



M & O

Payroll Education Training

Payroll Administration | Maintenance & Operations



4/10/17 Version 1

Policies and Procedures

Policies and procedures are established to ensure compliance with District guidelines.

- Mileage
- Premium Tools
- Overtime



Mileage (MI)

Employees who are required to use their **personal vehicles** for District business shall be reimbursed for such usage.

***Calculation:**

- Mileage reimbursement is based on **IRS Standard Mileage Rates**.
- Mileage is calculated from the regular work location of the employee to his or her various destinations, and to the return back to the employee's work location.
- Total miles claimed per day **must** be reduced by mileage “**from**” Home “**to**” Office and/or Office “**to**” Home.



Effective Jan. 1, 2017- IRS Standard Mileage Rate: 53.5 cents per mile for business miles driven.

**Applicable to only certain Bargaining Unit Agreements.*

**Applicable for regular assigned work days/hours. Employees working overtime outside of assigned work days/hours can claim total mileage driven (minus non-work related miles).*



Mileage (Cont.)

Documentation:

- Daily reports of mileage driven must be recorded on the **Daily Appointment Book** that is issued annually to all employees that report time in Maximo.*
- Daily Mileage must be approved by the supervisor on the **Weekly Time Report**.



**Daily Appointment Book is subject to audit on a weekly basis.*

**Daily Appointment Book must be retained at the location for 5 years.*

Mileage (Cont.)

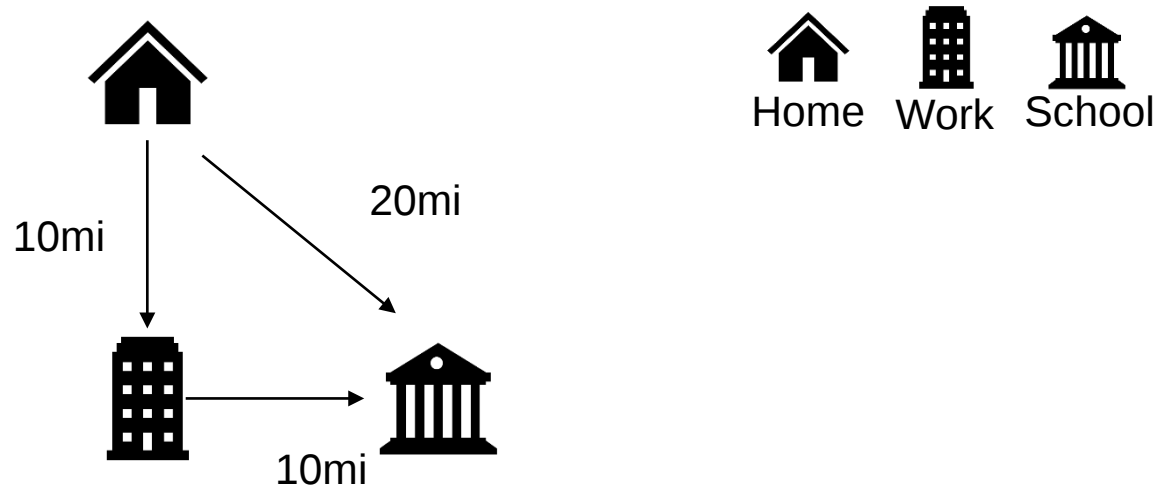
Time Reporting:

- Mileage is reported against the individual school work order.
- Travel time is reported against the school work order that the employee is traveling to.
- End of day travel time back to work is reported against the school work order that the employee last left.
- Mileage is reported only as it is incurred and monitored daily by the Time Keeper and Approver.

Start Date: <u>3/4/17</u>		Status: <u>C_SENT</u>	Class: _____	Section: <u>1410</u>	Tool: <u>6</u>	Lead: _____	S. Diff: _____
G/L Account #	Buyer Prog	Site Name and W.O. Description	Work Order	Reg Hrs	OT Hrs	Reb. Mil.	Rev.
IO:307017849301	11737	WRIGHT ENG & DESIGN MAGNET: CAF - fans not working@student dinning	25776477	00:00	08:00	8	0
Date Total:				00:00	08:00	8	
Employee Total:				40:00	09:00	69	



Mileage (Cont.)



Scenario #1: If employee travels directly from home to school; employee can claim mileage between home and school **MINUS** the distance between home and work. With the example above, $20 - 10 = 10$ miles.

Scenario #2: If employee travels from home to work and then work to school; employee can claim mileage between work and school. With the example above, that will be 10 miles.

***Tip:** The total miles driven for a given day needs to be reduced by the distance going from home to work and work back to home (and any non-work related travel (e.g. lunch)). With the example above, that will equal to 20 miles.*

Premium Tools (Daily Flat Rate)

In recognition of the fact that many unit employees regularly use their own vehicle to haul District materials, tools, supplies and equipment, such employees shall be eligible for “**flat rate**” mileage in addition to the per mile reimbursement.

- Eligible employees shall receive flat rate mileage each day that their personal vehicle is driven for District service.

