



California State University, Los Angeles
Department of Public Safety

NUMBER: I-12 APPROVED: _____
Joseph Curreri, Chief of Police

EFFECTIVE: June 17, 2013

SUPERSEDES: 5/1/2010 Reviewed/Revised: June 13, 2013

SUBJECT: **Time Keeping Procedures**

I. PURPOSE:

This written directive is designed to establish policy and procedures concerning time keeping for permanent, positive attendance, and other non-student employees.

II. POLICY:

It is the policy of this department that efficient and complete time statistics are maintained as required by University and State procedural guidelines.

III. DEFINITIONS:

- A. CTO (Compensatory Time Off). Refers to less than five working days off in a row, less than four days in a row for employees on 4/10, and less than three days in a row for employees on 3/12.
- B. Master Schedule. Refers to the monthly schedules maintained in the Briefing Room or other designated area and marked as such.
- C. Sick Leave.
 - 1. Refers to time off due to an employee's illness or injury to the extent that he/she cannot perform the normal duties of his/her position.
 - 2. Refers to the union contracts for a particular employee's bargaining unit for other allowable uses of sick leave.
- D. Vacation. Refers to five or more working days off in a row for employees working 5/8, four or more working days in a row for employees on 4/10, or three or more days in a row for employees working 3/12.

IV. PROCEDURES:

A. Master Schedule.

- 1. Each division designee will maintain a schedule in the Briefing Room or other designated area. The schedules will list each person working within the respective divisions. After the schedule has been posted, it will be updated as time off is granted.

2. It is the responsibility of each person formulating the posted schedule to keep the Department timekeeper informed of the daily status of each of his/her personnel.

B. Requests for time off.

1. Requests for CTO will normally be made at least seven days in advance.
2. Requests for vacation will normally be made at least twenty-one days in advance.
3. Per STD Form 634, Absence and Additional Time Worked Report, vacation time will be utilized in one hour increments only (i.e., $\frac{1}{2}$ hour will be charged as one hour, $1\frac{1}{4}$ hours will be charged as two hours, $3\frac{3}{4}$ hours will be charged as four hours, etc.).
4. Supervisors may waive the time limits for good cause.

C. Sick Leave.

1. An employee will give as much advanced notice as possible when calling in sick.
2. Any employee sick for more than three consecutive workdays must be under a doctor's care. Upon returning to work, the employee must bring a sick slip from their doctor. The sick slip must state the diagnosis of the illness or injury.
3. Family sick leave—Each employee should refer to his/her contract for a description of immediate family members covered and for an explanation of when absences may be authorized under this category. A complete explanation will be given on the Time Report.
4. In individual cases where a history of unusual sick leave usage is noticed, an employee may be required to adhere to more stringent guidelines. Individuals so affected will be notified.
5. Per STD form 634, sick time will be utilized in one hour increments only (i.e., $\frac{1}{2}$ hour will be charged as one hour, $1\frac{1}{4}$ hours will be charged as two hours, $3\frac{3}{4}$ hours will be charged as four hours, etc.).

D. Jury Duty.

1. The first working day after notification to the employee, the employee will notify the appropriate division authority (i.e., Command Staff or Lieutenant, Parking & Transportation Manager, Administration Manager) of a call for Jury Duty by giving the manager a copy of the jury summons.

2. The division managers and Department Timekeeper will make individual arrangements with the employee for time keeping.

E. Military Leave.

1. A reservist's two day a month obligation is required to be completed on his/her/off-duty time. Each employee is eligible for up to thirty days off paid Initial Active Duty Training per year.
2. Each employee will make arrangements with their manager and the Department Timekeeper for Military leave.

F. Tardy.

1. Employees are expected to be at work, ready for work (in uniform if so required) and in their designated assembly areas on time.
2. Employees who arrive to work late will have time deducted from their CTO accumulated time. If the employee has no accumulated CTO, pay will be deducted equivalent to the time lost from work.
3. Those employees not required to relieve other employees or open an office may make individual arrangements with their supervisor for flex time.

