

# TIME ACCOUNTING POLICIES AND PROCEDURES HANDBOOK



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## ACKNOWLEDGMENT OF RECEIPT:

I hereby acknowledge receipt of the LAVC 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.

\_\_\_\_\_  
Employee Name      Employee ID      Department      Division

Signature:

\_\_\_\_\_  
Employee Signature      \_\_\_\_\_  
Date

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## GENERAL INFORMATION

This handbook is to serve as the guide for completing and submitting unit timesheets; using and submitting Absence Certification Requests; and Authorizing, Accounting, and Submitting Overtime reports.

Time Sheets are due on a weekly basis on Monday following the week worked, except for non-teaching hourly who submits their timesheet monthly and Community Services Center enrichment class instructors who submit their monthly timesheet at the end of each program.

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 Payroll/Personnel Website at this link; [Payroll/Personnel Forms](#)

No other forms are acceptable.

All work schedules shall be scanned and saved electronically for the required three-year record retention time frame.

Time documented on employee time sheets and Absence Certification Request forms shall be accurately entered into the SAP system for payroll processing.

**All timesheets must be signed and dated by both employees and supervisors. Any timesheet submitted without the signature and dates of employees and supervisors will be rejected by the payroll timekeeper.** This form will be returned to the employee's supervisor/manager for proper submittal.

**An initial is not acceptable – Must be signed.**

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. This is to be done every month and sent to the departments.

## **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 (ACR).
  - A. Submit the Absence Certification / Request form (ACR) 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 (ACR) 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.

### **SPECIAL ABSENCES**

Specific absences beyond the control of the employee and for which the employee is not charged for the absences.

- A. 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.
- B. Appearance as a witness under government order: The employee is entitled to leave for the duration of the dates specified in the order.

- C. 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.

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.

## **INSTRUCTIONS**

The Absence Certification / Request is used for requesting and certifying time off. Submit the Absence Certification / Request form (ACR) at least one week prior to the requested absence unless the absence was unforeseeable as in the case of illness, accident, or similar event.

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 <https://www.lavc.edu/personnel/index.aspx>. To access the form, go to [www.lavc.edu](http://www.lavc.edu). At the home page, click on Faculty & Staff Resources. On the FACULTY & STAFF RESOURCES page, click on Payroll/Personnel Office. On the right side of the page will be a box containing several selections. Click on Absence Cert./Request Form, 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 obtain the required signatures electronically or in paper, and email the form to [payroll@lavc.edu](mailto:payroll@lavc.edu).**

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, please email the signed/dated (by both you and your supervisor) to [payroll@lavc.edu](mailto:payroll@lavc.edu). If you use adobe fill/sign function, you will automatically get the signed ACR form as soon as the supervisor signs it electronically.

## Absence Certification/Request Form

### Payroll/Personnel Forms



**LOS ANGELES COMMUNITY COLLEGES**  
HUMAN RESOURCES  
770 WILSHIRE BOULEVARD  
LOS ANGELES, CA 90017

[Print Form](#)

**ACADEMIC/CLASSIFIED 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. [EMPLOYEE TIP SHEET](#)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Employee ID Number \_\_\_\_\_

SERVICE:  Academic  Classified

1. **ABSENCE PERIOD:** Dates: \_\_\_\_\_ Full Days: \_\_\_\_\_ Part of Day:  AM  PM  
From To Number From To

FACULTY UNITY ONLY: For Part of Day Absence Identify Hours of Scheduled Duties Per Day (Including Office Hours): \_\_\_\_\_

2. **REASON:**

**A. ABSENCE CERTIFICATION:** I certify that I was absent from my duty during the period indicated in Section 1 due to:

Illness or Injury. Indicate nature of illness or injury:

- Not the result of Industrial Accident
- Result of Industrial Accident that occurred on: \_\_\_\_\_  
(Month / Day / Year)

**Illness or Injury Absences Instructions**

- Absences over 5 days require Physician Certification
- Absences over 20 days also require Formal Leave of Absence
- Employment elsewhere while on any illness/injury absence prohibited.

