

# INSTRUCTIONS FOR USE OF THE TIME AND ATTENDANCE REQUEST

## EMPLOYEE'S INSTRUCTIONS:

Section 1 -TIME CLOCK ISSUES -To be completed when the Time Clock does not accurately indicate the length of time you are to be paid. *Missed Punches* are when you did not punch in or the clock malfunctions. Indicate the date of the missed punch and the in time you actually arrived to work or out time for the time you actually left work, whichever is applicable. The supervisor will determine if the missed punch is excused or unexcused. *Regular Assigned Daily Schedule* provides reporting of a new regular work hours schedule. Indicate your new start and end time and the effective date of the change. *Temporary Schedule Change* allows you to change your work schedule temporarily when your schedule varies from the norm. Indicate the dates the change will occur and the temporary in and out times. *Excused Tardy/Early Out* allows the supervisor to excuse your tardiness or early departure from work on a specific date.

Section 2- LEAVE TIME -To be completed when you will be paid leave time for scheduled work days absent. Date/s are completed for any time utilized in this section. If more than one type of benefit leave is being requested, please indicate which type for all days requested. *Vacation* is checked if requesting personal time off. If your sick leave balance is depleted and you need to be off due to illness/injury, vacation may be granted at the discretion of the supervisor unless you qualify for Family Medical Leave Act (FMLA) .If on FMLA, sick and vacation must be utilized and does not require supervisor approval. The supervisor indicates if the vacation request was scheduled in advance or unscheduled. *Sick* is completed if requesting sick leave for personal or family illness or Worker's Compensation Injury. If for self, indicate type of illness. If requesting any type of sick leave, please indicate if this benefit is being used in conjunction with Family Medical Leave Act (FMLA). *Funeral Leave* is checked if requesting time off to attend an immediate family member's funeral. Indicate the date of the funeral and your relationship to the decedent. *Other* is checked if using: Holiday time accrued; Preventative Health time for pre-scheduled medical/dental appointments preventative in nature; Service Day for employees with at least five years of HSC service; Jury Duty; or Military Leave. *Please check here if this is defined as an unexcused absence* is completed by the supervisor if requested time was not made properly in advance and determined by the supervisor to be unexcused. *Non-Nursing Signature* of staff assuming responsibility is obtained from the co-workers, supervisor, or staff member assuming your job responsibilities in your absence. Other paid leave time includes compensatory time accrued. *Administrative Leave* requires Administration's signature.

Section 3 -ADVANCE OVERTIME REQUEST -NON-NURSING -To be completed by non-nursing staff and approved by the departmental manager in advance of working any overtime. Working overtime without prior approval is not permitted. Indicate the dates, number of hours anticipated to work over, and the reason the overtime is required. The departmental manager's signature is required.

Section 4- SIGNATURES -Both employee and supervisor are required to sign the form. The supervisor indicates if the request is approved or disapproved and the reason for the disapproval.

## SUPERVISOR'S INSTRUCTIONS:

Section 1 -Time clock issues: For missed punches indicate if they are excused or unexcused and initial. For tardies or early outs, indicate if they are excused and initial.

Section 2 -If sick leave or vacation leave is being used for illness, ensure the pink copy is forwarded to infection control. Indicate if FMLA is applicable for all leave time being utilized. Indicate if leave time is scheduled or unscheduled. Verify that all leave time criteria are met.

Section 3 -Advance Overtime Request -Non-nursing -Ensure your signature is applied if the overtime request is approved.

Section 4 -Sign the form acknowledging you have reviewed its content. Indicate if the request is approved or disapproved and if disapproved, indicate the reason.

After the form and signatures are complete, send it to Personnel Systems, if sick time is used send a copy to Infection Control, and you may make a copy for your records.