G. Requests for Time Off (other than sick leave).

1. Vacation:
 - a. Vacations for the calendar year will be granted by seniority in the various employee classifications and within the units. This selection will occur in January. A copy of each Division's vacation schedule will be sent to the Department Timekeeper.
 - b. After the January selection process, vacations will be granted on a first come first served basis and will be requested on the Time Report form. Any changes to the vacation schedule will also be requested on the Time Report.
 - c. It is the responsibility of each employee to keep track of his or her accumulated vacation time. Sufficient vacation should be used during the year to preclude last minute requests due to impending loss of time.
2. Request for CTO will:
 - a. Be submitted on a Time Report and requires approval of the employee's immediate supervisor.

- b. Be distributed as indicated on the bottom of the form.
 - c. Division Managers will forward a copy of the Time Report to the Department Timekeeper. Every attempt will be made to forward the Time Report copy to the Department Timekeeper on the same day that it was received by the manager for his/her review.
3. The Department Timekeeper will:
- a. Determine what category of leave credits the time off should be charged to (i.e., CTO, vacation).
 - b. Transfer the information from the Time Report to a STD Form 634.
 - c. Send the STD Form 634 to the employee for signature. If the employee desires to change the time category he/she should contact the Department Timekeeper.
 - d. Make every attempt to utilize the preferred order for time off usage:
 - Personal Holiday
 - CTO
 - Vacation
 - e. Post the available leave credits for all bargaining Unit 8 employees not less than twice a year. The listing will be published every January 15th and July 15th. The Department Timekeeper may include employees categorized by other bargaining units in the listing upon the employee's written request.

H. Sick Leave.

1. Call for sick leave will be taken in the following preferential order:
 - a. The employee's supervisor.
 - b. The Watch Commander, if the employee's supervisor is not available.
 - c. The dispatcher if the Watch Commander is not available.
2. The person taking the sick call will:
 - a. Complete Form 2909 Time Report as per the attached instructions.
 - b. If not received by the dispatcher, the person receiving the call will notify the dispatcher. In any event the dispatcher will log the call on the Station Log.

- c. Copies of this form will be distributed as indicated on the bottom of the form.
 - d. The Division Manager will forward a copy of the Time Report to the Department Timekeeper. Every attempt will be made to forward the Time Report copy to the Department Timekeeper on the same day that it was received by the Division Commander for his/her review.
 3. Doctor's sick slips will be sent to the Division Manager. The manager will send a copy of the slip to the Department Timekeeper.
 4. The Department Timekeeper will:
 - a. Transfer the information from the Time Report to a STD Form 634.
 - b. Send the STD Form 634 to the employee for signature.
- I. Overtime.
 1. Overtime must be approved by the employee's immediate supervisor and except in cases of emergency by the Division manager.
 2. Overtime will be recorded on STD Form 682 Authorization For Extra Hours Worked (Overtime Slip).
 3. Employees will:
 - a. Complete the STD Form 682 in accordance with the instructions in Appendix B before leaving the overtime assignment. All overtime forms not correctly completed will be returned for correction, possibly delaying the issuance of an overtime pay draft.
 - b. Give the Form to his/her supervisor or the Watch Commander.
 - c. Employees working on a holiday or working five (5) days in a holiday week will complete and sign a STD Form 682, indicating on the "Reason For Extra Hours" line that the employee worked on a holiday or worked five (5) days in a holiday period.
 4. The supervisor or Watch Commanders will sign the form if appropriate and check to ensure the form is properly completed. The form will then be placed in the Division Manger's mailbox.
 5. The Division Manager will:
 - a. Sign the form as appropriate.
 - b. Make a copy for the employee.
 - c. Send the original form to the Department Timekeeper for processing.

- d. Overtime for special events will be processed by the Division Manager or his designee with a copy to the Department Timekeeper.

J. Daily time keeping for Patrol Unit.

1. A sign in sheet will be maintained in the Briefing Room or other designated area for Patrol Unit personnel.
2. At the start of each watch the Watch Commander will enter the appropriate status of each person on his/her watch for that date.

