

Guidelines

for

Time & Attendance

Reporting

Department of Human Resources
Old Dominion University
October 1, 2005

Guidelines for Time and Attendance Reporting

EMPLOYEE RESPONSIBILITIES

All non-exempt employees are responsible for completing weekly Time and Attendance Reports and submitting them to their supervisors for review and verification. The Time and Attendance Report accounts for each hour worked as well as any types of leave (if applicable) taken per day. Non-exempt and exempt classified employees as well as non-exempt Administrative and Professional Faculty in VSDP are responsible for completing Leave Activity Reporting Forms for any type of leave used during a pay period. This leave must be recorded on the weekly Time and Attendance Report.

SUPERVISOR RESPONSIBILITIES

Supervisors are responsible for reviewing and signing weekly Time and Attendance Reports for all non-exempt employees. The accurate accounting of employee work hours is no less important than the accurate accounting of cash. The supervisor should:

Sign and review the Time and Attendance Report for accuracy - hours recorded to nearest tenth, correct totals for hours worked, correct dates, appropriate signatures; submit paperwork for overtime compensation;

Maintain up-to-date Time and Attendance Reports for audit.

TIME AND ATTENDANCE RECORD KEEPING

For non-exempt employees, the Time and Attendance Record is filled out on a weekly basis and maintained by the department.

Hours

Hours worked should be reported to the nearest tenth of an hour as follows:

<u>Period of Absence</u>	<u>Reporting Increments</u>
0 to 2 min., 59 seconds	Disregard
3 to 8 min., 59 seconds	.1 hour
9 to 14 min., 59 seconds	.2 hour
15 to 20 min., 59 seconds	.3 hour
21 to 26 min., 59 seconds	.4 hour
27 to 32 min., 59 seconds	.5 hour

Period of Absence

Reporting Increments

33 to 38 min., 59 seconds	.6 hour
39 to 44 min., 59 seconds	.7 hour
45 to 50 min., 59 seconds	.8 hour
51 to 56 min., 59 seconds	.9 hour
57 to 60 minutes	1.0 hour

A sample Time and Attendance Report follows. Please be sure and use the correct form for employee type: Classified, Administrative/Professional, Non-Instructional PT Faculty.

OLD DOMINION UNIVERSITY
Time and Attendance Report
For Non-Exempt Classified Employees

NAME :	UIN	POSITION NUMBER
Year:		
This report must be completed weekly for all non-exempt classified employees, under the Fair Labor Standards Act (FLSA). This report must be kept by all Departments for audit purposes. The standard University work week is Sunday 12:01 a.m. through Saturday 12:00 a.m (midnight).		

<u>WORK WEEK</u>		<u>HOURS WORKED</u>								CERTIFIED CORRECT BY	
BEGIN DATE	END DATE	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL HOURS WORKED	SIGNATURE OF EMPLOYEE	INITIALS OF SUPER

I certify that the Time and Attendance Report I am submitting correctly and accurately reflects my hours worked and/or leave taken.

Signature of Employee _____ Date _____ Signature of Supervisor _____ Date _____
 Signature of Budget Unit Director (if overtime is required) _____ Date _____

<p>Payment Codes</p> <p>ET = Educational Aid Release Time HD = Holiday RG = Regular Hours Worked ST = Straight Time Pay TH = Time and ½ Overtime Pay</p>	<p>Leave Codes</p> <p>ALT = Annual Leave Taken BLT = Bonus Leave Taken CLE = Compensatory Leave Earned CLT = Compensatory Leave Taken OLE = Overtime Leave Earned OLT = Overtime Leave Taken SDP = VSDP Sick Leave Taken SFT = Sick Family Leave Taken SLT = Sick Personal Leave Taken - Accrual System</p>	<p>Other Types of Leave Codes</p> <p>ADM = Administrative/Civil Leave CSR = Community Service Leave DCL = Disability Credits Taken LWP = Leave Without Pay MLT = Military Leave Taken OT = Other Leave (University Official Closing) RLT = Recognition Leave Taken STD = Short-Term Disability Leave Taken - 100% ST8 = Short-Term Disability Leave Taken - 80% ST6 = Short-Term Disability Leave Taken - 60% WCL = Worker's Compensation Leave</p>
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OLD DOMINION UNIVERSITY
Time and Attendance Report
For Non-Exempt Non-Instructional Part-Time Faculty

NAME:	UIN	POSITION NUMBER
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Year: _____

This report must be completed weekly for all non-exempt, non-instructional part-time faculty employees under the Fair Labor Standards Act (FLSA). **This report must be kept by all Departments for audit purposes.** *The standard University work week is Sunday 12:01 a.m. through Saturday 12:00 a.m (midnight).*

<u>WORK WEEK</u>		<u>HOURS WORKED</u>								CERTIFIED CORRECT BY	
BEGIN DATE	END DATE	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL HOURS WORKED	SIGNATURE OF EMPLOYEE	INITIALS OF SUPER

I certify that the Time and Attendance Report I am submitting correctly and accurately reflects my hours worked.

