



Rancho Los Amigos National Rehabilitation Center INFORMATION MANAGEMENT SERVICES DEPARTMENTAL POLICY AND PROCEDURE

ATTENDANCE AND TIME REPORTING

Policy No.: 513
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PURPOSE:

To define attendance and time reporting standards to be observed by all sections of Information Management Services (IMS). These standards are consistent with Los Angeles County Code and Rancho Los Amigos National Rehabilitation Center (RLANRC) policy.

POLICY:

ATTENDANCE STANDARD

The standards for attendance are as follows:

- No more than one (1) unscheduled day of absence per month, and
- No more than two (2) occasions of tardiness in a time card period.

All employees shall be present at their jobs and perform their assigned duties during their scheduled working hours, except when on an approved vacation or approved leave of absence as prescribed and governed by County Code and RLANRC Policy.

Meeting attendance standards is a basic condition of employment and is essential to the operations of the Department. Any employee who will be absent from duty for any reason shall request advance approval for such absence from the employee's supervisor as soon as the need for the absence is known. Prior approval requires all request for time off to be submitted at least ten (10) business days in advance.

Employee's Responsibility to Report Absence:

In emergent situations, such as personal illness, critical illness or death in the immediate family, or such instances in which the need for absence cannot be anticipated, an employee must call in within the first hour of their supervisor's shift or work schedule. Employees must speak to their immediate supervisor. It is the responsibility of the employee to request time off from the immediate supervisor stating the nature of the emergency. If the immediate supervisor is unavailable, the employee must speak with the Manager. If the Manager is not available, employee must contact the department secretary of IMS.

Requests for Time Off - Scheduled:

All requests for scheduled time off shall be submitted on VACATION/TIME OFF REQUEST form (Attachment A) to the employee's immediate supervisor at least ten (10) business days prior to the time off being requested.

CROSS REFERENCE: Administrative Policy A211, Vacation Scheduling
Information Management Services Policy IMS-107, Vacation Scheduling

EFFECTIVE DATE:
APPROVED BY:

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

Requests for Time Off - Unscheduled:

Requests for unscheduled time off shall be completed on the VACATION/TIME OFF REQUEST form with a notation by the supervisor that the form was completed “after the fact”.

Medical Certification

The supervisor/manager shall be permitted to require satisfactory proof from an employee of his need to be absent from duty. Such proof must be submitted before the absence is authorized.

After three (3) occurrences of failing to comply with attendance standards, or when there appears to be an unacceptable pattern of absences (before or after regular days off, holidays, etc., or when the employee has exhausted 100% sick leave), a supervisor shall require an employee to provide medical certification for any subsequent absence due to illness and/or injury. The medical certification will include the following information:

- Original signature of physician (medical, licensed) on physician’s letterhead,
- Nature of illness,
- Statement that the employee is disabled (Note: certifications which read, “patient states he/she is disabled” will NOT be accepted),
- Beginning date of disability,
- Expected date the employee will be released to return to work, and
- Work restrictions, if any.

Failure to provide the required medical certification will result in the absence being considered unauthorized and the employee may be subject to disciplinary action.

CROSS REFERENCE: Administrative Policy A219, Sick Leave

TIME REPORTING

Employee Responsibility/Accountability:

Each employee shall accurately and legibly record all time worked and all time absent from work on time cards provided by management, sign their time card, and turn 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 attest to the accuracy and completeness of the time card.

Time cards must be fully completed in blue or black ink, and shall accurately reflect all hours worked and the reasons where appropriate (e.g., overtime, call back) and all hours absent and the reasons (e.g., sick, vacation, absent without pay). Time worked and time absent shall be recorded on the time card on a daily basis.

All IMS employees are required to sign-in and document the actual time of arrival and the actual time of departure on the sign-in/out sheets at all times. The Chief Information Officer must approve any exceptions to this requirement. Employee must not sign in or out for any other employee. The IMS sign-in/out sheets are supporting documentation of employee's time records, therefore, falsification of these time records may result in disciplinary action up to and including discharge from County service.

Employees shall sign in when arriving at work and sign out at the close of their working day or shift.

Accountability for Accurate/Complete Time Reporting:

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

Supervisor Responsibility/Accountability:

Upon receipt of their subordinate's time cards, each supervisor shall review the time cards for accuracy and completeness, verifying the time reported on the time cards and variations to the regular hours worked, sign the time cards in blue or black ink and ensure that all time reported is posted on master time card by the Department timekeeper. The timekeeper shall ensure that time cards 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 time card. Once the time cards or time card correction forms have been signed by the supervisor, employees must not have access to their own time cards.

Accountability for Accurate/Verified Time Reporting:

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

Supervisors/Managers shall regularly review time cards/sign in sheets to identify employees who consistently fail to meet the attendance standards of the Department, such as calling in sick at least one day each month, or repeating pattern of absence in conjunction with weekends, paydays, holidays, or other specific days.

Time card corrections/alterations must be initialed in blue or black 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 time card being submitted to Payroll, the supervisor must give timely written notice of the change to the employee. Initialing by the employee of time card changes made by the supervisor constitutes awareness that the change has been made. Where time reported must be changed after the time card has been submitted to Payroll, a time card adjustment form shall be completed in blue or black ink, signed by both the employee and supervisor, and forwarded to the Payroll Office for processing.

FALSIFICATION OF TIME RECORDS

Time Cards and Sign In Sheets are official, legal County documents that are used to determine pay. Falsification of time records, which includes signing in and/or out for another employee, is a fraudulent act and may result in disciplinary action up to and including discharge from County service.

RECEIPT OF ATTENDANCE & TIME REPORTING STANDARDS POLICY

I, _____, _____
Employee Name (please print) Payroll Title

acknowledge that I have read, understand, and have received a copy of the Information Management Services Attendance and Time Reporting Policy, and that my supervisor has discussed the Policy with me. I will comply with this Policy.

Employee Signature

Date

Employee Number

Supervisor Signature

Date

For information relating to other categories of authorized absences, refer to Administrative Policies:

- A212 – Leave of Absence
- A213 – Bereavement Leave
- A216 – Paid Leave to Take Civil Service Examinations
- A217 – Military Leave
- A218 – Witness Leave
- A219 – Family & Medical Leave and Pregnancy Disability Leave
- A221 – Jury Duty

Cross Reference:

- A228 – Time Reporting/Time Abuse
- “Employee Evaluation & Discipline Guidelines” handbook