Unit E / Unit S Rate:

- Refer to Bargaining Unit Agreement (Union Contract) for weight limit requirements and applicable pay rates.

Start Date: 3/4/17	Status: C_SENT	Class: _____	Section: 1410	Tool: 6	Lead: _____	S. Diff: _____	
G/L Account #	Buyer Prog	Site Name and W.O. Description	Work Order	Reg Hrs	OT Hrs	Reb. Mil.	Rev.
IO:307017849301	11737	WRIGHT ENG & DESIGN MAGNET: CAF - fans not working@student dining	25776477	00:00	08:00	8	0
Date Total:				00:00	08:00	8	
Employee Total:				40:00	09:00	69	



Premium Tools (Daily Flat Rate) - Audit

- Seniors/Supervisors are to randomly audit employee vehicles for tools each week.
- All tool audits are to be tracked in SharePoint.
- Maximo Report – Tool Differential Usage



Los Angeles Unified School District

Existing Facilities
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Tool Differential Usage Days

For N1 Person Group Employees for work dates between 07-01-2016 and 06-30-2017

Person Group: N1-AA

			Total Work Days with Tool Differential Charged												
Emp #	Name	Classification	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
		CARPENTER	18	22	20	18	16	17	19	15	7	0	0	0	152
		CARPENTER	20	23	17	20	19	17	16	18	7	0	0	0	157
		SENIOR CARPENTER	21	23	10	0	0	0	19	18	6	0	0	0	97
		CARPENTER	20	19	21	16	19	16	16	18	6	0	0	0	151
		CARPENTER	18	17	20	23	23	18	20	22	7	0	0	0	168
		MAINTENANCE WORKER	19	24	18	24	6	13	23	16	7	0	0	0	150
		MAINTENANCE WORKER	0	0	0	0	0	0	7	19	7	0	0	0	33

Please refer to the M&O Procedure **No. G-M-15: Application for Mileage and Tool Reimbursement** for detailed guidelines.



Overtime (OT)

The Fair Labor Standard Act (FLSA) states that eligible employees must receive time and one-half (1 ½) for all work in excess of 8 hours per day or 40 hours per week.



Calculation:

- Applies to employees on a standard work week: **8 hrs. per day, 5 days per week.**
- Overtime is calculated only on the basis of working hours. **Meal time is excluded.**
- **Unpaid Time (UP)** does not qualify the employee for overtime.

Ref: BUL-5996.0: Overtime Policy – Classified Employees

**Refer to Bargaining Unit Agreement (Union Contract) for Overtime eligibility.*



Overtime (Cont.)

Eligibility:

- Both regular and substitute classified hourly employees **are eligible for overtime pay.**
- Classified (Exempt or Salary) administrative and executive employees **are not eligible** for overtime pay.
- Certificated employees **are not eligible** for overtime pay.



Overtime (Cont.)

Documentation:

- Overtime request must be submitted and approved in advance.
(Except in the case of extreme circumstance.)
- **Examples of Extreme Circumstances:**
 - Flooding
 - Major sewer line stoppage
 - Gas leak
 - Other circumstances as determined by the AFSD/RFD/Deputy Director/Director
- The site administrator must approve the OT request by the next business day **in writing** for extreme circumstances.
- The approved Overtime Request Form must be **retained at the site for 5 years.**



Overtime (Cont.)

Usage and Monitoring:

- By Law, employees shall not work more than **528 hours per fiscal year**. Per District Policy, employees should not be assigned to work over **44 hours of OT per month**.
- However, in **extreme circumstances**, employees may work more than 44 hours of OT per month with the Deputy Director's prior written approval.
- Deputy Director's prior written approval is also required for scheduled overtime that is equal or above 10 hours per day.
- It is the **responsibility** of the AFSD to review overtime usage and determine if the OT was authorized and worked.
- Senior/Supervisors/CPMs are to randomly audit completed overtime and logged against the work order each week.



Overtime (Cont.)

Sample Overtime Request Form

*Los Angeles Unified School District*

ATTACHMENT B

*Existing Facilities
Maintenance & Operations*



Overtime Request Form

Request Date: _____

Request By: _____

Requesting Person Group: _____

Authorization to work overtime is being requested for the following reason(s): _____

Work Order:	26492050	Work Order Description:	FIRE DAMAGE (INTERIM HOUSING) CONNECT UTILITIES TO PORTABLE BLDG. #1					
Employee Number	Employee Name / Craft	Person Group	School / Site	Start Date / Time	Finish Date / Time	Requested O/T Hrs	Total O/T Hrs Charged for Month	Total O/T Hrs Charged for Fiscal Year
		C-EA	COLISEUM EL	10/29/2016 06:00:00 AM	10/29/2016 02:00:00 PM	8	32	40

Administrator Approval: _____

Date: _____

* If actual hours differ from estimated, submit the revised form to the Administrator.

Note: Overtime must be approved in advance, except in the case of extreme circumstances. For all planned work, attach a copy of the Job Cost Recap Burden prior to submitting for approval.



Overtime (Cont.)

