



# POLICIES AND PROCEDURES

**SUBJECT:** TIME REPORTING

**POLICY NO:** 610

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**PURPOSE:** To provide for the accurate recording and reporting of time worked and time off for the preparation of the payroll.

**POLICY:** Each employee shall be held accountable for complete and accurate time reporting on a daily basis.

Supervisors/managers are responsible for obtaining documentation and ensuring appropriate and accurate coding of time collection documents for each employee under his/her purview.

Falsification, tampering with and/or failure to properly complete time collection documents by employees or supervisors shall be cause for disciplinary action which could include discharge from County service.

**GENERAL PROVISIONS:**

The Department of Health Services (DHS) will be utilizing three (3) different time collection processes: (1) a keypunch timecard (2) a paper timesheet or (3) the web-based timesheet. The keypunch timecard process will be phased out as the new web-based timesheet system is phased in department-wide.

**DEFINITION:** **Time Collection Document** includes keypunch timecard, paper timesheet, and web-based timesheet.

**PROCEDURES:** **A. Recording and Verification of Time**

Each employee shall accurately and timely record time worked and time absent from work in increments of no less than 1/4 hour, complete his/her time collection document and submit it as directed within the time period specified by management. Management may require employees to record their scheduled begin and end times and lunch out and in times on the time collection document/system.

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**APPROVED BY:**  
**REVIEW DATES:**

**EFFECTIVE DATE:** December 1, 2006  
**SUPERSEDES:** 610, Time Reports,  
5/1/84 & 611 Retention of Timecards, 6/28/78

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Upon employee request, or where required, supervisors shall ensure training is provided on the employee's specific time collection process.

Each supervisor shall be held accountable for verifying the time collection data submitted by his/her subordinates for accuracy and completeness, approving the time recorded by his/her subordinates, and forwarding the time collection document to payroll for processing within the time period specified by management.

Supervisors who are responsible for approving subordinates' time should also be the individuals designated to approve and disapprove time away from work and the use of employee's accumulated benefit time. When required by supervision, separate sign-in/out logs shall be completed by the employee and must accurately reflect the employee's arrival and departure times.

**B. Time Monitoring Plan**

Management shall develop and implement a plan for monitoring and approving subordinates' time. The plan shall be in writing and include:

1. Employee work schedule. An exception may be physicians affiliated with a university. Management may require them to report time worked for the university, in accordance with established procedures.
2. Method used to verify daily attendance and time worked.
3. Method for authorizing scheduled time off

Each supervisor is responsible for documented review of the time monitoring plan with subordinates.

**C. Time Reporting Process**

Regardless of the time collection process assigned to the employee, the time recorded as worked must only reflect time that is actually spent performing work for the County. Employees may not spend time on personal business during County working hours. Time spent on

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personal business may not be reflected as County time on the employee's time collection document.

Supervisors shall ensure that time collection documents are secured to preclude unauthorized adjustments. Once the time collection document and/or timesheet correction form has been signed by the supervisor, the employee must not have access to it.

Employees and supervisors shall adhere to the respective timeframes established by management for completing the time collection document.

Temporary employees (i.e., C, E, F) must submit a time collection document for every pay period they worked; otherwise, the employee will not be paid until a time collection document has been submitted and processed.

For management reporting purposes only, employees designated as "Exempt" under the provisions of the Fair Labor Standards Act (FLSA) must record all hours worked and all full shift absences. For payroll purposes, employees who are designated "FLSA-Exempt" will not be docked or required to use leave benefit time to cover absences in less than full-shift increments. FLSA-Exempt employees cannot be paid overtime. If approved for accrued overtime, a FLSA-Exempt employee who works three (3) or more hours of continuous overtime on any work shift should code such on his/her time collection document. Overtime can only be used on an eight-hour basis. Time off in full-shift increments should be coded with appropriate benefit time or indicate absence without pay.

**NOTE:** There is one exception to this principle; an Exempt Salaried employee who is absent part of a day while using leave granted pursuant to the Family and Medical Leave Act (FMLA) must record an absence of less than a day.

Procedures for the use of each of the time collection methods are found in DHS Policies 610.001 (Time Reporting-Web-based Time

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Collection System), 610.002 (Time Reporting-Paper Timesheet), 610.003 (Time Reporting-Keypunch Timecards).

