



# DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS

## Standard Operating Procedure

Effective Date:	August 10, 2016	
Policy Name:	AFFIRMATIVE ATTENDANCE	
SOP Number:	3490.7B-16	Amends <input type="checkbox"/>
Policy Supersede Number:	3490.7B	Cancels <input type="checkbox"/>
Policy Supersede Date:	(2/3/2011)	New <input type="checkbox"/>
OPI:	HUMAN RESOURCE	
Review Date:	August 10, 2017	
Approving Authority:	Thomas Faust Director	

*Thomas Faust, Director*

8/10/2016

*Date*

### SUMMARY OF CHANGES

Section	Change
	<i>PS 3490.7B, Affirmative Attendance has been rescinded and is now SOP 3490.7B-16, Affirmative Attendance.</i>
	<i>Major changes made throughout entire policy.</i>
<b>Section 15</b>	<i>Table of Penalty for tardiness has been added.</i>

1. **PURPOSE AND SCOPE.** To prescribe policy, standards and procedures governing employee attendance consistent with provisions set forth in the District Personnel Regulations (DPM), Chapter 12 Part I, , "Hours of Work, Legal Holidays and Leave" and the Labor Management Agreement effective through September 30, 2005. Use of annual leave, compensatory time and other types of leave are addressed in Program Statement 3490.9, "Employee Leave Approvals".
2. **POLICY.** It is DC Department of Corrections (DOC) policy that:
  - a. All employees shall report on time each day for their assigned tour of duty.
  - b. Supervisors shall make affirmative decisions regarding absences in accordance with this directive, the Labor Management Agreement, DPM Chapter 12 Part I and Program Statement 3490.9, "Employee Leave Approvals".



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- c. Supervisors shall regularly review employee time and attendance records to identify and correct possible leave abuse.

### 3. **PROGRAM OBJECTIVES.** The expected results of this program are:

- a. All employees shall report for duty by the specified time, on a daily basis, unless leave has been authorized.
- b. An adequate number of employees are on duty to ensure that the agency or program area is operated efficiently.
- c. Absences shall only be approved in accordance with personnel procedures and Labor Management Agreement.
- d. Supervisors shall make affirmative decisions regarding all employees' absences and shall monitor employee time and attendance records on a monthly basis for indications of possible leave abuse.
- e. Unauthorized absences shall be subject to appropriate corrective or adverse action for cause in accordance with DPM Chapter 16 "Employee Discipline" and Sections 13 and 14 of this directive.

### 4. **NOTICE OF NON-DISCRIMINATION.**

- a. In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code §2.1401.01 et seq., (Act) the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intra-family offense, or place of residence or business. Sexual harassment is a form of sex discrimination that is also prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.
- b. The Department of Corrections prohibits discrimination against inmates based on race, religion, national origin, sex, disability or political views in making administrative decisions and in providing access to programs.



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## 5. DIRECTIVES AFFECTED

### a. Directives Rescinded

PS 3490.7B Affirmative Attendance (2/03/2011)

### b. Directives Referenced

- 1) PS 3490.9 Employee Leave Use
- 2) PP 3410.1 Employee Assistance Program
- 3) PP 2211.1 Overtime Management

## 6. STANDARDS REFERENCED.

None

## 7. AUTHORITY

- a. D.C. Official Code 1-616.51 through 1.616.54 (Career Service)
- b. District of Columbia Personnel Regulations, Chapter 12, "Hours of Work, Legal Holidays, and Leave".
- c. District of Columbia Personnel Regulations, Chapter 16, "General Discipline and Grievances" (DPM Transmittal Sheet Number 92, dated January 3, 2003).
- d. District Personnel Regulations, Chapter 8, "Career Service".
- e. District Personnel Regulations, Chapter 9, "Excepted Service".
- f. District Personnel Regulations, Chapter 36, "Legal Service".
- g. District Personnel Regulations, Chapter 38 "Management Supervisory Service".
- h. Labor Management Agreement between the Fraternal Order of Police and the



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Government of the District of Columbia Department of Corrections, Article 12  
“Leave” effective through September 30, 2005.

8. **APPLICABILITY.** This policy applies to all employees of the D.C. Department of Corrections, to include but not limited to: Career (Probationary/Permanent), Management Supervisory Service, Excepted Service and Legal Service.

