

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT:	TIME REPORTING AND TIME ABUSE	Revised:	A228 October 31, 2006 September: 4, 2013 1 of .3

PURPOSE

To ensure each employee and supervisor/manager is aware of the Department of Health Service's requirements pertaining to time reporting

POLICY

EMPLOYEE RESPONSIBILITY /ACCOUNT ABILITY

L Responsibility for Accurate/Complete Time Reporting

Each employee shall accurately and legibly record all time worked and all time absent from work on timecards provided by Management, sign their timecard, and return it in within the time period specified by supervision. Hours worked shall not include time spent on personal business or time spent performing work for other agencies. The employee's signature attests to the accuracy and completeness of the timecard

Timecards must be fully completed in blue or black ink, and shall accurately reflect all hours worked and the reasons therefore where appropriate (e.g., overtime, call back) and all hours absent and the reasons therefore (e.g., sick vacation, absent without pay) Time worked and time absent shall be recorded on the timecard on a daily basis A fully completed timecard may require other actions or entries where employees are on a time clock or are required by management to complete the back of their cards.

For management reporting purposes only, employees designated as "exempt" under provisions of the Fair Labor Standards Act must record all hours worked and all time off However, for payroll purposes, employees who are designated "FLSA-exempt" will not be docked or required to use benefit time to cover absences in less than full-shift increments and shall not accrue overtime in less than full-shift increments should be coded with appropriate benefit time or indicate absence without pay. If approved for overtime compensation, time worked in full-shift increments should be coded as overtime accrued.

Employees participating in dental or physician postgraduate training programs should continue to follow current time reporting/time recording procedures for hours spent in the postgraduate training program. However, reporting of hours for work performed on other assignments (e.g., as Physician, M D) shall be in accordance with the above procedures and any other currently established time reporting procedures for physicians

Upon request of an employee, timecard completion training will be provided.

IL Accountability for Accurate/Complete Time Reporting

Employees will be held accountable for complete, accurate time reporting. Appropriate disciplinary action will be taken for noncompliance with this departmental policy. This may include counseling, Written warnings or reprimands, suspension and/or discharge

SUPERVISOR RESPONSIBILITY / ACCOUNTABILITY

I. Responsibility for Monitoring/Approving Time/Timecard Security

Each supervisor shall develop and implement a plan for monitoring subordinates' time Upon receipt of their subordinates' timecards, each supervisor shall review the timecards for accuracy and completeness, verifying the time reported on the timecards and the variations to regular hours worked, sign the timecards, and ensure that all time reports are posted on master timecards by unit timekeepers. Appropriate management/supervisory staff shall ensure that timecards are submitted to the Payroll Office within the time period specified by management The supervisor's signature attests to the accuracy and completeness of the timecard. Once the timecards or timecard connection forms have been signed by the supervisor, employees -- including the unit timekeeper -- must not have access to their own timecards

Upon request of an employee, or where deemed appropriate, supervisors shall ensure that timecard completion training is provided

II. Responsibility for Documented Review of Policy with Subordinates/Initiation of Disciplinary Action

Each supervisor shall provide a copy of this policy to his/her subordinates, discuss the policy with them, and obtain documentation that the policy has been issued/discussed, and employees understand their responsibilities Supervisors shall submit policy review documentation to the Human Resources Office for inclusion in employees' personnel files

Supervisors shall conduct a documented review of this policy with both current and new employee, and a follow-up review with all subordinates at least once each year

Each supervisor shall be responsible for initiating appropriate disciplinary action where subordinates are determined to be in noncompliance with this policy.

III. Accountability for Accurate/ Verified Time Reporting

Supervisors will be held accountable for monitoring and approving subordinates' time, ensuring that employees are made aware of all timecard alterations, ensuring timecard security, providing required timecard completions training, initiating appropriate disciplinary action for noncompliance with this policy, and documenting review of this policy with all subordinates. Appropriate disciplinary action

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TIMECARD CORRECTIONS/ALTERATIONS

Timecard connections/alterations must be initialed in ink by both the employee and the supervisor lf an employee is not available to initial a correctional alteration made by the supervisor prior to the timecard being submitted to Payroll, the supervisor must give timely written notice of the change to the employee Initialing by the employee of timecard changes made by the supervisor constitutes awareness that the change has been made.

Where time reported must be changed after the timecard has been submitted to Payroll, a timecard correction form shall be completed in ink, signed by both the employee and the supervisor, and forwarded to the Payroll Office of processing

FALSIFICATION OF TIME RECORDS

Timecards are official, legal County documents that are used to determine pay Falsification of time records, which includes clocking or signing in and/or out for another employee, is a fraudulent act and will result in disciplinary action which may 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

REPORTING TIME ABUSE

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

DHS Audit and Compliance Division -OR-313 North Figueroa Street, Room 708 Los Angeles, California 90012 (213)240-790 ■ Los Angeles County Fraud Hotline (213) 974-0914

PROCEDURE

Human Resources provides all incoming employees with the Time Reporting/Time Abuse policy (Attachment I). The employee's supervisor will discuss the policy with each incoming employee and during the annual performance evaluation meeting The policy form shall be signed by both employee and supervisor as an indication that the policy has been reviewed. The original signed policy form shall be forwarded to Human Resources and filed in the employee's personnel folder

REFERENCE: Department of Health Services, Policy No 610 Applicable Memorandum of Understanding Rancho Timekeeping Operational Manual- Chapter II

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County of Los Angeles - Department of Health Services RANCHO LOS AMIGOS NATIONAL REHABILITATION CEN1ER

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TIMECARD CORRECTIONS/ALTERATIONS

Time Reporting/Time Abuse	Attachment I (Policy No.
	A228)

Timecard corrections/alterations must be initialed in ink by both the employee and the supervisor If an employee is not available to initial a correction/alteration made by the supervisor prior to the timecard being submitted to Payroll, the supervisor must give timely written notice of the change to the employee Initialing by the employee of timecard changes made by the supervisor constitutes awareness that the change has been made

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Los Angeles, California 90012		
(213) 240-7901		

I acknowledge that I have read, understand, and have received a copy of the Rancho Los Amigos National Rehabilitation Center Policy on **"Time Reporting/Time Abuse"** and that it has been discussed with me by my supervisor. I will comply with this policy

Employee Signature X	Date:
Employee Name — — — — — — — — — — — — — — — — — — —	Employee No
Supervisor's Signature X	_ Date:
Distribution: Personnel File (Original) Division File Employee Supervisor	