Sample Overtime Labor Hours Report (Detailed)



Los Angeles Unified School District

Existing Facilities
Maintenance & Operations



Overtime Labor Hours Report

For Labor Code for work dates between 2017-03-01 and 2017-03-31

Order by W.O. #, Site Name, Work Date

Person Group: S1-AA

Work Order	Cost Center	Site Name Work Order Description	Work Date	O/T Hrs
Employee:				
26701265	0001558201	93RD ST EL C BLDG BOYS RESTROOM, PARTITION IS DAMAGE	03/04/2017	8.00
27081441	0001464101	SAN ANTONIO EL 3453	03/03/2017	4.00
27083174	0001815101	GAGE MS New underlayment rooms 264 265 266	03/12/2017	8.00
27083214	0001815101	GAGE MS Rm 266 new underlayment needed in room 266	03/11/2017	8.00
Total Employee O/T Hours				28
Total O/T Hours, All Employees				28.00



Overtime (Cont.)

Sample Overtime Labor Hours Report (Summary)



Los Angeles Unified School District

Existing Facilities
Maintenance & Operations



Overtime Labor Hours Report

For N1 Person Group Employees for work dates between 07-01-2016 and 06-30-2017

Person Group: N1-AA

Emp #	Name	Classification	Total Overtime Labor Hours Charged												TOTAL
			JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	
-----		MAINTENANCE WORKER	28.00	8.00	47.00	16.00	12.00	12.00	29.00	20.00	3.00				175.00
-----		MAINTENANCE WORKER	37.00	31.00	27.00	26.00	16.00	28.50	24.50	37.00	3.00				230.00
-----		AREA CARPENTRY SUPERVISOR	4.00		9.00										13.00
-----		CARPENTER	60.00	32.00	68.00	48.00	68.00	24.00	32.00	40.00					372.00
-----		CARPENTER			14.00		4.00			4.00					22.00
-----		MAINTENANCE WORKER						3.00							3.00
-----		SENIOR CARPENTER	43.50	28.00	37.00	35.50	30.50	41.50	30.50	37.50	3.00				287.00
-----		CARPENTER	36.00	24.00	60.00	24.00	48.00	16.00							208.00



Overtime (Cont.)

Time Reporting:

- Overtime (OT) is reported only as it is worked up to the payroll cut-off date.
- Any OT that is scheduled after the cut-off date must be reported after the time is worked.

Note: *If an employee does not work a standard work week or the work day is greater or less than eight hours, refer to the applicable collective bargaining unit agreement and/or Personnel Commission rules to determine the point at which the employee should be reported for overtime pay.*



Process Documents

Policy Bulletin 6638.0, Time Reporting and Time Approval Policy, reminds time approvers and time reporters of their payroll responsibilities.

Adherence to Payroll Policies and procedures will ensure the following:

- Employees are paid in a timely manner.
- Facilitate compliance
- Increase efficiency
- Improve accountability
- Reduce overpayments/underpayments



Time Reporters

Main Responsibilities



- Ensure hourly employees are signing in and out on a daily basis.
- Before entering absences, ensure a completed Certification of absence form (60. ILL or 60.NON ILL) is submitted and signed by the Administrator/Time Approver.
- Ensure supporting documents are on hand and approved for OT **before** entering time in Maximo/Polaris/Kiosk.*
- Ensure to report time, mileage, overtime, benefit (ILL, VA, etc....) or any additional hours on a weekly basis.
- Accurately time report on the cut-off deadlines for each payroll area. Final cut-off time for Polaris is **2:30 p.m.** and Maximo/Kiosk is **3:30 p.m.**

**Journeyman are responsible for keeping and completing the Daily Appointment Book.*

**Daily Appointment Book is subject to audit on a weekly basis by the supervisor.*

**Daily Appointment Book should be retained for 5 years.*



Time Approvers

Main Responsibilities

- Approve or deny Certification of absence form (60. ILL or 60.NON ILL).
- Approve or deny, mileage, overtime, benefit (ILL, VA, etc....) or any additional hours.
- Time approver must review and approve all employees by the cut-off deadlines. Cut-off time for Polaris is **2:30 p.m.** and Maximo users is **3:30 p.m.**



**Time Approvers must ensure the accuracy and validity of All time entries.*

Time Reporters/Approvers

Cut-off Day Reminders

- Emails will be sent out the day before and day of cut-off day to Time Reporters/Approvers.

All,

VERY IMPORTANT REMINDER:

The Semi-Monthly Payroll cut-off is TODAY, Wednesday, March 1, 2017.

To ensure that your employees are paid on time. Please report, approve and confirm that they have been successfully interfaced into SAP. You may run the Monthly Labor Summary to verify this information.

Maximo interfaces to SAP daily at 9:30AM and 3:30PM; The last interface from POLARIS to Maximo is 2:30PM and the last interface from Maximo to SAP is at 3:30PM.

Hours approved after 2:30pm in Polaris or 3:30PM in Maximo for Semi-monthly employees will result in an under or overpayment.