9. **DEFINITIONS**

- a. **Unauthorized Absence (UA).** Any absence from duty, which has not been granted or approved in accordance with established policy and procedure.
- b. **Absence Without Leave (AWOL).** An absence from duty that was not authorized or approved, or for which a leave request has been denied, shall be charged on the leave record as “absence without leave (AWOL).” The AWOL action may be taken whether or not the employee has leave to his or her credit.
- c. **Leave Without Pay (LWOP).** A temporary nonpay status and absence from duty that, in most cases, is granted at the employee's request. In most instances, granting LWOP is a matter of supervisory discretion and may be limited by agency internal policy.
- d. **Leave Restrictions.** A limitation on an employee's ability to use annual or sick leave as a result of engaging in a pattern or practice of abuse of leave.
- e. **Family Medical Leave Act (FMLA).** Entitles eligible employees to take unpaid job-protected leave for specified family and medical reasons.
- f. **Paid Family Leave.** Employees may receive paid leave for the birth or adoption of a child or to care for a family member with a serious health condition.
- g. **Tardiness.** Includes delay in:



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- 1) Reporting at the scheduled starting time;
- 2) Returning from lunch or break periods; and
- 3) Returning from an authorized absence to a work station

i. **Reckoning Period.** One year from the date of the occurrence.

## 10. RESPONSIBILITIES

- a. The Director or designee has the authority to ensure administration of affirmative attendance and leave procedures.
- b. Deputy Directors, Office Chiefs, Administrators, and Shift Supervisors shall ensure strict compliance with the provisions set forth in this policy.
- c. The FMLA Coordinator shall ensure the Agency's compliance with the District of Columbia and Federal FMLA regulations.
- d. Supervisors Responsibilities
  - 1) Designated supervisors shall determine when and the extent to which, leave is to be granted, as well as the responsibility for affording employees an opportunity to use accrued annual leave.
  - 2) Supervisors shall conduct formal reviews of employee leave usage on a monthly basis and shall initiate appropriate action when leave abuse is evident.
  - 3) Supervisors who fail to take action in accordance with this directive may be referred for disciplinary action.
- e. Authority for approving leave shall be delegated to the lowest practicable supervisory level.

## 11. PROCEDURES



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## a. **Employees.**

- 1) It is the responsibility of the individual employee to monitor and track accrual and use of sick and annual leave balances. Normally, employees shall request approval for use of annual leave or sick leave for medical, dental or optical appointments prior to the day on which the leave is to be used. Employees shall make this request in writing, by completing a SF-71 "Application for Leave" (Attachment 2). Both sides of the SF-71, as appropriate, shall be completed when the employee is requesting sick leave.
- 2) Unplanned and emergency leave.
  - a) Uniform employees shall contact the Command Center<sup>1</sup> no less than two (2) hours *prior* to their official tour of duty when requesting unscheduled annual or sick leave. Notification anytime thereafter may result in denial of the leave request and the employee being cited for an unauthorized absence (AWOL).
  - b) Non-Uniform employees shall request unscheduled annual or sick leave from their immediate supervisor or designee as soon as possible prior to the start of their tour of duty, but not later than one (1) hour, fifteen (15) minutes after the beginning of their tour of duty. Notification anytime thereafter may result in denial of the leave request and the employee being cited for an unauthorized absence (AWOL).
  - c) All employees shall complete and submit a SF-71, "Application for Leave" (Attachment 2) directly to their supervisor or designee on the day the employee returns to work. Failure to provide an SF-71 shall result in the employee's absence being considered an unauthorized absence (AWOL) and disciplinary action could be initiated.
- 3) Medical documentation. Employees shall provide medical documentation

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<sup>1</sup> Referred to as the "Control Center" in the Labor Management Agreement, Article 12



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in accordance with DPM Chapter 12 Part I, the Labor Management Agreement and Section 11 "Medical Documentation" of this directive.

