# PERFORMANCE

HOSPITALITY

We deliver. Bottom line.

# Elevating the CASE

Payroll & Timekeeping for Managers



## Elevating the CASE



Communication

Accountability

Systems

Evolvement



## Payroll & Timekeeping

Labor management and payroll processing is one of the most highly regulated responsibilities of leadership. It is important that all Performance Hospitality leaders understand the dos and don'ts as it relates to managing our associates' time. This SOP outlines the timekeeping and payroll responsibilities of all supervisors and above at Performance Hospitality.





**Personnel Action Form (PAF)** – this electronic form is used to make changes to any pay rates, add or delete job codes, status changes, and changes to associates' personal information.

• When there is a need for a PAF, the form will be generated and processed within Paycom.





**Payroll Consent Form (PCF)** – this form is used for any missed punches from an already processed pay cycle, authorize pay deductions, or if an associate states they have an error on their paycheck, or needs to authorize someone to pick up their paycheck for them – all other missing punch forms must be disposed of.





**Punch Change Request** – this Paycom process is used in the event that an associate does not have access to the time clock on a regular basis.

• The Punch Change Request is used by associates to correct a missing or incorrect time punch during an **active** pay cycle.





**Overtime Approval Form** – if an associate is approaching their 40 hours for the work week and will require overtime hours, they must follow the Overtime Approval Form process which ensures that all overtime is approved prior to being incurred.

 Managers are required to ensure that the Overtime Approval Form is approved *prior* to overtime being worked and must include the approved form with their Payroll Packet.





**Payroll Checklist** – this form is used each pay cycle to ensure compliance to the payroll procedures and due dates. The payroll checklist must be stapled with all other back up documents (PAF, PCF, and any other forms) pertaining to that specific pay cycle. This will be referred to as the "Payroll Packet" and is due to HR by the payroll processing at 8 a.m.





The semi-monthly payroll deadline is the first day of payroll processing at 10 a.m. (please check the payroll schedule)

 Each department will be issued a Payroll Packet which will be a blue file folder and must include all payroll documents for the pay cycle. The Payroll Packet must be personally submitted to the HR office no later than by 10 a.m. on the day payroll processing is due.





The semi-monthly payroll deadline is the first day of payroll processing at 8 a.m. (please check the payroll schedule)

- Due to the confidential nature of payroll information, please do NOT place the Payroll Packet in the HR mailbox. All Payroll Packets must be delivered to the HR office.
- If the Department Manager is on scheduled PTO during the payroll deadline, it is their responsibility to ensure in advance that all payroll duties are covered either with an approved department supervisor/manager or Human Resources.



Managers must monitor all associate timecards on a daily basis for attendance and punctuality. This includes reviewing and approving any Punch Change Requests submitted by associates who have errors on their timecard.

 As a reminder, managers are not allowed to directly modify an associate's timecard. All edits to timecards must be submitted by the associate for approval by the manager.





#### **Timecard Errors**

A Punch Request must be submitted by each associate in Paycom PRIOR to making any changes to an actual timecard in the system.

- If the timecard error was not caught prior to the processing of that pay cycle, the Payroll Consent Form must list every single change made to the time card and must have the signature of the associate PRIOR to submitting the changes to HR for retroactive processing.
- Managers should never enter hours not worked in a prior pay cycle pay cycle (retro). This type of compensation will be added by the Corporate Payroll Team.



Managers must collect all payroll forms from their Associates. Please ensure that all on-line forms such as PAFs and Punch Change Request forms are fully complete by the payroll cycle deadline.

• If there are any changes to an associate's paycheck please ensure that the PCF is completely filled out and signed by the associate and the department leader.





## Passwords & System Access

We take security of our associate's personal information very seriously, as such:

- Each manager will receive credentials to access the Paycom system.
   These passwords and access codes may not be shared with any other person.
- Associates must not have the ability to manipulate their own punches, nor be exclusively in charge of their payroll editing.





## Paid Time Off (PTO)

PTO requests must be submitted by associates with a minimum of a two week notice or in unforeseen circumstances as soon as the associate has knowledge of the need for time off.