Please check if there are any CAT rejections any time after 10:15AM, so that they can be corrected by the 2:30PM (POLARIS) or 3:30PM (Maximo) cut-off.



Time Reporters/Approvers – Cont.

Roles/Rules

Responsibilities	Time Reporter	Time Approver	AFSD/RFD *
Report Time	X	X	X
Approve Time (Mark for Interface)		X	X
Approve Time (Employees at Same Location)		X	X
Approve Time (Employees at Other Locations)			X
Approve Reversed Transactions		X	X
Approving Transactions beyond current pay period			X

***Time Approvers/AFSD/RFD: Cannot approve their own time.**

***Time Approvers/AFSD/RFD: Cannot approve transactions they modified (last touched).**

* AFSD – Area Facilities Services Directors RFD – Regional Facilities Directors.



Time Reporters/Approvers – Cont.

- To capture employees that are missing time and/or rejecting, run the **Monthly Labor Summary**, **CATS Rejection Report** and the **Labor Exceptions Report** the day before, day of and the following morning of the cut-off day.

Monthly Labor Summary

Person Groups for N1 for Pay Period between 03/01/2017 and 03/31/2017

Daily Hours Color Coding: Black: Reg hrs = 8 and OT hrs = 0 Blue: Reg hrs < 8 and OT hrs = 0 Red: Reg hrs > 8 and/or OT hrs > 0

	Wed Mar 01	Thu Mar 02	Fri Mar 03	Sat Mar 04	Sun Mar 05	Mon Mar 06	Tue Mar 07	Wed Mar 08	Thu Mar 09	Fri Mar 10	Sat Mar 11	Sun Mar 12	Mon Mar 13	Tue Mar 14	Wed Mar 15	Thu Mar 16	Fri Mar 17	Sat Mar 18	Sun Mar 19	Mon Mar 20	Tue Mar 21	Wed Mar 22	Thu Mar 23	Fri Mar 24	Sat Mar 25	Sun Mar 26	Mon Mar 27	Tue Mar 28	Wed Mar 29	Thu Mar 30	Fri Mar 31	Total Reg Hrs	Total OT Hrs	Total Hrs				
Employee Name & No.																																						
Person Group: N1-AA																																						
Employee:																																						
Regular + OT Hours	8	8	8			8	8	8	8																								56	0	56			
Overtime hours	0	0	0			0	0	0	0																													
Employee:																																						
Regular + OT Hours	8	8	8			8	8	8	8																								56	0	56			
Overtime hours	0	0	0			0	0	0	0																													

CATS Rejection Report

Person Group: N1-EA: AREA-N1 ELECTRICAL GROUP

Supervisor: Escovar, Rodney F.

Employee #	Name	Date	W.O. #	I/O #	Reg Hrs	OT Hrs	Mlg Lead	Tool	S Diff	Error
		3/8/17	27085963		5.00	2.00	5	6		Total hours exceeds assigned work hours
		3/8/17	27088576		3.00	0.00	1	6		Total hours exceeds assigned work hours
		3/1/17	24517783		1.00	0.00	0	6		System status LKD is active (ORD 808000058512)

Labor Exceptions Report

Employee Name	Employee #	Payroll Cut-Off Date	Pay Period Total Hours	Entered Reg Hrs	Approved Reg Hrs	Rejected Reg Hrs	Posted Reg Hrs	Action
ATU-CONT								
		3/1/17	64.00	64.00	64.00	3.00	61.00	NEED TO CORRECT REJECTED TIME, 3 HOURS IS UNAPPROVED
ATU-SURV								
		3/1/17	64.00	16.00	16.00	0.00	16.00	NEED TO ENTER ADDITIONAL TIME, MISSING 48 HOURS



Monthly Labor Summary



Los Angeles Unified School District

Existing Facilities
Maintenance & Operations



Monthly Labor Summary

Person Groups for N1 for Pay Period between 03/01/2017 and 03/31/2017

Daily Hours Color Coding: Black: Reg hrs = 8 and OT hrs = 0 Blue: Reg hrs < 8 and OT hrs = 0 Red: Reg hrs > 8 and/or OT hrs > 0