**D. Rejection of Time Collection Documents**

A time collection document submitted by an employee or proxy for approval by the supervisor may be rejected by the supervisor. Rejected time collection documents should be corrected by the employee or proxy and resubmitted for supervisor approval within the established time collection system deadline.

**E. Adjustments to Previously Submitted Time**

All adjustments in the coding of any of the time collection documents after they have been submitted to either the Timekeeper or the Payroll Office must be immediately reported to Payroll on the Timesheet Correction Form (Attachment A). The employee and the supervisor must sign the form to attest to approval or discussion of the change. If the employee is not available to sign the form before it is submitted to the Payroll Office, the supervisor shall give timely written notification to the employee by providing the employee with a copy of the document for review and signature. The signed copy must be forwarded to the Payroll Office.

**F. Incomplete Time Collection Documents**

All time collection documents, regardless of the format, require the following three elements in order to ensure the integrity of the payroll system:

1. A completed time collection document
2. An employee's signature
3. A supervisor's signature acknowledging approval

Therefore, after deadline, payroll will review various reports to ensure all of the above requirements were met. If any of the three elements are determined to be missing, payroll staff will contact the employee's timekeeper and/or supervisor to resolve the problem.

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**G. Unit/Facility Timekeeper/Proxy Responsibilities**

A Proxy may be designated for an employee to enter his/her time into the web-based time collection system. The Proxy Authorization (Attachment B) form shall be completed and submitted to the Payroll Manager.

A Timekeeper, Alternate, Timekeeper's Timekeeper, and Alternate Timekeeper's Timekeeper shall be designated for each Pay Location. The Warrant Distributor/Timekeeper Information Change form (Attachment C) shall be completed and submitted to the Payroll Manager. Any subsequent change of the designated Timekeepers and Alternates shall also be reported the Warrant Distributor/Timekeeper Information Change form.

Designated Timekeepers, Alternates and Proxies shall not be involved with any portion of the distribution of Warrants/Notices of Direct Deposit forms.

With the implementation of CWTAPPS, the Timekeepers are no longer required to maintain leave balances on manual master timecards for the employees in their pay location(s). Timekeepers should be able to resolve any questions regarding an employee's leave balances by reviewing the print out of the monthly leave balances along with copies of the employee's timecards. Any discrepancies that cannot be resolved after this review should be referred by the Timekeeper to Payroll using the Payroll Problem form (Attachment D). The discrepancy will be investigated and the resolution of the problem reported to the Timekeeper.

The Timekeepers, at the option of their management, may still be required to post all hours worked and/or variances to manual master timecards in order to have a readily available snapshot of the employee's time.

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**H. Documented Review of Time Reporting Policy**

A copy of this policy/procedure will be provided and discussed with newly hired and transferred employees during new hire orientation. Supervisors are to ensure employees are made aware of this policy/procedure and the employee's applicable time collection requirements at their facility/program new hire orientation.

On an annual basis, Supervisors shall meet with each subordinate to discuss the Time Reporting policy, and obtain documentation of the employee's review and understanding. Documentation shall be submitted to the Human Resources Office for inclusion in the employee's personnel file.

**I. Compliance**

Time collection documents, timesheet correction forms, and supporting timekeeping records are legal documents. Falsification, tampering with and/or failure to properly complete these documents by employees or supervisors shall be cause for disciplinary action which could include discharge from County service. In addition, where circumstances warrant, employees will be required to make restitution for overpayments resulting from falsification of time records and will also be subject to criminal prosecution.

Supervisors shall initiate appropriate disciplinary action in accordance with the Department of Health Services Employee Evaluation and Discipline Guidelines (EE&DG) if an employee fails to comply with this policy and related procedures.

Management shall initiate appropriate disciplinary action in accordance with the Department of Health Services Employee Evaluation and Discipline Guidelines (EE&DG) if a supervisor fails to comply with this policy and related procedures.

**J. Records Retention**

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Time collection documents either (1) key punch timecards (2) paper timesheets or (3) web-based, and timesheet correction forms are to be maintained by Payroll for at least five (5) years. Documents for grant expenditures may be retained longer if specifically required by the funding source.