 Manager's must review PTO requests weekly and process ASAP based on operational needs.





## Paid Time Off (PTO)

Paid time off requests are granted on a first-come, first-serve basis. In the event of a conflict in requests, managers will consider the company's staffing needs during the relative period, as well as the length of service with the company of the associates involved.

 Requests of more than 2 weeks of Paid Time Off will require additional approval by both the General Manager and Human Resources.





### Overtime

Performance Hospitality abides by all laws pertaining to earned overtime hours.

 If an associate is at risk of incurring overtime during a workweek the manager needs to request approval for the potential overtime in advance by following the Overtime Approval Form and must be submitted with each pay period's Payroll Packet to HR.





## Dual Rates & Multiple Job Codes

Associates are permitted to cross-train in multiple positions. Managers are responsible for making sure that the correct Job Code and wages are allocated accordingly by entering this information into the associate's timecard.

 When an associate works in more than one department and there is more than one manager accountable for time and labor, the associate must receive Payroll Consent Form from their HR department.





### Rest and Meal Periods

Managers are responsible for ensuring that all associates do not work off the clock and take a rest or meal period of at least 30 minutes, when the operation allows and have worked at least 4 hours. Non-exempt associates are not permitted to have company email access on their personal cell phones.

• If an associate is clocked out for lunch, at no time should the associate conduct work pertaining to Performance Hospitality. Managers should not request or require an associate to work off the clock.



### Rest and Meal Periods

Managers are responsible for verifying that each associate who has taken a meal and/or a rest period has clocked in and out accordingly. If the associate has failed to clock in and out for their approved break they must submit a Punch Change Request via Paycom and have the manager approve.





## Tipped Associates

Managers with Tipped Associates must ensure that the PTO rate on their timecard is the equivalent of the minimum wage when approving timecards. If there is an error the manager should reach out to their HR office.

 Tipped Associate's training must be compensated at the minimum wage rate.





## Payroll Distribution

HR gives checks to managers at AM stand up or in HR office by noon – manager signs acceptance of all checks.

Managers distribute checks to associates.

 Associates must sign acceptance or provide a Payroll Consent Form to authorize another person to pick up check on their behalf.





## Payroll Distribution

If checks are not picked up within two business days from the pay date by 10 a.m., checks must be brought back to HR and HR will mail the check to the address on file.

 Signed Associate Paycheck Acceptance sheets must be submitted to HR within two days of the pay day at 10 a.m.







#### PERFORMANCE

#### We deliver. Bottom line. ATTENDANCE ACTION FORM Effective Date Job Title: Supervisor Completing Document: Type of Action As an at -will employer, the company has discretion to decide on the appropriate corrective action depending on the nature of the offense. There is no requirement of or expectation that progressive disciplinary steps be followed. □Notification for Tracking Purposes Only □Document Verbal Warning □Written Warning Suspension Pending Termination (prior HR discussion required) Details Regarding This Notice: Based upon the Attendance Policy, as \_\_\_\_\_\_\_\_ have incurred \_\_\_\_\_\_ occurrences within the last 90 days. Occurrence Type: □Absence (1 occurrence) □Call out (1 occurrence) □Early Out/Late Arrival (1 occurrence) □Improper call (1 occurrence) ⊠Tardy/Late (1 occurrence) □No Call/No Show (3 occurrences) □Job Abandonment (6 occurrences/suspension) Describe Corrective Action Required: List specific goals, objective and standards that are required to rectify the situation. Include consequences for repeated violation(s) Further Occurrences May Result In: □Further disciplinary action, up to and including separation/termination □Separation Pending Termination This meeting is confidential and should only be discussed with your manager and/or Human Resources. Please understand the infraction noted above must be corrected and any future violation(s) can result in further disciplinary action, up to including If you are being placed suspension, you are encourage to submit your written statement directly to the Human Resources Department whom will contact you upon the conclusion of the investigation. Please do not communicate with any other Associate about this incident. You are not permitted to return to your work location until contacted by the Human Resources Department. Your signature below is not an admission of guilt. It serves as an acknowledgement that you have read, discussed and have been encouraged to respond in writing. Associate Signature/Date: Supervisor Signature/Date: Witness (if applicable) Signature Date: This form must be forwarded to the Human Resources Department.