Physician / Other Practitioner Certification

I certify the above person was or is unable to perform his or her duties during the period indicated above due to illness or injury.

Signature of Licensed Physician/Other Practitioner \_\_\_\_\_ Date \_\_\_\_\_

**B. ABSENCE CERTIFICATION / REQUEST**

Family Medical Leave (FMLA) (check one below):  
 Vacation  Illness  Unpaid

Personal Necessity. Indicate reason:

- 1. Personal Business
- 2. Qualifying Event [Local 99 Only]
- 3. Death of immediate family member.
- 4. Accident involving my person.
- 5. Accident involving:  a. My Property  b. Person or property of a member of my immediate family.
- 6. Appearance in court as litigant.
- 7. Appearance as witness under governmental order
- 8. Illness of member of immediate family.
- 9. Birth of child – partner/domestic partner.
- 10. Imminent danger to my home.
- 11. The following significant event which required my attention during my regular assigned working hours:  
Reason \_\_\_\_\_

Bereavement \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Death (Month/Day/Year) \_\_\_\_\_ Out of State Travel Required?  No  Yes

**C. ABSENCE REQUEST:** I request to be absent from my position during the absence period indicated above due to:

<p><b>EMPLOYEE: ALL</b></p> <input type="checkbox"/> Court Subpoena (Witness) <input type="checkbox"/> Governmental Order <input type="checkbox"/> Jury Duty <input type="checkbox"/> Unpaid <input type="checkbox"/> Work-Related	<p><b>EMPLOYEE: ADMINISTRATOR</b></p> <input type="checkbox"/> Organization <input type="checkbox"/> Wellness Day [Teamsters Only] <input type="checkbox"/> Vacation	<p><b>EMPLOYEE: FACULTY</b></p> <input type="checkbox"/> Compensatory Time Taken <input type="checkbox"/> Conference / Meeting <input type="checkbox"/> Floating Vacation Day ["D"-Basis Only] <input type="checkbox"/> Maternity / Paternity <input type="checkbox"/> Non-Duty ["D" Basis Only] <input type="checkbox"/> Personal Annual Leave (PAL)
<p><b>EMPLOYEE: CLASSIFIED</b></p> <input type="checkbox"/> Annual Eye Exam – Requires supplemental Physician's Certification form. <input type="checkbox"/> Annual Physical - Requires supplemental Physician's Certification form <input type="checkbox"/> Casual Absence <input type="checkbox"/> Organization <input type="checkbox"/> Compensatory Time Taken <input type="checkbox"/> Personal Annual Leave (PAL) [AFT 1521A & Local 721] <input type="checkbox"/> Non-Duty ["G" Basis Only] <input type="checkbox"/> Other (Specify): _____		

**D. SUPERVISOR'S REPORT OF EMPLOYEE ABSENCE:**  Absence Without Leave  Unpaid Tardy  Paid Tardy - AFT 1521A only

3. **SIGNATURES:**

\_\_\_\_\_  
Employee Date \_\_\_\_\_ Supervisor Date \_\_\_\_\_

## 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.

### 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.
- H. Actual Overtime Usage should not go over the approved overtime hours.

### PROCEDURE

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.

**ORR form should be signed and dated by the budget review personnel, immediate supervisor, and the area Vice President, prior to employees performing overtime work.** Any overtime form submitted without proper signature and date will be tracked for the monthly score card to be presented to all department heads.

After the employee performing overtime work approved in advance, section 4 (report of overtime worked) should be completed, signed / dated by the supervisor, and submitted electronically to payroll office at [payroll@lavc.edu](mailto:payroll@lavc.edu).

### COMPLETING THE FORM

#### Top Part of the 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 2020

Week Ending - Enter the last date of the concerned week, example 9/14/20

### **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

Upon review by the supervisor vice president, the signed LACCD TA-2A will be returned to the requesting supervisor and the supervisor is to complete or have completed section 4.