Employee Name & No.	Wed Mar 01	Thu Mar 02	Fri Mar 03	Sat Mar 04	Sun Mar 05	Mon Mar 06	Tue Mar 07	Wed Mar 08	Thu Mar 09	Fri Mar 10	Sat Mar 11	Sun Mar 12	Mon Mar 13	Tue Mar 14	Wed Mar 15	Thu Mar 16	Fri Mar 17	Sat Mar 18	Sun Mar 19	Mon Mar 20	Tue Mar 21	Wed Mar 22	Thu Mar 23	Fri Mar 24	Sat Mar 25	Sun Mar 26	Mon Mar 27	Tue Mar 28	Wed Mar 29	Thu Mar 30	Fri Mar 31	Total Reg Hrs	Total OT Hrs	Total Hrs				
Person Group: N1-AA																																						
Employee:																																						
Regular + OT Hours	8	8	8			8	8	8	8	8			8																				72	0	72			
Overtime hours	0	0	0			0	0	0	0	0			0																									
Employee:																																						
Regular + OT Hours	8	8	8			8	8	8	8	8			8																					72	0	72		
Overtime hours	0	0	0			0	0	0	0	0			0																									
Employee:																																						
Regular + OT Hours	8	8	8			8	8	8	8	8																								64	0	64		
Overtime hours	0	0	0			0	0	0	0	0																												
Employee:																																						
Regular + OT Hours	8	8	8			8	8	8	8	8			8																					72	0	72		
Overtime hours	0	0	0			0	0	0	0	0			0																									
Employee:																																						
Regular + OT Hours	8	8	8			8	8	8	8	8																								64	8	72		
Overtime hours	0	0	0	8		0	0	0	0	0																												
Employee:																																						
Regular + OT Hours	8	8	8			8	8	8	8	8																								64	0	64		
Overtime hours	0	0	0			0	0	0	0	0																												

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Page: 1 of 39



CATS Rejection



Los Angeles Unified School District

Existing Facilities
Maintenance & Operations



CATS Rejection Report - Total Current Rejects for N1

Person Group: N1-EA: AREA-N1 ELECTRICAL GROUP					Total Rejects: 5					
Employee #	Name	Date	W.O. #	I/O #	Reg Hrs	OT Hrs	Mlg Lead	Tool	S Diff	Error
		3/8/17	27085963		5.00	2.00	5	6		Total hours exceeds assigned work hours
		3/8/17	27088576		3.00	0.00	1	6		Total hours exceeds assigned work hours
		3/8/17	27086674		2.50	1.00	0	6		Total hours exceeds assigned work hours
		3/8/17	27086674		5.50	0.00	5	6		Total hours exceeds assigned work hours
		3/1/17	24517783		1.00	0.00	0	6		System status LKD is active (ORD 808000058512)

Person Group: N1-FA: AREA-N1 EQUIPMENT GROUP					Total Rejects: 1					
Employee #	Name	Date	W.O. #	I/O #	Reg Hrs	OT Hrs	Mlg Lead	Tool	S Diff	Error
		2/20/17	26930466		4.00	0.00	0	7		A/A type RG is not allowed on legal holidays. Attendance/absence 02/20/2017 - 02/20/2017 during non-working period (att/abs.type RG)

Person Group: N1-GA: AREA-N1 PLUMBING GROUP					Total Rejects: 2					
Employee #	Name	Date	W.O. #	I/O #	Reg Hrs	OT Hrs	Mlg Lead	Tool	S Diff	Error
		3/9/17	27088813		4.00	0.00	0	6		Invalid Internal order in Work Order. Please check Work Order GL Account.
		3/9/17	27088813		4.00	0.00	0	6		Invalid Internal order in Work Order. Please check Work Order GL Account.

Person Group: N1-OPTR: AREA-N1 OPERATIONS TRAINING PROGRAM					Total Rejects: 6					
Employee #	Name	Date	W.O. #	I/O #	Reg Hrs	OT Hrs	Mlg Lead	Tool	S Diff	Error
		2/21/17	26593688		3.00	0.00	8			Invalid Internal order in Work Order. Please check Work Order GL Account.
		2/22/17	26593688		2.00	0.00				Invalid Internal order in Work Order. Please check Work Order GL Account.
		2/22/17	26593688		1.00	0.00				Invalid Internal order in Work Order. Please check Work Order GL Account.
		2/23/17	26593688		3.00	0.00	8			Invalid Internal order in Work Order. Please check Work Order GL Account.
		2/24/17	26593688		3.00	0.00	8			Invalid Internal order in Work Order. Please check Work Order GL Account.
		2/27/17	26593688		2.00	0.00	4			Invalid Internal order in Work Order. Please check Work Order GL Account.

