CLASSIFIED EMPLOYEE TIME RECORD

(See Instructions on Back Page)

Last Name________________________ First ________________ Pay Period: From: ___/___/___ To: ___/___/___

Normal Work Schedule Hours: ____________________________________________________________

Refer to flex-time work schedule guidelines

(Attach overtime sheet)

<table>
<thead>
<tr>
<th>Ad Hoc Init</th>
<th>Date</th>
<th>Days</th>
<th>In AM</th>
<th>Out AM</th>
<th>In AM</th>
<th>Out AM</th>
<th>Regular Hours Worked</th>
<th>Hours Used</th>
<th>Leave Type</th>
<th>Extra Time Hours</th>
<th>Over Time Hours</th>
<th>Over 40 Comp</th>
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<tbody>
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</tr>
</tbody>
</table>

Thur
Fri
Sat
Sun
Mon
Tue
Wed
Thur
Fri
Sat
Sun
Mon
Tue
Wed

Totals

FAMILY LEAVE

** Please complete the statement below to document your Family Leave Request**

I was absent from work on____________________(date) for _________________________(relationship of the person)

because of __________________________(reason). ie: Dentist appointment, illness.

This person resides in my home. ☐ This person does not reside in my home. ☐

Employee’s Signature: _______________________________________  Date: _______________________

Supervisor’s Signature_______________________________________  Date: _______________________

PAYROLL USE ONLY

<table>
<thead>
<tr>
<th>LINE #</th>
<th>OTA</th>
<th>OMO</th>
<th>HPA</th>
<th>HPB</th>
<th>HC</th>
<th>IIP</th>
<th>EXT</th>
<th>OMI</th>
<th>OMP</th>
</tr>
</thead>
</table>

White-Payroll    Yellow-Supervisor    Pink-Employee
**Employee Time Record Instructions**

**General** – Employees must keep their timesheets current by recording their times worked on a daily basis.

**Timesheet Due Dates** – Timesheets are due in the Payroll Office on Thursdays, following the completion of a pay period.

**Holidays Worked** – If you work on a holiday, indicate this on the line of the date worked. (i.e. –“Worked Thanksgiving Day”) If you work on a holiday and have a holiday waiver on file, the employee will receive holiday time. If no holiday waiver is on file, the employee will be paid in accordance with the contract.

**Column Instructions:**

- **Ad Hoc Init** - Supervisor must initial approval all days where there is an Ad Hoc Work Schedule change.
- **Date** - Enter dates worked
- **Time In/Out** - Record time in and time out, indicating AM or PM
- **Regular Hours Worked** - Total hours worked that day
- **Hours Used** - Total leave hours used that day
- **Leave Types:** Enter appropriate Leave code for leave hours used that day
  - A – Annual; C – Compensatory; C40 – Over 40 Compensatory; H – Holiday; HF – Holiday Floating; P – Personal; S – Sick; SF – Sick Family; SP – Special; V – Voluntary Work Reduction
- **Extra Time Hours** - Enter number of extra time hours worked. Generally, this category is for part-time workers or full time workers with less than a 40-hour workweek. It represents the hours worked above your scheduled workweek up to 40 hours. (IE – Part time person scheduled to work 20 hours per week, works 30 hours during one work week. The ten additional hours would be recorded as Extra Time.)
- **Overtime hours** – Enter hours worked in excess of 40 hours during the workweek for payment at time and one half of normal hourly rate. *(If overtime hours are to be charged to a different account, please attach overtime sheet.)*
- **Over 40 Comp** - Enter hours worked in excess of 40 hours that will be banked for use at a later time. You must have a waiver on file to be eligible for this.

**Totals** – Add number of hours in each column and enter total. Make sure total hours for the Regular Hours Worked and Hours Used columns equals your normal work schedule. (If normal work hours for a two-week period are 80 hours, then the total of Regular Hours Worked plus Hours Used should equal 80)

**Family Leave Section** – Complete this section if you are charging any time to Family Leave.

Family Leave provides that absences necessitated by illness in the employee’s family may be charged to sick leave credits up to a maximum of 15 days each calendar year. For Attendance Rules, family is defined as any relative, relative-in-law or any other persons with whom the employee makes their home. Employees who request sick leave for reasons of family illness may be required to present evidence of the illness, family relationship or need of the ill person for the services of the employee. The definition of family varies by negotiating unit as follows: Council 82 – family is limited to the employee’s spouse, child, parent, grandparent, brother, sister, parent-in-law, brother/sister-in-law, grandchild or other relative living in the employee’s household. For all other negotiating units, family is defined as all relatives and relatives-in-law regardless of the location of their residences, but non-relatives must be residing with the employee. Please refer to your contract or contact the Payroll Office (x3113) if you have additional questions concerning Family Leave.

**Employee Signature /Date** – Sign, date and submit your timesheet to your supervisor for approval. This signature is certification that the time sheet is an accurate record of your time for the payroll period.

**Supervisor**

Supervisors are responsible for reviewing their employee’s time record. Ensure that the name, pay period dates and normal work schedule sections are filled in. Each day should be reviewed for time in and time out. Total hours worked each day and total hours for the pay period should be reviewed to make sure they add up.

**Ad hoc work schedule change** – is a change in work schedule that is requested for a single day, or for a shorter duration than the minimum four weeks covered under the Flex Time Work Scheduling Policy. Supervisors may authorize ad hoc work schedule changes, but should do so advisedly. If an employee requests and is granted a work schedule change, the supervisor must certify approval with his/her initials in the Ad Hoc Initial column.

**Compensatory Time** – must be pre-approved by the supervisor.

**Supervisor’s Signature** – Supervisor’s must sign and date their employee time records and forward to the Payroll Department. This signature certifies that you have reviewed your employee’s time record and that it represents an accurate account of your employee’s time for the pay period.

If any unusual situations arise and you need assistance before signing your employee’s time record, please contact the Payroll Office at #3113.