V. Appendices

- A. Copy of Form 2909, Time Report with instructions.
- B. Copy of STD Form 682, Authorization for Extra Hours with instructions.
- C. Copy of STD Form 634, Absence and Additional Time Worked Report.

Appendix A.

INSTRUCTIONS FOR COMPLETING TIME REPORT FORM

1. The requesting employee's name, last name first, first name.
2. The requesting employee's assigned watch.
 - a) All shifts commencing between 0600-1359 are assigned Watch #1.
 - b) All shifts commencing between 1400 and 2159 are assigned to Watch #2.
 - c) All shifts commencing between 2200 and 00559 are assigned to Watch #3.
3. The employee's assigned work hours in cases where the employee is not assigned to a specific watch.

Lines 4 thru 12 apply only to sick calls.

4. Check this box for sick calls.
5. The date and time the sick call is received.
6. The name of the person making the phone call (this will usually be the employee).
7. The date(s) of absence (if less than a complete shift enter the times next to the date).
8. The employees expected date of return to work.
9. If the employee has been or is going to see a doctor, mark "Yes". If the employee does not plan on seeing a doctor, mark "No". If this is the fourth day of illness the employee must have plans to see a doctor.
10. If the answer to #9 is "yes", then enter the doctor's name.
11. The nature of the illness. Employees are not required to supply a diagnosis. The symptoms should be described (i.e. headache, stomach ache, fever, etc.).

Lines 9, 10 & 11 will also be completed if the sick call is due to the illness or injury of a family member.
The name of the family member will also be entered on line 11.

12. The name of the employee receiving the sick call.

Lines 13 thru 21 apply to requests for time off.

13. Approving supervisor's signature for time off requests.
14. Mark this box for time off requests.
15. The date the request for time off is given to the supervisor.
16. CTO dates will be listed individually (if less than a complete shift enter the times requested). Vacation dates will be entered as Date: ? thru Date: ?.
17. Mark this line for a request for vacation.
18. Mark this line for a request for CTO.
19. Mark this line for special requests such as those made with less than normal notice with a short explanation of the circumstances.
20. Signature of Division Manager where necessary.
21. Approving supervisor will enter the absence on the Master Schedule and mark this box as "yes".

Appendix B

**INSTRUCTIONS FOR COMPLETING
AUTHORIZATION FOR EXTRA HOURS**

Line#

1. The employee's social security number.
2. The employee's full name, including middle initial, if applicable. Initials and variations of a full name will not be accepted (i.e. J. Smith, Bob Jones, etc.)
3. The employee's position number. A current listing will be maintained in the Briefing Room or other designated area.
4. The Organization Unit is University Police.
5. Location of work is Cal State L.A. (unless another place, then specify that place).
6. Date overtime worked (the starting time determines the date). Enter separate dates only if there is a break in times. Working past 2400 hours will not justify entering a separate date.
7. Time the overtime starts.
8. Time the overtime ends. (Both start and end times are the actual times worked, not callback times).
9. The number of hours authorized (The actual number of hours you were authorized. A minimum of three (3) if callback).
10. Indicate "W" if you prefer to be credited with CTO. Enter "P" if you prefer to be paid.
 - a. Due to constraints within the University Payroll Office's record keeping procedure, overtime will be paid for STD 682 Forms submitted totaling less than 1/2 hour.
 - b. In cases where an employee works on a holiday or five (5) days in a holiday week, those hours worked will either be paid or credited with CTO in accordance with that employee's union contract. This space is to be left blank and will be completed by the Division Commander.
11. The number of hours actually worked (this does not include callback time).
12. Total hours authorized.
13. Total hours actually worked.
14. The reason for the overtime, (i.e. late reports, shift shortage, special event (name), etc.). Include DR#'s and/or Event#'s if applicable. Attach copy of subpoena for court overtime.
15. Signature or name (if the person authorizing is not available) of the person authorizing the overtime.
16. Date authorized.
17. Signature of the employee.
18. Date the employee signed the form.
19. Division Manager or Director's signature.
20. Date line 18 signed.