**K. Reporting Time Abuse**

Employees may anonymously report any instances of suspected time abuse to:

DHS Audit & Compliance Division	-OR-	Los Angeles County Fraud
313 N. Figueroa St, Rm. 801		Hotline
Los Angeles, CA 90012		1 800 544 6861 (Toll Free)
(213) 240-7901		or (626) 293-1413

REFERENCES: Los Angeles County Fiscal Manual, Section 3.1.5

CROSS

REFERENCES: DHS Policies:

- 610.001 Time Reporting – Web-based Time Collection System
- 610.002 Time Reporting – Paper Timesheets
- 610.003 Time Reporting – Key punch Timecards
- 610.01 Physician Time Reporting
- 753 Overtime

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# ACKNOWLEDGMENT

<b>POLICY NO. 610      Time Reporting</b>
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By my signing where indicated below, I acknowledge that I have received and reviewed a copy of the above Department of Health Services policy.

Name (Print):	Employee Number:	Dept. No.:
Signature:	Job Title:	Date:
Supervisor's Name (Print)	Supervisor's Signature:	Date:

c:/dhs policy 610

Distribution:

Personnel File (Original)  
Division File  
Employee  
Supervisor



**TIMESHEET CORRECTION**

COUNTY OF LOS ANGELES-DEPARTMENT OF HEALTH SERVICES  
OFFICE OF HUMAN RESOURCES

EMPLOYEE NAME:				EMPLOYEE NUMBER:				
PAY PERIOD ENDING:		PAY LOCATION:		DATE SUBMITTED:				
DEPARTMENT NUMBER):								
CHANGE EFFECTIVE DATE OF	FROM			TO				
	Hrs.	Wkd	REASON CODE	HOURS	Hrs.	Wkd	REASON CODE	HOURS
<b>FOR PAYROLL USE ONLY</b>								
REMARKS				_____ SUPERVISOR/TIMEKEEPERS SIGNATURE				
				_____ EMPLOYEE'S SIGNATURE				
ADJUSTED BY								
ADJUSTED DATE								

PLEASE SUBMIT IN DUPLICATE IN ORDER TO RECEIVE A COPY BACK THAT ADJUSTMENT HAS BEEN PROCESSED BY PAYROLL

# PROXY AUTHORIZATION

## WEB-BASED TIME COLLECTION INFORMATION

I hereby authorize the individual designated in the "proxy" box below the authorization to enter my time collection information into the CGI-Advantage system. In addition, this individual is authorized, whenever I am not available due to emergencies or hardships, enter and submit my time collection information.

I understand that it is still my responsibility to ensure that the time reported on my behalf is my sole responsibility, and not that of the proxy.

**Note:** Under some circumstances the "proxy" and the employee's supervisor may be the same individual.

Name (Print):	Employee Number:	Dept. No.:
Signature:	Job Title:	Date:
Supervisor's Name (Print)	Supervisor's Signature:	Date:
Proxy's Name (Print)	Proxy's Signature	Date:

R:proxyauthorization

Authority: Department of Health Services Time Reporting Policy #610

Distribution:

- Personnel File (Original)
- Division File
- Employee
- Supervisor
- Proxy

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

WARRANT DISTRIBUTOR/TIMEKEEPER INFORMATION CHANGE

DATE:	PAY LOCATION:
UNIT:	
ADDRESS:	
CITY:	
NAME	PHONE NUMBER
TIMEKEEPER:	
ALT. TIMEKEEPER:	
TIMEKEEPER'S TIMEKEEPER:	
ALT. TIMEKEEPER'S TIMEKEEPER:	
WARRANT DISTRIBUTOR:	
ALT. WARRANT DISTRIBUTOR:	
DELIVERER OF WARRANTS:	
UNIT SUPERVISOR:	
NUMBER OF EMPLOYEES AT THIS PAY LOCATION:	

Please mail information changes to:

Office of Human Resources – Payroll Division  
5555 Ferguson Drive, Suite 200-01  
City of Commerce, CA 90022  
Telephone# (323) 890-7894  
Fax# (323) 890-9718

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES  
OFFICE OF HUMAN RESOURCES

PAYROLL PROBLEM

DATE \_\_\_\_\_ DEPARTMENT NO. \_\_\_\_\_ PAY LOCATION NO. \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE NO. \_\_\_\_\_

PROBLEM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TIMEKEEPER'S NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

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ACTION TO BE TAKEN BY PAYROLL: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PAYROLL CLERK: \_\_\_\_\_ DATE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

PLEASE SUBMIT IN DUPLICATE