •	
			s needed for a pa				
			loyees. A Master		•		e W-410B,
			ear Calendar Days	, and Table W-4	10C, Number of	Calendar Day	
	Fluctuation	ons, below.					
			T	ABLE W-410B			
	DETERMINATION OF FISCAL YEAR CALENDAR DAYS						
						NUMBER	
				NUMBER OF	"D" BASIS	OF "G"	
		VEAD	DAY OF WEEK		NON-DUTY	BASIS NON-	
		YEAR Normal	FOR JULY 1 Not Sat/Sun	261	<b>DAYS</b> 21	DUTY DAYS 22	
		Normal	Sat	261	21	22	
		Normal	Sat	260	20	21	
		Leap	Not Sat/Sun	262	20	21	
		Leap	Sat	262	20	23	
		Leap	Sun	261	21	22	
				201			

		TA	BLE W-4100	;			
		NUMBER OF CALE	NDAR DAYS	FLUC	TUATIONS	6	
	NUMBER OF		NUMBER OF		IBER OF		
	CALENDAR NUMBER OF CALEN		DAR WEEK "		" BASIS	NUMBER OF "G" BASIS NON-	
FISCAL YEAR	DAYS	DAYS		NO	N-DUTY	DUTY DAYS	
2005-06	365	261			21	22	
2006-07	365	260			20	21	
2007-08	366	261			21	22	
2008-09	365	261			21	22	
2009-10	365	261			21	22	
2010-11	365	261			21	22	
2011-12	366	262			22	23	
2012-13	365	261			21	22	
2013-14	365	261			21	22	
2014-15	365	261			21	22	
2015-16	366	261			21	22	
2016-17	365	260			20	21	
2017-18	365	260			20	21	
2018-19	365	261			21	22	
2019-20	366	262			22	23	
2020-21	365	261			21	22	
For Classified S	ervice employee	s the definition of work y	ear is subjec	t to m	odification	upon review of SAP functionality.	
	IV. ADDITIO	NAL SOURCES					
	LACCD BOARD RULES						
		ources					
		Article IV, Certificated Assignments					
	LACCD HUMAN RESOURCE GUIDE						
	HR Guide H-600 Work Year and Academic Terms						
	HR Guide P-400 Leaves of Absence						
	LACCD COLLECTIVE BARGAINING AGREEMENTS						
	Los Angeles College Faculty Guild Local 1521: Article 17, Department Chairs and						
		Departments					