STATE OF CALIFORNIA

**ABSENCE AND ADDITIONAL
TIME WORKED REPORT**

STD. 634 (REV. 10/93)

PAY PERIOD

1. MONTH

YEAR

SEMIMONTHLY STA

☐ FIRST
HALF

2. NAME (First

Middle

Last)

3. SOCIAL SECURITY

5. ABSENCE WITH PAY

(S) ☐ SICK LEAVE
SELF(B) ☐ BEREAVEMENT
LEAVE(C) ☐ CATASTROPHIC LEAVE
DONATIONS RECEIVED AND USED(SF) ☐ SICK LEAVE
FAMILY ILLNESS(TO) ☐ USING OVERTIME
CREDITS(M) ☐ SHORT-TERM MILITARY
LEAVE (Calendar Days)
(Attach Military Duty Orders)(SD) ☐ SICK LEAVE
DEATH IN FAMILY
(RELATIONSHIP)(TH) ☐ USING HOLIDAY
CREDITS(NDI) ☐ NONINDUSTRIAL INJURY
INDUSTRIAL ILLNESS OR INJURY (Report of Industrial Injury
must be submitted)(TE) ☐ USING EXCESS
HOURS CREDIT(TD) ☐ TEMPORARY DISABILITY(PL) ☐ PERSONAL LEAVE(PH) ☐ USING PERSONNEL
HOLIDAY(IDL) ☐ INDUSTRIAL DISABILITY LEAVE(A/L) ☐ ANNUAL LEAVE(SH) ☐ USING SATURDAY
HOLIDAY(IDL/S) ☐ INDUSTRIAL DISABILITY LEAVE
WITH SUPPLEMENTATION(V) ☐ VACATION(E) ☐ PAID
EDUCATIONAL LEAVE

OTHER

6. ABSENCE WITHOUT PAY

(L) ☐ INFORMAL LEAVE GRANTED
(11 Working days or less)(A) ☐ ABSENCE WITHOUT LEAVE
(AWOL) (19996.2 OR 19572)☐ ABSENCE WHILE SEP
PROBATIONARY PER(L) ☐ INFORMAL LEAVE GRANTED
(15 Working days or less) (CSUC)☐ TEMPORARY LEAVE
(30 Calendar days or less)

7. DATES OF ABSENCES AND EXTRA TIME WORKED

(Enter symbol and number of hours in date blocks. See reverse for legends and symbols not noted above. If the absence is for a compensable

REPORTING		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
7a. HRLY INT/PY HRS TO BE PAID																							
7b. SICK																							
7c. BEREAVEMENT																							
7d. VACATION																							
7e. A/L																							
7f. TO, TH, TE, PH, SH, E, M, SW, J, PL																							
7g. L, A																							
7h. STRAIGHT TIME, WO, P, HC, WE																							
7i. PREMIUM TIME WO, P																							

8. REASON FOR ABSENCE OR EXTRA HOURS WORKED

☐ MEDICAL APPOINTMENT☐ DI

TIME REPORT		CSULA DEPARTMENT OF PUBLIC WORKS
EMPLOYEE: _____	WATCH: _____ HOUR: _____	
<input type="checkbox"/> REPORT OF SICK CALL Date of Call: _____ Person Calling: _____ Date of Absence: _____ Expected Return: _____ Under Doctors Care: <input type="checkbox"/> Yes <input type="checkbox"/> No Doctor's Name: _____ Nature of Illness: _____ _____ _____	<input type="checkbox"/> REQUEST FOR VACATION Date of Request: _____ Dates Requested: _____ Date: _____ Date: _____ Date: _____ Date: _____ <input type="checkbox"/> Vacation <input type="checkbox"/> Other Reason: _____ _____ _____	
Received by: _____	Division Supervisor: _____	
Supervisor: _____	Entered on: _____	
White Copy — Division Supervisor; Canary Copy — Supervisor		

(2909) 12/91

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