

RESOLUTION NO. 8 DECEMBER 20, 2005

WHEREAS, it has been well established that employee time accruals are monies owed by the City of Hudson and monies earned by the employee; and

WHEREAS, in order to provide for accurate time and accrual records new slips for reporting time used by all employees were implemented in March 2005 with the requirement that all slips be sent to the central Time Keeper; and

WHEREAS, it is in the City's best interest to have a written Policy in place with regard to Time Accruals, Time Off Requests and Reports of Employee Absences and Tardiness:

Now, Therefore, be it resolved that the attached Policies and Procedure Memorandum are hereby adopted.

Introduced by

William Pyle Jr.

Seconded by

Lyle J. Shook Jr.

Approved: _____

12.21.05

BY: _____

Richard Scaler
Mayor

**Policies and Procedure Memorandum
Time Off Request and Report of Employee
Absence and Tardiness.**

PART I

1) Purpose:

The purpose of this policy and procedure memorandum is to provide for Accurate time/ accrual records for employees as well as the employer, the "City of Hudson".

2) Policy:

It is the Policy of the City of Hudson to require all Department Heads or their designee to submit to the Central Timekeeper all employees time off requests, approved comp time requests and the Report of Employee Absence and Tardiness forms within two (2) business days of the **occasion**.

Department Heads will submit their time off request forms, and comp time forms to their respective Commissioners for consideration. Commissioners will also be responsible for turning in the slips/forms within two (2) business days to the Central Timekeeper.

Absent of a Commissioner, the Department Head will need approval of the Mayor for time off, and comp time consideration. The Mayor will also be responsible to turn in the approved/disapproved slips to the Timekeeper as well.

3) Procedures (Time Off Requests)

a) All full-time city employees who earn and accrue time, (example:vacation, personal leave, com time, sick time etc) will use the time off request forms for use of their accruals.

b) All completed forms will be turned in to the Department Head or their designee for consideration.

c) In a timely manner, Department Heads/or designee will act on the request by approving, or disapproving.

d) All disapproved time off requests will be made in writing and given to the employee within two (2) business days of the decision.

e) The Department Head/or designee will sign the form and return the White copy to the Timekeeper within two (2) business days.

f) The Yellow copy will be for the Department Head records.

g) The Pink copy is for the employee's records.

4) Responsible for Own Accruals.

a) All employees will be responsible for having the time on the books to cover requested time off.

b) Employees can request a copy of their accruals by requesting to the Central Timekeeper in writing. The Timekeeper will provide the information in a timely manner.

c) Using time off accruals without having the accruals on the books will result in loss of money to the employee and possible disciplinary action.

d) If the Department Head is to be absent from work – he/she must designate a person to follow the above procedures and to act as their substitute.

(The absence of the Department Head should not penalize an employee for time off consideration.)

Part II.

Mission:

It is well established that employee accruals are monies owed by the City and monies earned by the employee. Needless to say, accurate accounting and recording of employee accruals is essential to both the employee and the employer, the "City of Hudson".

Subject:

City of Hudson Report of Employee Absence/Tardiness.

Purpose:

It is the Policy of the City of Hudson to require all Department Heads or designee to submit to the Central Timekeeper all employees reports of Employee Absence/Tardiness forms within (2) business days of the occasion.

If the Department Head is not the person the employee reported to, then the employee who received the reporting call is responsible for completing the Employee Absence/Tardiness form and to notify the Department Head of the reported call.

The Department Head will retrieve the completed form and turn it in to the Central Timekeeper within two (2) business days of the **reported occasion**.

Procedure: Report of Employee Absence/Tardiness.

1) All full-time city employees who earn accruals and are reporting that they will be absent/tardy will call in to the Department of which the employee works within one (1) hour after the start of their shift. However, it is recommended to call prior to start of shift when possible.

The person receiving the reported call(s) will fill out the necessary E.A.T. form as follows:

- 1) Name (Print) – fill in name of employee absent or tardy.
- 2) Reported by – did employee call in, if not, name of person who did.
- 3) Date of Report – record date when person/employee reported.
- 4) Time – Note hour, minute and Am or PM
- 5) & 6) * This is only necessary if employee is on time and attendance formal disciplinary stage. If employee is asked of where they can be reached at a phone, Number is necessary.
- 7) Date of Absence – Record date employee absent/tardy.
- 8) Department – where does employee work?
- 9) Schedule Hours of Work – (ask employee what hours he/she works)
- 10) Schedule days Off – (ask employee what days off they have)
Reason and Data
- 11) Illness (ask are you sick yes or no?)
- 12a) Hours – mark hours or write A/P or P/D
Meaning all-day or part –day.
- 12b) Hospitalized (Yes –or No----) Did employee need hospitalization?
- 13) Injury – is employee calling in injured. What hour did they get injured.
(only necessary if injury was on job)
- 14) Date Injury (Either injured on or off job ask for date of injury.)
- 15) Death in Family – Usually employee will state the death and the Relationship to the employee.

- 16) Other - (For what other reason employee calling in – Tardy? Fill out how late the employee will be in hours and minutes. The Department Head will be responsible for reporting the exact time employee was Tardy.
- 17) Doctor's Certificate Required (To be filled out by Department Head according to the time and attendance policies in the contract.

** Sample* **TIME OFF REQUEST**

Name: Peter Jones Date submitted: 12/1/05

Title: Laborer Dept.: D. P. W

LIST ACTUAL DAYS OFF REQUESTED Reason: Personal (P)

DATE				Time	# of Hours	Charge to *
Month	Day	Year				
12	5	05		7 ³⁰ A - 4 ⁰⁰ P	8	P

*
V = Vacation
P = Personal
S = Sick
E = E.O.L.
O = Other - Explain:

Total # of Hours:
8

The supervisor is approving time off. NOT that accruals exist to cover the requested absence.

Charles Smith

Supervisor Signature

Title: Superintendent

Peter Jones

Employee Signature

Note: Each employee is responsible for having the time on the books to cover the requested time off.

1st copy - Mayor's Office
Clerk

2nd copy - Dept. Head

3rd copy - Employee

Sample form (Please Copy)

CITY OF HUDSON
REPORT OF EMPLOYEE ABSENCE/TARDINESS

- 1. Name (PRINT) Peter Jones
- 2. Reported by SELF (or name of other person calling in for you)
- 3. Date of Report 12/1/05 4. Time reported 7¹⁰ AM
- 5. Can be reached at SEE ATTACHED sheet 6. Phone # SEE ATTACHED sheet
- 7. Date of Absence 12/1/05 8. Department D. P. W
- 9. Scheduled hours of work 8 AM to 4 PM
- 10. Scheduled days off SAT & Sun.

REASON & DATA


- 11. Illness SICK Full Day Part Day _____
- 12. Hours 8A-4P Hospitalized _____ yes no
- 13. Injury SEE ATTACHED sheet Hours " Off Duty " On Duty "
- 14. Date Injured "
- 15. Death in Family " Hours " Relationship "
- 16. Other * " Hours _____ Tardy / minutes " hours "

* State nature and / or reason

SEE ATTACHED sheet

- 17. Doctor's Certificate Required SEE Attached Sheet

1st Copy--City Clerk 2nd Copy--Department Head 3rd Copy -- Employee

 SEE ATTACHED Sheet