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Page: 2 of 3



Labor Exceptions Report



Los Angeles Unified School District

Existing Facilities
Maintenance & Operations



Labor Exceptions Report

S2 Person Groups

Semi-Monthly Employees, Payroll Cut-Off Date: 03/16/17

Employee Name	Employee #	Pay Period Total Hours	Entered Reg Hrs	Approved Reg Hrs	Rejected Reg Hrs	Posted Reg Hrs	Action
S2-AA AREA-S2 CARPENTRY GROUP							
Bologr		88.00	88.00	88.00	-5.50	93.50	WAITING FOR INTERFACE TO POST APPROVED TIME
Plasce		88.00	85.50	85.50	0.00	85.50	NEED TO ENTER ADDITIONAL TIME, MISSING 2.5 HOURS
Wolfe,		88.00	81.00	81.00	0.00	81.00	NEED TO ENTER ADDITIONAL TIME, MISSING 7 HOURS
S2-ADMIN AREA-S2 ADMINISTRATION							
Liu, Ei		88.00	88.00	64.00	0.00	64.00	NEED TO APPROVE ADDITIONAL TIME, 24 HOURS IS UNAPPROVED
S2-GA AREA-S2 PLUMBING GROUP							
Auslar		88.00	89.00	89.00	9.00	80.00	OVER REPORTED BY, -1 HOURS
Ayala,		88.00	24.00	24.00	0.00	24.00	NEED TO ENTER ADDITIONAL TIME, MISSING 64 HOURS
Knight, Steve Christopher	655542	88.00	80.00	80.00	0.00	80.00	NEED TO ENTER ADDITIONAL TIME, MISSING 8 HOURS
S2-N AREA-S2 NURSING GROUP							
Fuqua, Bobby C.	102108	88.00	48.00	48.00	0.00	48.00	NEED TO ENTER ADDITIONAL TIME, MISSING 40 HOURS
S2-O AREA-S2 OPERATIONS SITE-BASED							
Avila, I		88.00	80.00	80.00	0.00	80.00	NEED TO ENTER ADDITIONAL TIME, MISSING 8 HOURS
Long, Ryan	1091235	88.00	24.00	24.00	0.00	24.00	NEED TO ENTER ADDITIONAL TIME, MISSING 64 HOURS
S2-O AREA-S2 OPERATIONS TRAINING PROGRAM							
Salazar, Rigoberto Juarez	1101869	88.00	24.00	24.00	0.00	24.00	NEED TO ENTER ADDITIONAL TIME, MISSING 64 HOURS
S2-S AREA-S2 SUPPORT JP							
Cerda, Richard	714635	88.00	88.00	64.00	0.00	64.00	NEED TO APPROVE ADDITIONAL TIME, 24 HOURS IS UNAPPROVED



Time Cards

A time card is the District's official document of an employee's attendance/absence for time reporting purposes.

- A Weekly Time Report will be provided to the employee by the Time Approver and or Time Reporter to sign. This constitutes the time card for the employee.
- Time cards are subject to audit by the District's designated auditors.
- Time cards must be kept on file and retained at the location for 5 years.
- It is the responsibility of the employee and supervisor to ensure the accuracy of the Weekly Time Report.



Time Cards Cont.

Weekly Time Report



Los Angeles Unified School District

Existing Facilities
Maintenance & Operations



Weekly Time Report

Parameters: Labor Code(s): Person Group(s): Date(s): 2/26/2017 - 3/4/2017

Labor/Person Group: T-PC

Labor Code: Name: Date(s): 2/26/2017 - 3/4/2017

Employee Total: 40:00 00:00 4

By signing below, I certify that information appearing on this report is a true record of services performed or absences from productive labor and the number of miles, tools and differentials indicated for the reimbursement is valid for the date of this report. I certify and agree to all necessary processing and adjustments that will reflect all time entered above. Once all necessary adjustments are processed, I agree and authorize that any unearned wages paid as a result will be collected from my next paycheck.

Employee or Authorized Signature

Date Signed by Employee

Supervisor Signature (REQUIRED)

Supervisor Approved Date (REQUIRED)

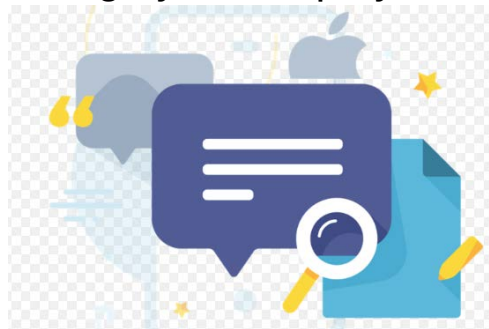
Approved By

Approved Date



Time Entry Audits

- Employees time cards will be randomly selected for audit.
 - Principal Clerks will verify that Maximo time sheets match SAP entries on a semi-monthly basis.
 - Supporting documentation for all time entries must be present, completed, approved and must MATCH what is entered on Maximo time sheets and in SAP.
- Employee time entries and supporting documentation are randomly audited each month at the Program Review meeting by the Deputy Director and staff.



Payroll Calendars

Payroll calendars are created per fiscal year:

- Cut-Off Calendars –

Provided on Payroll website and provides cut-off days and pay days.



Payroll Calendar - SM

Los Angeles Unified School District 2016 - 2017 Semi Monthly Calendar (SM)

Legend:  Cut-off for CATS Time Reporting Approval  Pay Day  Holiday  Holiday and Pay day

July

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	31

August

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December

S	M	T	W	T	F	S
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

January

S	M	T	W	T	F	S
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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April

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						1
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
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May

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7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June

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				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Revised: 7/21/2016



Payroll Calendar - CL

Los Angeles Unified School District

2016 - 2017 Classified Calendar (CL)

Legend:  Cut-off for CATS Time Reporting Approval  Pay Day  Holiday  Holiday and Pay day