- 4) An employee who, after being denied annual leave or compensatory time, calls in sick for the same time period may be required to provide medical documentation on the day of his/her return to duty. If medical documentation is not submitted the employee may be charged with unauthorized leave.
  - 5) During a medically documented extended illness, an employee who has used all available sick leave may request approval to use available annual leave or apply for Advance Sick Leave or Leave Without Pay under the Family and Medical Leave Act in accordance with provisions of PS 3490.9, "Employee Use of Leave".
  - 6) It is recommended that an employee, who frequently uses sick leave (for example due to a chronic illness or other medical debilitation), be referred to the FMLA Coordinator.
- b. **Command Center.** Staff assigned to the Command Center and who receive employee call-in requests for unscheduled leave shall record each request on a Notification of Absence and Call-In Report and shall certify its accuracy by signing their name, date and time the call was received and immediately forward to the respective Shift Supervisor (See Attachment 1).
- c. **Supervisors**
- 1) Supervisors shall approve requests for leave in accordance with the District Personnel Manual, Chapter 12 Part I the Labor Management Agreement and as cited in this order. Both requests for leave and the supervisory approval or denial of the requested leave shall be in writing.
  - 2) Supervisors shall ensure that approval and denial of unplanned, unscheduled or emergency leave is administered in accordance with this directive.
  - 3) Supervisors shall provide written justification as required in the "Official



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Action on Application” section of the SF-71 (Application for Leave) whenever leave is denied.

- 4) Supervisors shall ensure that employees under their purview submit medical documentation in accordance with the District Personnel Manual, Chapter 12Part 1, the Labor Management Agreement and as cited in this order.

d. **Certification of Time Spent in Duty Status**

1) Non-uniform Employees

- a) Non-uniform employees shall make certification as to the actual number of hours worked during the pay period via completion of DCDC Form 1.218, “Supplemental Certification of Time Spent in Duty Status” form (Attachment 3).
- b) False certification of the DCDC Form 1.218 by the employee shall constitute grounds for disciplinary action.
- c) Employees shall forward the DCDC Form 1.218 to their supervisor by the Tuesday preceding the end of the pay period.
- d) The supervisor shall certify that the employee’s documentation of work hours is accurate by utilizing and comparing the biometric report prior to signing the DCDC Form 1.218. Supervisors may be subject to disciplinary action for approving an Employee Certification of Time Spent in Duty Status report that is intentionally false.
- e) The supervisor shall forward the certified DCDC Form 1.218 to the Time and Attendance Officer by the Tuesday preceding the end of the pay period for posting.
- f) The Time and Attendance Officer shall compare the work and/or leave





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hours on the DCDC Form 1.218 to what is in InTime and resolve any discrepancies when necessary. The Time and Attendance Officer shall then post the employee's time and attendance in PeopleSoft and ensure that all required documentation for leave used has been submitted.

- g) The Time and Attendance Officer shall contact the employee's supervisor if the employee or supervisor has not submitted the required leave slips and medical certification.
- h) The Time and Attendance Officer shall attach the original leave slips and copies of all other required documents that support the employee's absence to the original DCDC Form 1.218 and forward to the Payroll Division.
- i) A copy of the DCDC Form 1.218, leave slip and supporting documentation shall be maintained in the employee's individual time and attendance file by the Time and Attendance Officer for a minimum of three (3) years.

## 2) Uniform Employees:

- a) The Shift Supervisor shall complete the daily Time and Attendance Roster noting that the employee was present for duty and/or absent to include the appropriate leave status for the employee for that date.
- b) Employees shall forward the DCDC Form 1.218 to their supervisor by the Tuesday preceding the end of the pay period.
- c) False certification of the DCDC Form 1.218 by the employee shall constitute grounds for disciplinary action.
- d) The supervisor shall certify that the employee's documentation of work hours is accurate by utilizing and comparing the biometric report prior to signing the DCDC Form 1.218. Supervisors may be subject to disciplinary action for approving an Employee Certification of Time Spent in Duty Status report that is intentionally false.
- e) The supervisor shall sign the daily Time and Attendance Roster



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certifying accuracy and forward a copy of the daily Time and Attendance Roster to the Time and Attendance Officer each day.

- f) The Shift Supervisor shall forward a certified DCDC Form 1.218 for all employees assigned to their shift to the Time and Attendance Officer by the Wednesday preceding the end of the pay period for posting.
- g) The Time and Attendance Officer shall post uniform employee's time and attendance in accordance with the certified daily Time and Attendance Roster.
- h) The Time and Attendance Officer shall compare the work and/or leave hours on the DCDC Form 1.218 to what is in InTime and resolve any discrepancies when necessary. The Time and Attendance Officer shall then post the employee's time and attendance in PeopleSoft and ensure that all required documentation for leave used has been submitted.
- i) The Time and Attendance Officer shall contact the employee's supervisor if the employee or supervisor has not submitted the required leave slips and medical certification.
- j) The Time and Attendance Officer shall attach the original leave slips and copies of all other required documents that support the employee's absence to the original DCDC Form 1.218 and forward to the Payroll Division.
- k) A copy of the DCDC Form 1.218, leave slip and supporting documentation shall be maintained in the employee's individual time and attendance file by the Time and Attendance Officer for a minimum of three (3) years.
- l) Additionally, the daily Time and Attendance Roster shall be maintained on file in the Time and Attendance Office for future reference.

