

TIME AND ATTENDANCE

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Overview

- Objective & Introduction
- Supervisor's Responsibilities
- Employee's Responsibilities
- Timekeeper's Responsibilities
- Recording and Reporting
- Adjustments and Corrections
- Questions

Objective & Introduction

- As a supervisor, you are to understand all functionalities of time and attendance (T&A) for technician employee payroll.
- The purpose for time and attendance is to ensure that the attendance (either presence or absence) of employees is accurate and reported for pay, leave, and allowances.

Supervisor's Responsibilities

- Each employee's T&A report shall be certified correct by the supervisor or other designated authorized official.
- Supervisor's will ensure that exclusions to the employee's normal duty hours are recorded timely and accurately.

Supervisor's Responsibilities (cont.)

- Approves or disapproves leave applications (OPM 71) in writing.
 - make sure all leave taken in conjunction with TDY is recorded.
- When military leave is used, ensure a copy of orders and statement of duty (performance certificate) are forwarded to the Timekeeper.

Supervisor's Responsibilities (cont.)

- All compensatory time is approved on NGB Form 46-14 and the hours reported on the T&A report do not exceed the hours authorized.
- Employees must use compensatory time within 26 pay periods after it is earned or it will be lost!

Supervisor's Responsibilities (cont.)

- Always be aware of the employee's available leave balances prior to approving T&A.
 - if leave is not available, this can result in loss of pay!

Employee's Responsibilities

- Employees will initial and/or sign on indicated areas of the T&A reports, including leave applications and other supporting documentations.
- Submit all leave requests and acquiring leave approval prior to taking or earning leave.

Employee's Responsibilities (cont.)

- For every leave year, schedule all “use or lose” leave prior to the end of November.

Timekeeper's Responsibilities

- The timekeeping function requires the accurate and timely recording of T&A data and the maintenance of related documentation.
- Timekeepers may be appointed as civilian, military or contractor personnel.
 - a DD577 form is required and submitted to USPFO.

Timekeeper's Responsibilities (cont.)

- Normally, timekeeping accountability should not be assigned to individuals who cannot actually observe technician's attendance and absence each day.
- Maintains files of T&A documents for six years to include compensatory time requests, military leave certifications and orders, and any other relevant leave information.

Recording and Reporting

- The time period shown on T&A reports shall correspond to the length of a pay period.
- Any charges of leave or accrues (comp time) shall indicate clearly the actual day and time on the T&A report.

Recording and Reporting (cont.)

- Ensure daily entries for leave charges using the correct code in the TYPE HOUR field and record number of hours in the HOURS field.
- When coding T&A reports in increments of quarter hours, code as:
 - 15 Minutes = .25
 - 30 Minutes = .50
 - 45 Minutes = .75

EMPLOYEE (SSN)		BLK/G	ACT UI	DIST	EMPLOYEE NAME							PLT ROT	PERIOD ENDING		SEQ NO.	
XXX-XX-XXXX			8AYAA		EMPLOYEE'S NAME								31 JAN 2009			
STD JON		HOURS OF WORK														
		SUN-1	MON-2	TUE-3	WED-4	THUR-5	FRI-6	SAT-7	SUN-1	MON-2	TUE-3	WED-4	THUR-5	FRI-6	SAT-7	
DATE		18	19	20	21	22	23	24	25	26	27	28	29	30	31	
TOUR			8	8	8	8	8			8	8	8	8	8		
TYP/SFT			RG0	RG0	RG0	RG0	RG0			RG0	RG0	RG0	RG0	RG0		
W E E K	D A Y	TYPE HOUR	HOURS	JOB ORDER NUMBER							ENV HAZ	LST HR	TMP SFT	NIGHT DIF	START TIME	INT
1	1															
1	2	LH	8	Holiday												
1	3	LA	8	0700 - 1530												
1	4	CT	8	0700 - 1530												
1	5	CT	4	1130 - 1530												
1	6	CE	1													
1	7	CE	6													
2	1															
2	2															
2	3	LS/LA	3/5	0700 - 1530												
2	4															
2	5	LM	8	Ord# 123-456												
2	6															
2	7															

CERTIFICATION: ATTENDANCES AND ABSENCES CERTIFIED CORRECT. OVERTIME APPROVED IN ACCORDANCE WITH EXISTING LAWS AND REGULATIONS FOR NON-EXEMPT FLSA. I DID NOT SUFFER OR PERMIT ANY OVERTIME WORK OTHER THAN AS REPORTED FOR THIS PAY PERIOD.

"EMPLOYEE'S SIGNATURE"

"SUPERVISOR'S SIGNATURE"

EMPLOYEE'S SIGNATURE: _____ AUTHORIZED SIGNATURE: _____
(Certifying Official)

Paid Leave				Non Paid Leave				Other	
Annual	LA	Military	LM	Time Off Award	LY	LWOP	KA	Comp Earned	CE
Advanced Annual	LB	Law Enforcement	LL	Donated	LD	LWOP-US or SEP	KG	Comp Taken	CT
Restored Annual - 1	LR	Court	LC	Day of Injury - OWCP	LU	Furlough	KE	Comp Call Back	CC
Restored Annual - 2	LQ	Forced Annual	LF	Traumatic Injury - COP	LT	AWOL	KC	Comp Earned - Travel	CB
Restored Annual - 3	LP	Holiday	LH	Negotiations	BA	Suspension	KB	Comp Taken - Travel	CF
Sick	LS	Excused	LV	Labor/Management	BD	OWCP	KD		
Advanced Sick	LG	Administrative	LN	Grievance & Appeals	BK				

UPDATE
CALENDAR
DATES EVERY
PAY PERIOD

Default work schedule
DO NOT CHANGE!