Signature of Employee	Date	Signature of Supervisor	Date
Signature of Budget Unit Director	Date		

Time and Attendance Report Procedures

NOTE: It is MANDATORY (per the Fair Labor Standards Act) that Time and Attendance Reports which track 5 work weeks be completed weekly for all non-exempt employees and filed in the employee's department. They must be retained for four years. Time and Attendance Reports are subject to random audits by the Department of Human Resources and the University's Internal Auditors. These forms are required for non-exempt employees.

*If a non-exempt OR exempt employee (who is authorized to be compensated for additional hours worked) works more than 40 hours in a work week and is to be paid either time and one half or straight time for those additional hours, a **different** Time and Attendance Form must be submitted to the Payroll Office along with a wage time slip indicating the date(s) on which the overtime was worked and the number of overtime hours worked. (See sample form on the next page and Time and Attendance Report Distribution on page 11.) The words "classified overtime" should be circled on the wage timeslip. The position number of the employee must also be entered.*

How to Complete Time and Attendance Reports:

Name/University Identification Number:

Enter the employee's name and university identification number

Position Number:

Enter the employee's position number

Workweek Dates:

Indicate the begin date and end date for each seven day period. Up to five work weeks can be listed on the form. The University's normal workweek is Sunday through Saturday for classified employees except for those departments that have established alternative workweeks. Those departments will have to adjust their Time and Attendance Records accordingly.

Hours Worked:

Complete the block for each day of the week by indicating the total number of hours worked, leave used, leave earned. **REMEMBER TO USE THE OVERTIME TIME AND ATTENDANCE FORM FOR OVERTIME PAYMENTS.** Enter the number of hours of straight time overtime or time-and-one half overtime pay as appropriate. (Enter the exact number of overtime hours worked. Payroll will calculate the straight time or time-and-one-half.) Enter the number of hours or fraction of an hour plus the appropriate code. When leave for classified employees or sick leave for Faculty Administrators in the VSDP sick leave program is recorded on the Time and Attendance Record, it **must** match the leave submitted on the Leave Activity Reporting Forms. If straight time overtime or time-and-one-half overtime pay is earned, the Time and Attendance Record must match the time slips submitted to Payroll. (Again, enter the exact number of overtime hours worked on the Leave Activity Reporting Form. Payroll will calculate the straight time or time-and-one-half.) (A sample time slip is on page 12.)

Total Hours:

Complete the total hours column by indicating the total hours worked for the week. Total hours must be separated into regular hours worked, leave used, leave earned, straight time pay, or overtime pay. The total hours for each employee must equal at least 40 hours.

Signatures:

It is mandatory for each Non-Exempt employee to sign the Time and Attendance Record. At the end

of each week or the beginning of the next week, the employee should sign the form and the supervisor should initial the form. Once the entire form is completed, both the supervisor and the employee should sign the individual signature lines on the bottom of the form. If overtime is being submitted on the form, the Budget Unit Director must also sign the form. Supervisors may use their own discretion to ensure confidentiality concerning employees seeing other employees' leave.

Supervisors are responsible for signing all Time and Attendance Reports, time slips, and leave activity reporting forms and maintaining accurate and up-to-date records on hours worked and leave used.

The Budget Unit Director's signature is required when requests for straight time or overtime pay are submitted to Payroll.

Time and Attendance Report Distribution/Retention/Destruction

A copy is to be sent to Payroll **only when payment for straight time or overtime is requested.** The original must be retained in the department files for three years and may only be destroyed by shredding or pulping.

SAMPLE

Old Dominion University - WAGE TIME SLIP

Depart. ORG No: _____ Dept Name: _____ Dept Phone No. Ext: _____

Employee Name: _____ Employee Univ. Identification No: _____

Pay Period: _____ To _____ I worked in another department this pay period: No _____ Yes _____

Circle Employee Type: Hourly (4021) Student (Without FICA 4025) (W/FICA 4026) Workstudy (4028) Community Service Workstudy (4029)

Circle Overtime Type: Classified Overtime (4004) Part time Faculty (4024) Graduate Research Assist (4024)

Month/Date	Regular Hours	Overtime Hours	Month/Date	Regular Hours	Overtime Hours	Month/Date	Regular Hours	Overtime Hours	Month/Date	Regular Hours	Overtime Hours
/1			/9			/16			/24		
/2			/10			/17			/25		
/3			/11			/18			/26		
/4			/12			/19			/27		
/5			/13			/20			/28		
/6			/14			/21			/29		
/7			/15			/22			/30		
/8						/23			/31		

Position Number: _____ Total Regular Hours: _____ Total Overtime Hours: _____ Rate: _____

EMPLOYEE: I affirm that I have worked the number of hours indicated on the above dates.

Immediate Supervisor:

- I affirm the accuracy of the following items:
- ✓ the position number
 - ✓ the employee type
 - ✓ the employee worked the hours indicated on the above dates
 - ✓ the total hours
 - ✓ the total overtime hours

Budget Unit Director:

I authorize the payroll department to pay:

_____ Hours at straight time
 _____ Overtime Hours at time and ½

Signature _____ Date _____