## e. Leave Monitoring



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- 1) All supervisors shall use DCDC Form 1.527, "Employees Record of Absences and Overtime" (Attachment 4) for the following activities:
  - a) Recording and reviewing employee attendance.
  - b) Providing a visual tool to determine leave abuse, such as excessive sick leave, unplanned leave in conjunction with days off and/or paydays, etc.
  - c) Recording dates and results of employee counseling regarding leave use.
  - d) Preparing a monthly summary report of leave usage as prescribed in Section 15 of this directive.
- 2) Supervisors shall closely monitor employee leave usage and at the first indication of attendance problems the Supervisor shall meet with the employee to counsel them on their attendance (Attachment 5).

## 12. Medical Documentation

- a. **Collective bargaining employees** (Union) shall provide medical documentation for absences of three (3) working days or more in accordance with the Labor Management Agreement and this directive.
- b. **Non-union employees** shall provide medical documentation for absences in excess of three (3) working days in accordance with the District Personnel Manual, Chapter 12 Part I and this directive.
- c. Should the employee fail to furnish the required medical documentation upon return to duty, the supervisor shall disapprove the request for leave, cite the employee for an unauthorized absence and initiate disciplinary action in accordance with the Table of Penalties in Section 14 of this directive.
- d. When it is otherwise determined that an absence is not properly chargeable to sick leave, the Major or Department Head, shall determine the appropriate



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action which may range from allowing the employee to use other applicable leave (see PS 3490.9A "Employee Leave Use") to charging the employee with an unauthorized absence and initiating disciplinary action.

- e. Any employee who fraudulently obtains medical documentation or who in any way presents medical documentation which is not authentic, shall be charged with an unauthorized absence and disciplined.
- f. Minimum Medical Documentation Requirements:
  - 1) The medical documentation must be an original document. Copies shall not be accepted as valid.
  - 2) The medical documentation shall include an original signature, address, and phone number of the medical practitioner.
  - 3) The days on the medical documentation must coincide with the days on which the employee was absent and charged to sick leave.
  - 4) Medical documentation must reflect that the employee was unable to work on the date(s) in question due to personal or family illness.

## 13. Leave Restriction

- a. When the supervisor has reason to believe the employee is abusing use of leave, the supervisor shall notify the employee of the intent to place the employee on Leave Restriction.
- b. The employee shall be given an opportunity to respond to the assessment and to provide documentation that might influence the final decision.
- c. If the supervisor determines that based on all available evidence, the employee has abused leave; the supervisor shall consult with Human Resources Management regarding placing the employee on Leave Restriction.
- d. Employees who have been placed on Leave Restriction shall be informed in writing that sick leave shall only be granted, regardless of its duration,



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contingent upon their submission of a valid medical documentation indicating incapacitation due to illness or injury. Emergency annual leave will be approved upon receiving documentation from the employee supporting his/her request for the emergency leave.

- e. The supervisor shall review leave restriction with the employee within 90 days of placement on leave restriction. If the employee has improved attendance to the satisfaction of the supervisor, the employee shall be informed in writing of removal from leave restriction status.
- f. If the employee has not improved attendance, the employee shall be notified in writing of continuation on Leave Restriction for an additional 90 days at which time a second review with the employee shall be conducted.