This SOP supersedes entirely any and all written or verbaily expressed understandings, agreements, offer letters, and SOP's. The Company further reserves the right to modify terms and conditions of employment at any time.

Page 1 of 1



#### **Overtime Authorization Request** Think......Is This Overtime Necessary?



Department:	_								
Names of Associate(s)	T			Overtim	e Hours				
First Last	SAT	SUN	MON	TUE	WED	THU	FRI	TOTAL	Reason
								0.00	
								0.00	
								0.00	
								0.00	
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	1							0.00	
								0.00	
Total OT Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Requested by (Department Mgr)	_			Approve	ed - DOF/Co	ontroller			Approved - General Manager

ALL OVERTIME MUST BE AUTHORIZED PRIOR TO BEING WORKED

C:\Users\Kmoreno\AppData\Loca\Microsoft\Windows\INetCache\ContentOutlook\77MWGAAY\OT Approval Form Week 2



Read-Only Time Sheet Time-Off Summary Mar no and 03/09/2019 - 03/15/2019 (Current Period) ADD PUNCH CHANGE REQUEST Missing Punch IN Allocation OUT Allocation OUT Hours Total Hours Dollars Comments Delete Sat 03/09 Sun 03/10 Mon 03/11 Tue 03/12 Wed 03/13 Thu 03/14 Fri 03/15 Weekly Totals \$0.00

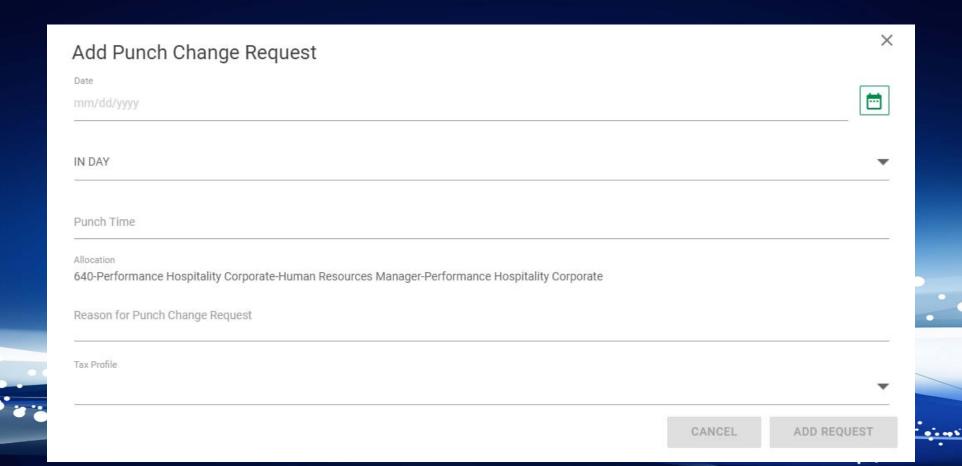
Approve Up to Date

03/14/2019 -

APPROVE DATE



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#### ASSOCIATE PAYROLL CONSENT FORM

		de la companya de la		and the second s		Date:
Associate Name:		Job Title:		Department:	Location:	
Date Issued	Item Desc	Item Description		Total Cost Per Item	Number of Deductions	Deduction Amount Pe Pay Period
					2	
erformance H	ospitality. Lunderstar ost. Lacknowledge t	d that should	Hose/misplac	sible for the above-ment be or need a replaceme aning or sharing my assig	nt, I am responsi	
hereby author bay check liste hould I fail to n	rize Performance Hosy d above. Furthermore eturn any of the abov v is unable to collect r ay be involced for sain	e, I authorize P ve (with the ex eplacement o	erformance had a sho colusion of sho costs for any a	lospitality to deduct the	item oast(s) fron	aycheck, or any other
Associate Signature & Date:			Suponice	or Signature & Date:	Witness (if applicable)	







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