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

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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

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DEPARTMENT WEEKLY TIME SHEET CERTIFICATED HOURLY

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DEPARTMENT WEEKLY TIME SHEET UNCLASSIFIED

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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.

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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

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LOS ANGELES COMMUNITY COLLEGES

770 WILSHIRE BOULEVARD, 5TH 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		 Absences over Absences over Em ployment e 	lsewhere while on <u>an</u> /sician / Other Pract	ician Certification : Formal Leave of Absence y illness/injury absence prohibited. itioner Certification
		(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	
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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

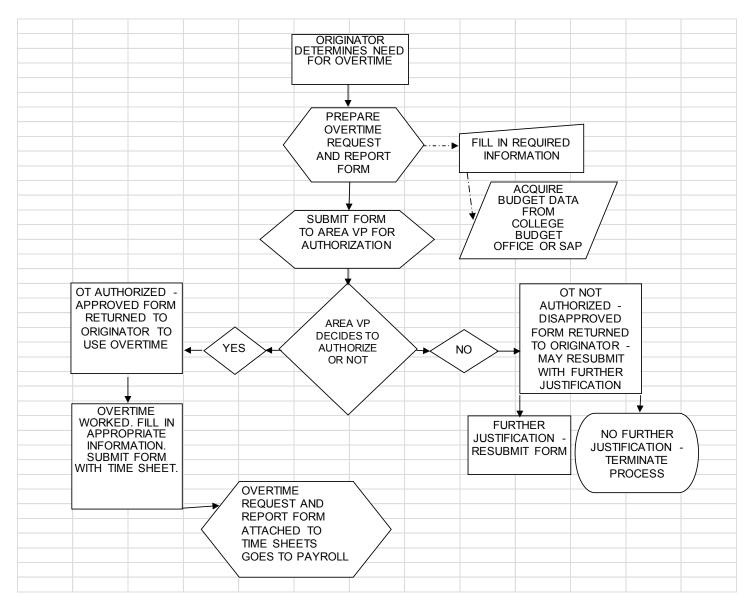
To - end time.

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						
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	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	T		T 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 st	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		 				IIIIHdIIII
october	13	14	15	16	17	POUL	13	14	15	16	17
05	20	21	22	23	24	K	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			

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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.			
						 May be used with compressed 			
						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	DAYS 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					