## 14. UNAUTHORIZED ABSENCE

- a. An unauthorized absence is a period of absence that has not been granted or approved.
- b. An employee shall not receive pay during an unauthorized absence and may be subject to disciplinary action as provided in Section 14 of this directive.
- c. The following categories of unauthorized absence determine the severity of discipline as directed in Section 14 of this directive.
  - a. **Unauthorized Absence with Call-in.** An employee, who calls in and is subsequently denied requested leave, shall be charged with an Unauthorized Absence with Call In. Reasons to deny leave may include but are not limited to the following:
    - a) The employee did not call in within the time frame set forth in this directive and subsequently fails to provide documented justification for the inability to have done so;
    - b) The employee fails to provide documentation, as outlined in this directive.
  - b. **Consecutive Unauthorized Absence with Call-in.**



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- b) Each day of unauthorized absence shall be considered a separate offense for the purpose of progressive discipline.
- c) Discipline for consecutive days of Unauthorized Absence shall be administered pursuant to “Consecutive Unauthorized Absences with Call-in” of this directive.
- c. **Unauthorized Absence with No Call.** Employees who do not report to work and do not call-in to request emergency or unplanned leave shall be cited under Section 14 of this directive.
- d. **Consecutive Unauthorized Absence with No Call.** Employees who do not report to work and do not call-in to request emergency or unplanned leave for two or more consecutive days shall be cited under Section 14 of this directive.

## 15. DISCIPLINARY ACTION FOR UNAUTHORIZED ABSENCES.

- a. Supervisors shall document each unauthorized absence on Form 1199A (Attachment 7), issuing it directly to the employee; or if the employee has been absent for several days within the pay period; via certified mail in accordance with PS 3490.9A “Employee Use of Leave”.
- b. Supervisors shall initiate action for all unauthorized absences in accordance with this directive and using Table of Penalty Guidelines in this section.
- c. In determining the penalty for the disciplinary action, unauthorized absences may be considered for not longer than three (3) years from the effective date of the action, unless ordered withdrawn sooner.

- d. **Table of Penalty Guidelines.**



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## **Tardiness--(12-month reckoning period)**

1 <sup>st</sup> Occurrence of Unexcused Tardiness	Counseling to 1-Day Suspension
Subsequent Occurrences of Unexcused Tardiness	Up to five (5)-Day Suspension to Removal

## **Consecutive Unauthorized Absence**

One (1) workday or less including leaving the work station without permission or before the end of the workday.	First Occurrence: Counseling to 3-Day Suspension  Subsequent Occurrences: 3-Day Suspension to Removal
One (1) workday or more, but less than five (5) workdays	First Occurrence: Suspension to Removal  Second Occurrence: 14-Day Suspension to Removal
Five (5) workdays or more	Removal

## **Unauthorized Single Day Absence – (12-month reckoning period)**

<u>1<sup>st</sup> Offense of Single Day Absence</u>	<u>Documented Counseling</u>
<u>2<sup>nd</sup> Offense of Single Day Absence</u>	<u>Official Letter of Reprimand</u>
<u>3<sup>rd</sup> Offense of Single Day Absence</u>	<u>1 Day Suspension</u>
<u>4<sup>th</sup> Offense of Single Day Absence</u>	<u>5 Day Suspension</u>
<u>5<sup>th</sup> Offense of Single Day Absence</u>	<u>Removal</u>

## 16. MONTHLY REPORT OF LEAVE USE



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<b>Policy Supersede Date:</b>	<b>(2/3/2011)</b>	
<b>OPI:</b>	<b>HUMAN RESOURCE</b>	
<b>Review Date:</b>	August 10, 2017	
<b>Attachments:</b>	Attachments 1-8	

- a. The Supervisor shall use information from Form 1.527 to conduct a formal review of leave patterns for each employee under their supervision and submit a monthly report of leave use to the Deputy Director/Office Chief/Administrator through their chain-of-command within fifteen (15) days after the end of each month.
- b. The monthly report shall include:
  - 1) The total number of sick hours used,
  - 2) The total number of scheduled annual leave hours used,
  - 3) The total number of hours of Leave Without Pay (LWOP) that was used,
  - 4) The total number of hours of Advanced Sick Leave that was used,
  - 5) The total number of hours of unauthorized absence,
  - 6) The total number of employees on sick leave restriction,
  - 7) The number of counseling and corrective or adverse disciplinary actions completed as a result of leave abuse.
- c. Deputy Directors, Office Chiefs and Administrators shall submit the summary report on employee sick leave utilization to the Director within twenty-one (21) days after the end of each month.