July

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

January

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	



Payroll Calendar

2016-2017 Cut-Off and Pay Dates For CATS Time Reporting

PAY PERIOD	CUT-OFF DATES	PAY DATES	PAYROLL AREA
Scheduled Off-cycles	Friday, March 03, 2017	Friday, March 10, 2017	Certificated & Classified Off-cycles
03/01/2017 - 03/15/2017	Thursday, March 16, 2017	Thursday, March 23, 2017	Semi-Monthly
03/01/2017 - 03/31/2017	Wednesday, March 22, 2017	Friday, March 31, 2017	Classified
03/01/2017 - 03/31/2017	Monday, March 27, 2017	Wednesday, April 05, 2017	Certificated
03/16/2017 - 03/31/2017	Friday, March 31, 2017	Friday, April 07, 2017	Semi-Monthly
Scheduled Off-cycles	Wednesday, April 05, 2017	Wednesday, April 12, 2017	Certificated & Classified Off-cycles
04/01/2017 - 04/15/2017	Friday, April 14, 2017	Friday, April 21, 2017	Semi-Monthly
04/01/2017 - 04/30/2017	Thursday, April 20, 2017	Friday, April 28, 2017	Classified
04/01/2017 - 04/30/2017	Wednesday, April 26, 2017	Friday, May 05, 2017	Certificated
04/16/2017 - 04/30/2017	Monday, May 01, 2017	Monday, May 08, 2017	Semi-Monthly
Scheduled Off-cycles	Friday, May 05, 2017	Friday, May 12, 2017	Certificated & Classified Off-cycles
05/01/2017 - 05/15/2017	Tuesday, May 16, 2017	Tuesday, May 23, 2017	Semi-Monthly
05/01/2017 - 05/31/2017	Monday, May 22, 2017	Wednesday, May 31, 2017	Classified
05/01/2017 - 05/31/2017	Wednesday, May 24, 2017	Monday, June 05, 2017	Certificated
05/16/2017 - 05/31/2017	Thursday, June 01, 2017	Thursday, June 08, 2017	Semi-Monthly
Scheduled Off-cycles	Monday, June 05, 2017	Monday, June 12, 2017	Certificated & Classified Off-cycles
06/01/2017 - 06/15/2017	Friday, June 16, 2017	Friday, June 23, 2017	Semi-Monthly
06/01/2017 - 06/30/2017	Wednesday, June 21, 2017	Friday, June 30, 2017	Classified
06/01/2017 - 06/30/2017	Friday, June 23, 2017	Wednesday, July 05, 2017	Certificated
06/16/2017 - 06/30/2017	Thursday, June 30, 2016	Friday, July 07, 2017	Semi-Monthly
Scheduled Off-cycles	Wednesday, July 05, 2017	Wednesday, July 12, 2017	Certificated & Classified Off-cycles



Certification/Request of Absence For Illness, Family Illness, New Child, Form 60.ILL (Cont.)

FMLA/CFRA INFORMATION

4. Is the absence due to a "serious health condition" (see separate FMLA form for Definitions)..... ☐ Yes ☐ No
Note: To confirm serious health condition, you are required to return "FMLA Certification of Health Provider within 15 calendar days
5. Do you request FMLA/CFRA protections? (See District website or your supervisor for FMLA facts)..... ☐ Yes ☐ No

IMPORTANT LAUSD INFORMATION

'Physician Statement' is required if absence is over 5 consecutive days or if required by Administrator under LAUSD Rules. 'FMLA Certification of Health Care Provider' is required if FMLA/CFRA protections are being requested.

6. Is the appropriate medical certification submitted with this request? ☐ Yes ☐ No ☐ Not Required (new child)
NOTE: If the answer is "No", the correct medical certification must be submitted separately and promptly.
7. Is the request being made for unpaid leave/absence? ☐ Yes ☐ No
8. Eligible Substitute/Temporary employee as part of the Healthy Workplaces Healthy Families Act, use SBTM time code.

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Certification/Request of Absence For Illness, Family Illness, New Child, Form 60.ILL (Cont.)

I certify I was/will not be employed elsewhere during my regular work hours within the time period claimed on this certification, unless taking vacation. I certify my absence during this period was not and is not for participating in a strike/work stoppage or because of my unwillingness to cross picket lines and I would have been available for duty if it had not been for the reason cited above. Furthermore, I certify my absence during my hours of assigned duty is because of the above listed reason in accordance with any applicable Board/PC rule or Collective Bargaining Agreement. I also agree and authorize that once the correct benefit usage charged above is processed, any unearned wages paid as a result will be collected from the next paycheck. I declare under the penalty of perjury that the foregoing is true and correct.

Employee's Signature: _____ **Date:** _____

For Administrator/Supervisor: Is the FMLA supporting documentation received/on file? ☐ Yes ☐ No

Is the FMLA approved? ☐ Yes ☐ No

Explanation _____

Use separate paper, if needed)

Administrator/Supervisor's Acknowledgment/Approval:

Print Name _____

Signature _____

Date _____

Form No. 60.ILL; Revised 7/1/2016



***Certification/Request of Absence For Illness, Family Illness,
New Child, Form 60. NON -ILL***

Los Angeles Unified School District

CERTIFICATION AND/OR REQUEST OF ABSENCE FOR NON-ILLNESS

EMPLOYEE INFORMATION (Please Print)

Last Name	First Name	M.I.	Employee No.
Work Location Name	Job Title	Employee's Telephone ()	

REASON FOR ABSENCE

1. Starting date of absence / / Last date of absence (expected) / /
Mo. **Day** **Yr.** **Mo.** **Day** **Yr.**

2. Total time (expected) of absence: _____ days; _____ hours.

NOTE: This form does not supersede or replace the Leave of Absence Request Form (PC Form 5006 or HR Form 1065), when required.