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.

Supervisor signs and dates the form, and submit the form to payroll office ([payroll@lavc.edu](mailto:payroll@lavc.edu)). Supervisor is to attach the signed/complete ORR on employee's online timesheet as he/she approves them on portal.

Los Angeles Community Colleges																							
<b>OVERTIME REQUEST AND REPORT</b>																							
This form is used to report time worked beyond the employee's regular work schedule.																							
Location:	/ Los Angeles Valley College					Supervisor's Signature and Request Date					Payroll Month:												
Department:											Year:												
Supervisor:											Week Ending:												
<b>Section 1: Request to Work Overtime</b>				<b>Reason (Select One):</b>				Facilities Rental				Civic Center / Lease Agreement No:											
<i>Overtime must be approved in advance of work.</i>				Repair / Maintenance																			
				"Rush Period"																			
				Other: Explain:																			
Employee(s)		Maximum Number of Hours to Be Worked								Payroll Estimator		Charge / Transfer Account											
Last Name	First Name	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total	OT Rate	\$ Projection	Bus Area	Gen Ledger	Cost Center	Fund								
<b>Section 2: Budget Review:</b> (When Monetary Compensation Requested)										<b>Section 3: Authorization:</b>													
Charge Account Balance:					Budget Review Performed By:							Compensatory Time Only		Supervising Vice President									
Estimated Expense:												Monetary Compensation											
Balance After Request:					0.00							Not Approved											
					Signature and Date									Signature and Date									
<b>Section 4: Report of Overtime Worked:</b>																							
Last Name	First Name	Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday			
		Code	From	To	Code	From	To	Code	From	To	Code	From	To	Code	From	To	Code	From	To	Code	From	To	
<b>Special Pay Codes</b>										I certify the information appearing on this time report is true and correct.													
OT Overtime																							
CW Comp Time Worked																							
LACCD TA-2A										Supervisor's Signature				Date									

## TIME AND EFFORT REPORTING

**All personnel, except for student workers and the staff who works only for a particular grant, who are paid in any part with federal, state or local grant funds MUST complete monthly Time & Effort reports** that accurately reflect the work done and the distribution of employees' Time and Effort to a program or programs.

- Reports must be accurate, allowable and properly allocated
- Reports are official District and College records
- Reports must reasonably reflect the total activity for which the employee is compensated and must never exceed 100% of compensated activities
- Reports must support the distribution of the employees' salaries or wages among specific programs/funds if the employee works on any combination of federal, state or local awards or non-awards.

### **Reporting procedure:**

- Time and Effort Certification forms should be submitted weekly, bi-weekly or monthly depending on employees pay period.
- A separate report must be prepared for each fund/program for which the employee has provided service
- Employees must list specific tasks carried out for the benefit of the program
- The hours on the report must match the hours on the employees' time sheets
- The employee must certify and sign the report and timesheet
- The report must be approved by the Program Director/Dean
- The report must be reviewed and approved by the VP (responsible for the grant)
- A copy of the employees' time and effort report should be attached to the timesheets when submitted to payroll office at [payroll@lavc.edu](mailto:payroll@lavc.edu).

Management should ensure that all information required on the time and efforts are completed prior to approving employee's time and efforts report. Time and effort reports are reviewed for accuracy for both absences and attendance hours. Management should perform a reconciliation of hours and absences posted to SAP as part of internal controls.

Failure to comply with these requirements could result in the work assignment being denied in the future or in appropriate disciplinary action against the employee.



**TIME AND EFFORT REPORT**

**Department/Office:**

**Program Name:**

**Program Budget Number:**

**Time Period:**

**Employee Name:**

**Employee Number:**

**Job Title:**


**Employee Salary Distribution: FTEF and Hours by Job Code:**

Job Code	FTEF	Total Hours

Please provide details of activities performed for the respective grant/s for which you have been hired during this period

I certify that I performed the work described above in the hours

**Signatures:**

Employee - print name	Employee Signature	Date
Project Director – print name	Signature	Date
Administrator Approval – print name	Signature	Date

## TIME ACCOUNTING POLICY AND PROCEDURES

LAVC, in accordance 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.