## 17. EMPLOYEE NOTIFICATION

- a. The Director, Deputy Directors, Office Chiefs and Administrator shall issue a copy of this directive to each employee under their authority.
- b. Each employee shall sign the "Acknowledgement of Receipt" form (Attachment 8), which shall be maintained on file by the employee's respective supervisor.
- c. The Warden/Administrator/Office Chief shall forward a copy of the signed Acknowledgement of Receipt, for employees under their span of authority, to the Human Resource Management (HRM) Special Projects Officer.
- d. This directive shall be conspicuously posted on all employee bulletin boards





# SOP

<b>Effective Date:</b>	August 10, 2016	Page 17 of 17
<b>Policy Name: (NEW ISSUANCE)</b>	Affirmative Attendance	
<b>SOP Number:</b>	<b>3490.7B-16</b>	
<b>Policy Supersede Number:</b>	<b>3490.7B</b>	
<b>Policy Supersede Date:</b>	<b>(2/3/2011)</b>	
<b>OPI:</b>	<b>HUMAN RESOURCE</b>	
<b>Review Date:</b>	August 10, 2017	
<b>Attachments:</b>	Attachments 1-8	

and employee responsibility for compliance shall be announced at staff meetings and at Roll Call for five (5) consecutive days.

- e. The Human Resource Management Division shall ensure that each new employee acknowledges receipt of a copy of this directive.
18. **TRAINING.** The Training Administrator shall ensure that this Program Statement is incorporated in Pre-Service, In-Service and Manager/Supervisors training.

## Attachments

1. "Notification of Absence and Call-in Report"
2. SF-71 "Application for Leave"
3. DCDC Form 1.218 "Supplemental Certification of Time Spent in Duty Status"
4. DCDC Form 1.527 "Employees Record of Absences and Overtime"
5. Counseling Notice of Excessive Sick Leave Use
6. Leave Restriction Memorandum
7. Form 1199A "Notice of Unauthorized Absence"
8. "Acknowledgement of Receipt" Form

## NOTIFICATION OF ABSENCE AND CALL-IN REPORT

Employee Name	
Assigned Shift	
Date	
Time Call Received	
Reported Reason for Absence	
Employee Receiving the Call	
<p style="text-align: center;"><b><u>Certification of Accuracy</u></b></p> <p>I hereby certify that the information reported above is accurate.</p> <p>_____ Signature-Control Center                      Date</p>	
<b>SUPERVISORY REVIEW</b>	
<p>_____ Supervisor's Signature                      Date</p>	

D.C. Standard Form 71  
District of Columbia Government  
D.C. Law 2-139, Title 12 83-9081-P

## APPLICATION FOR LEAVE



### INSTRUCTIONS: Please complete Items 1-8

1 Name (Print or type—Last, First, M.I.)				2. Social Security Number	
3 Organizational Unit	4-A Month	Day	Hour	A.M. P.M.	4-C Total Number of Hours
	FROM:				
5. I hereby request (If more than one box is checked, explain in item 6, Remarks):	4-B Month	Day	Hour	A.M. P.M.	
<input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)	TO:				
<input type="checkbox"/> Sick Leave. (Complete reverse side of form.)	6. Remarks				
<input type="checkbox"/> Leave Without Pay.					
<input type="checkbox"/> Compensatory time.	7. Employee's Signature				
<input type="checkbox"/> Other. (Specify)	8. Date (Month, Day, Year)				

### OFFICIAL ACTION ON APPLICATION

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	Signature (Annual leave approved may not exceed the amount available for use during the leave year.)	Date (Month, Day, Year)
-----------------------------------	---	--	----------------------------

Ref. No. G 037708563

**EMPLOYEE**—Check the appropriate box below (Items 1-4) if you are applying for sick leave. If your agency requires such certification, please have your doctor or practitioner complete the Certification section below. Falsification of information in this portion of the form may be grounds for disciplinary action, including dismissal.

1. I was incapacitated for duty by	2. I was required to care for a member of my family with a contagious disease.
<input type="checkbox"/> Sickness.	<input type="checkbox"/> (Give name and relationship of family member, and name of disease.)
<input type="checkbox"/> On-The-Job-Injury.	
<input type="checkbox"/> Off-The-Job-Injury.	
<input type="checkbox"/> Pregnancy and Confinement.	
3. I was undergoing medical, dental, or optical examination or treatment.	4. I was exposed to a contagious disease. (Give name of disease and circumstances of exposure.)
<input type="checkbox"/>	<input type="checkbox"/>

### CERTIFICATION OF PHYSICIAN OR PRACTITIONER

Employee's Name	Period Under Professional Care (Indicate Month, Day, Year)	
	From:	To:
Remarks		

I certify that the employee named was under my professional care for the period indicated above, and that the employee's condition during this period made reporting to work inadvisable.