3. Select the appropriate type of absence:

Typically, these types of absence do NOT qualify for the Family and Medical Leave Act ("FMLA") and/or the California Family Rights Act ("CFRA"). However, if the reason meets legal requirements, you may request such FMLA/CFRA protection. LAUSD may also, on its own, designate an absence as FMLA/CFRA protected, if information indicates that the legal requirements are met.

- | | |
|---|--------------------------------------|
| ☐ A) Accident or Imminent Danger to My Property (see rule ¹)..... | Explain |
| ☐ B) Accident to Family Member's Property (see rule ¹)..... | Explain |
| ☐ C) Auto failure (up to 2 hours) if car used for work (see rule ²)..... | Explain |
| ☐ D) Registration or Final Exam in Higher Education (see rule ³)..... | Explain |
| ☐ E) Religious Holiday of My Faith..... | Explain |
| ☐ F) Bereavement (see rule ⁴)..... | Identify Family Relation |
| ☐ G) Conference Approved by District..... | Provide verification; Explain |
| ☐ H) Jury Duty, or Appearance in Court under Order..... | Provide documentation from the Court |
| ☐ I) Vacation (All regular classified employees & Certificated A basis)..... | Subject to Approval |
| ☐ J) Other Absences (identify). | Explain |

NOTE: Absences "A" through "E" may qualify as Personal Necessity.

Additional Explanation, if needed _____

NON IL



Certification/Request of Absence For Illness, Family Illness, New Child, Form 60. NON -ILL

I certify I was/will not be employed elsewhere during my regular work hours within the time period claimed on this certification, unless taking vacation. I certify my absence during this period was not and is not for participating in a strike/work stoppage or because of my unwillingness to cross picket lines and I would have been available for duty if it had not been for the reason cited above. Furthermore, I certify my absence during my hours of assigned duty is because of the above listed reason in accordance with any applicable Board/PC rule or Collective Bargaining Agreement. I also agree and authorize that once the correct benefit usage charged above is processed, any unearned wages paid as a result will be collected from the next paycheck. I declare under the penalty of perjury that the foregoing is true and correct.

Employee's Signature _____ Date _____

For Administrator/Supervisor: Is the FMLA supporting documentation received/on file? ☐ Yes ☐ No

Is the FMLA approved? ☐ Yes ☐ No

Explanation _____

Use separate paper, if needed)

Administrator/Supervisor's Acknowledgment/Approval:

Print Name _____

Signature _____

Date _____

For Administrator/Supervisor: Do you approve the requested absence?

Yes ☐ No ☐

Explanation (If No): _____

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¹ Rule to #3.A or B: Accident to property must be either your property or immediate family member's (either your family or spouse's, such as, parent, child, grandparent, grandchild, brother, sister, step/foster child or other relative living in employee's immediate household). Reference the specific section of the bargaining unit agreement or any applicable Board/PC rule if another relationship is claimed. Imminent danger to property includes only your property, and is occasioned by disaster such as flood, fire, or earthquake.

² Rule to #3.C: Refer to applicable bargaining unit agreement or any applicable Board/PC rule.

³ Rule to #3.D: Upon at least two days' notice to their immediate supervisor, a classified employee shall be permitted to take any examination and to participate in other District employment procedures during working hours without loss of pay or other penalty. If less than two days' notice is provided, permission to participate without loss of pay is subject to approval by the employee's immediate supervisor. (PC Rule 784, Paragraph B)

⁴ Rule to #3.F: The rule requires that the relationship be an immediate family member meaning under LAUSD's definition for bereavement, either your family or spouse's family, such as parent, child, grandparent, grandchild, brother, sister, step/foster child or other relative living in employee's immediate household. Reference the specific section of the bargaining agreement or any applicable Board/PC rule if another relationship is claimed.

Form No. 60.NON-ILL; Revised 07/01/2016



Time Reporting References

For assistance or further information, please review the following references.

Documents	Number
Guidelines for Supplemental Assignment Differentials	BUL-3856.5
Elimination of Advance Reporting of Hours, Mileage, and Differential Pay	BUL-6053.1
Certification/Request of Absence Forms	BUL-6307.3
Legally-Mandated Paid Sick Leave for Eligible Employees	BUL-6529.1
Time Reporting and Time Approval Policy	BUL-6638.0
Time Reporting Instructions for Differentials	REF-1802.13
Reporting Paid Sick Leave for Substitute/Temp Eligible Employees	REF-6528.0
Procedures for Reporting Paid Sick Leave for Eligible Employees	REF-6528.1
Overtime Policy- Classified Employees	BUL-5996.0
Overtime	PC Rule 596



Questions?