### REPORTING TIME

Time should be reported on a weekly basis for all Classified, Unclassified, and some Certificated assignments. Time reporting is due on Monday of the week following the work being performed.

There are five types of timesheets. Please be sure to use the correct one for the employee classification. These forms are available on the Los Angeles Valley College Payroll/Personnel Website at this link: [Payroll/Personnel Forms](#)

Form Title	Used to Report Time For	Type of Reporting	Submit	Where Does it Go?	Employees Per Page	Retention Requirements
Weekly Timesheet – Classified Salaried	Salaried Classified Positions Employees	Actual Hours Worked. Must attach Overtime Request and Report Form (ORR) and Absence Certification Request (ACR)Forms.	Weekly	Payroll (Payroll@lavc.edu)	8	3 years
Weekly Timesheet – Certified Non-Teaching Hourly	Other than Instruction and Substitutes	Actual Hours Worked.	Weekly	Payroll (Payroll@lavc.edu)	7	3 years
Weekly Timesheet – Unclassified	Prof. Experts, Student Workers, Tutors, Athletic Dept, Cadets	Actual Hours Worked. Must attach Absence Certification Form.	Weekly	Payroll (Payroll@lavc.edu)	8	3 years
Monthly Timesheet - Hourly	May be Used in Lieu of Weekly Timesheet for a Non-Teaching hourly	Actual Hours Worked	Monthly	Payroll (Payroll@lavc.edu)	7	3 years
Monthly Timesheet - Exempt	All Exempt Employees	Daily total hours	Weekly	Payroll (Payroll@lavc.edu)	8	3 years



**UNCLASSIFIED**

(Student workers, Tutors, Professional Experts, Athletics unclassified, and cadets)

- For unclassified employees you must enter the actual hours of work for each day worked by entering start times and end times for each day worked and the total number of hours worked for each day. Also, total number of hours worked for the week should be entered in the Employee Signature/Date/Total Hours box.
- Must attach Absence Certification Request (ACR) Forms that match the information on the timesheet.

2/1/2021 <small>Week Beginning Date</small>		 <b>Los Angeles Valley College</b>										Tony Stark <small>Chair/Mgr./Supervisor Name</small>														
<b>Administrative Services</b> <small>Dept. Name</small>		<b>UNCLASSIFIED ONLY</b> <small>Due Weekly on Monday by 3:00 pm</small>										Tony Stark <small>Signature</small>														
Personnel No.	Job Code	Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday			Employee Signature/Date/ Total hours			
		Code	From	To	Code	From	To	Code	From	To	Code	From	To	Code	From	To	Code	From	To	Code	From	To				
9999999	U8425	R	8:30	11:30				R	8:30	11:30							R	8:30	11:30							John Doe 2/5/2021 9 Hours
Doe, John		3						3						3												

**EXEMPT**

- For Exempt employees, you must enter the daily hours (8 hours in total) and the code (i.e. R: Regular, I: Illness, etc.) and sign & date.
- Must attach Absence Certification Request (ACR) Forms that match the information on the timesheet.

Week Beginning Date		 <b>Los Angeles Valley College</b>										Mgr./Supervisor Name				
Department		<b>EXEMPT EMPLOYEES ONLY</b> <small>Due Weekly on Monday by 3:00pm</small>										Signature				
Personnel No.	Class Code	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Employee Signature/Date
		Code	Hours	Code	Hours	Code	Hours	Code	Hours	Code	Hours	Code	Hours	Code	Hours	
Employee name																

**IN ALL CASES**

Regardless of the employee classification, all submitted time sheets must be signed and dated by the employees and supervisor. The time sheet is due in the Payroll Office every Monday by 3:00 PM to ensure timely processing. Exceptions to the Monday requirement may be that the time sheet will be due to the Payroll Office by Friday of the actual Week worked or on the first business day of the following week.