Signature of Physician or Practitioner	Date (Month, Day, Year)
--	-------------------------

Ref. No. G 037708563

**D.C. DEPARTMENT OF CORRECTIONS  
Washington, D.C. 20001**

**SUPPLEMENTAL CERTIFICATION OF TIME SPENT IN DUTY STATUS**

This is to certify that during the bi-weekly pay period, which ended \_\_\_\_\_, was engaged in the  
(Month)(Day)(Year)  
performance of my official duties for the D.C. Department of Corrections on the days and for the number of  
hours indicated below.

**Hours Spent in Duty Status**

First Week				Second Week				
DATE	TIME		NO. OF HRS	DAY	DATE	TIME		NO. OF HRS.
	FROM	TO				FROM	TO	
				SUN				
				MON				
				TUE				
				WED				
				THU				
				FRI				
				SAT				

REMARKS

NOTE: Falsification of this certification shall constitute cause for removal. (D.C. Code 1-617.1(d)(i)-1981

Employee's Name – Typed or Printed	Employee's Signature	Date:
Title or Position:	Service Area, Institution, Office, Division, Etc.	
Supervisor's Signature	Date	

EMPLOYEE'S RECORD OF ABSENCE FOR ANNUAL LEAVE YEAR \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ GRADE: \_\_\_\_\_

		S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	TOTAL
J	A																																				
A	B																																				
N	C																																				
F	A																																				
E	B																																				
B	C																																				
M	A																																				
A	B																																				
R	C																																				
M	A																																				
A	B																																				
Y	C																																				
J	A																																				
U	B																																				
N	C																																				
J	A																																				
U	B																																				
L	C																																				
A	A																																				
U	B																																				
G	C																																				
S	A																																				
E	B																																				
P	C																																				
O	A																																				
C	B																																				
T	C																																				
N	A																																				
O	B																																				
V	C																																				
D	A																																				
E	B																																				
C	C																																				

Line A = Date  
Line B = Absence Code  
Line C = Absence in hours

ABSENCE CODES

CL = Court Leave (Witness or Jury)  
CP = Continuation of Pay Status  
CS = Compensation (Disability)  
CT = Compensatory Time  
DR = Death of Relative

■ = Scheduled Day Off

FI = Family Illness  
JI = On the Job Injury  
LE = Late/ Excused  
LU = Late/Unexcused (**Enter in Red**)  
LP = Leave Without Pay  
MA = Maternity Leave  
OT = Overtime  
EA = Emergency Absence

MI = Military Leave  
OI = Other than on the Job Injury  
PA = Paternity Absence  
PI = Personal Illness  
PR = Personal Reasons  
SV = Scheduled Vacation  
UA = Unauthorized Absence (AWOL) (**Enter in Red**)

DOCTOR'S CERTIFICATE REQUIRED FROM \_\_\_\_\_ TO \_\_\_\_\_

## RECORD OF COUNSELING

[illegible]

**MEMORANDUM**

**TO:**

**FROM:**

**DATE:**

**SUBJECT:** Official Counseling

---

A review of your attendance record reveals that you are beginning to establish a pattern of excessive use of sick leave. From \_\_\_\_\_ to \_\_\_\_\_ your attendance record indicates the beginning of a pattern. This counseling is to advise you that should you continue this pattern of excessive use of sick leave, you will be placed on Sick Certification Status, which shall require that you submit an original medical statement immediately upon your Return to duty after **any** use of sick leave. This counseling is not to be considered adverse in nature, but rather to bring to your attention that a deficiency exists, which must be corrected.

I hereby acknowledge receipt of this counseling.

---

Employee Signature

---

Date

---

Issued by

---

Date

Attachment: Record of Absence and Overtime

Cc: Employee

T&A File

Supervisor

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF CORRECTIONS**



**MEMORANDUM**

**TO:** Full Name of Employee  
Employee's Position Title  
Administration/Unit/Other

**FROM:** Full Name of Agency Official Issuing the Leave Restriction  
Position Title of Agency Official Issuing the Leave Restriction  
Administration/Unit/Other

**DATE:** \_\_\_\_\_

**SUBJECT:** Leave Restriction

---

In accordance with section 1612.8 of Chapter 16 of the D.C. personnel regulations Corrective and Adverse Actions; Enforced Leave; and Grievances, this constitutes a documented counseling for the purposes of:

- Counseling you about your failure to comply with established time and attendance policies;
- Placing you on leave restriction; and
- Advising you that any future violations will result in corrective or adverse action.