If no comp time was earned or leave was taken for the pay period, DO NOT FILL IN.

REQUEST FOR LEAVE OR APPROVED ABSENCE

1. NAME (Last, First, Middle Initial) EMPLOYEE'S NAME				2. EMPLOYEE OR SOCIAL SECURITY NUMBER XXX-XX-XXXX	
3. ORGANIZATION: CAJS			PAY PERIOD: 31 January 2009		
4. TYPE OF LEAVE/ABSENCE (Check appropriate boxes) below.)		DATE From: To:		TIME From: To:	
<input checked="" type="checkbox"/> Accrued Annual Leave		20 JAN 20 JAN 27 JAN 27 JAN		0700 1530 1030 1530	
<input type="checkbox"/> Restored Annual Leave					
<input type="checkbox"/> Advance Annual Leave					
<input checked="" type="checkbox"/> Accrued Sick Leave		27 JAN 27 JAN		0700 1000	
<input type="checkbox"/> Advance Sick Leave					
Purpose: <input type="checkbox"/> Illness/injury/incapacitation of requesting employee <input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Care of family member, including medical/dental/optical examination of family member, or bereavement <input type="checkbox"/> Care of a family member with a serious health condition <input type="checkbox"/> Other					
<input checked="" type="checkbox"/> Compensatory Time Off		21 JAN 08 22 JAN 09		0700 1530	
<input checked="" type="checkbox"/> Other Paid Absence		29 JAN 08 29 JAN 09		0700 1530	
<input type="checkbox"/> Leave Without Pay					
5. FAMILY AND MEDICAL LEAVE If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993, please provide the following information: <input type="checkbox"/> I hereby invoke my entitlement to Family and Medical Leave for: <input type="checkbox"/> Birth/Adoption/Foster Care <input type="checkbox"/> Serious Health Condition of Spouse, Son, Daughter, or Parent <input type="checkbox"/> Serious Health Condition of Self Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.					
6. Remarks: MILITARY LEAVE (LM)-- INCLUDE A COPY OF ORDERS & TECH MILITARY LEAVE CERTIFICATE.					
7. CERTIFICATION: I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.					
EMPLOYEE'S SIGNATURE EMPLOYEE SIGNATURE _____ DATE _____					
8. OFFICIAL ACTION ON REQUEST: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (If disapproved, give reason. If annual leave, initiate action to reschedule.)					
SUPERVISOR'S SIGNATURE SIGNATURE _____ DATE _____					

REQUEST, AUTHORIZATION, AND REPORT OF COMPENSATORY TIME

The proponent agency is NGB-ARC-F. The prescribing directive is NGR (AR) 37-105.

ORIGINAL REQUEST WAS

4 HOURS, BUT ONLY 1

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CAIS: WSA V4.4 IMPORTANT: 31 January 2000

Case:				Work Area	IMPORTANT: 31 January 2009
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COMPLETION TIME REQUESTED		COMPLETION TIME ELAPSED	
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[illegible]

EMPLOYEE NAME	SSN	GRADE	DATE REQUESTED	NUMBER OF HOURS	DATE COMPENSATORY FROM	HOURS TO	TOTAL HOURS	EMPLOYEE SIGNATURE
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(LAST, FIRST, MI)	REQUESTED	HOURS REQUESTED	COMPENSATORY TIME WORKED	FROM	TO	HOURS WORKED	(After duty is performed)
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[illegible][illegible][illegible]

27 January 2009	NAME GRADE TITLE	"EMPLOYEE'S SIGNATURE"
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27 January 2009	NAME, GRADE, TITLE	EMPLOYEE'S SIGNATURE
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DATE OF APPROVAL / DISAPPROVAL (Circle):	NAME GRADE AND TITLE OF APPROVING OFFICIAL :	SIGNATURE OF APPROVING AUTHORITY:
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DATE OF APPROVAL/ DISAPPROVAL (circle): _____ NAME, GRADE AND TITLE OF APPROVING OFFICER: _____ SIGNATURE OF APPROVING OFFICER: _____

SUPERVISOR'S INFORMATION "SUPERVISOR'S SIGNATURE"

[illegible]

NGR 46-14 20050617 (EE) sda (CG) 20051207

This is a required document when in military duty status

[illegible]

Adjustments and Corrections

- If the T&A for the current pay period has been processed and a change is required, then the supervisor shall certify an adjusted T&A report to submit to timekeeper with corrections.

Adjustments and Corrections (cont.)

- Any adjustments made after payroll has been process, will reflect on the next following pay period.

QUESTIONS?