You have repeatedly failed to report to work on time during the last (# of Days/Weeks/Months), and are expected to show immediate improvement in this area. We have discussed your inability to report to work on time in more than one occasion and I have tried to be lenient and give you every opportunity to improve, to no avail.

Your failure to maintain regular attendance and to report to work at the proper time has caused an adverse effect on your overall work performance and imposed hardship upon your co-workers, who must continually absorb your duties when you are absent or late. Your actions interfere with the efficiency and integrity of government operations, and detract from this agency's ability to meet its mission.



Memorandum to (Employee's Name)

Leave Restriction

Page 2

More specifically, during the period from (Date) through (Date), you failed to (report to work/report to work on time) on:

[Here, list specific dates absent, time(s) late for the period stated above]

**[Do Not Print: Add the language below, as applicable:**

As of the date of this memorandum, you have used \_\_\_\_ hours of \_\_\_\_\_ leave because of late arrivals during the pay period ending \_\_\_\_\_, for a total of \_\_\_\_ hours from (Date) to present.

In addition to the late arrivals reflected above, during pay periods ending (Date) and (Date), you used *emergency (unscheduled)* annual leave for a total of \_\_\_\_ hours from (Date) to present. During this period, you failed to call on a number of occasions to let me know if you would be coming to work at all.]

I discussed these matters with you on (Date(s)); however, your attendance issues have not improved. Therefore, effective with the receipt of this memorandum, you are being placed on leave restriction and are directed as follows:

### **Conditions under Admonition**

#### **1. Tardiness**

Your scheduled arrival time is \_\_\_\_ a.m. You are to report to work each workday at your scheduled time. Should you anticipate being late, you are to call me at the beginning of your scheduled tour of duty and advise me of your lateness and the reason. Your reason for being late may be subject to excused absence or an appropriate charge of leave.

Absence without Leave (AWOL) will be charged for tardiness if you fail to call me and state the reason, or if the reason you give is inadequate. [See section 1268 of Chapter 12 of the regulations, Hours of Work, Legal Holidays, and Leave.] If I am not available, you must contact (Full Name, Position Title, and Telephone Number). Please be advised that leaving a voicemail message or sending an electronic mail (email) does not constitute notice, and will not be accepted as official notification.

#### **2. Use of Annual Leave**

All annual leave must be requested and approved in advance. Emergency annual leave requests must be approved by me in advance. In my absence, you will direct any such request(s) to (Full Name, Position Title, and Telephone Number). If your request(s) for

emergency annual leave are unacceptable, you will be directed to report to work and, should you fail to do so, you will be charged with AWOL. [See section 1268 of Chapter 12 of the regulations.] Please be advised that leaving a voicemail message or sending an email does not constitute notice, and will not be accepted as official notification.

### **3. Use of Sick Leave**

Any absence due to illness will require a medical certificate from your doctor, regardless of the duration of the absence. Any absence due to illness that is not supported by a medical certificate attesting to your incapacity for duty will be charged to AWOL. Sick leave for medical, dental, or optical appointments must be requested and approved in advance. [See section 1242 of Chapter 12 of the regulations.]

### **4. Leave Without Pay (LWOP)**

Please be advised that authorization of LWOP is a matter of administrative discretion; not an employee right. With a few exceptions, employees cannot demand to be granted LWOP. [See section 1267 of Chapter 12 of the regulations.]

### **5. Absence Without Leave (AWOL)**

You will be notified in writing of the date(s), the number of hours for each date, and the reason(s) for any AWOL charge. AWOL charges will result in disciplinary action, including removal. [See section 1268 of Chapter 12 of the regulations.]

### **6. Duration of Leave Restriction**

You will remain on leave restriction for a period of ninety (90) calendar days from the date of this memorandum. At the end of the leave restriction period, your attendance will be re-evaluated. The leave restriction period may be extended if there is no improvement.

You may submit a written response to me to clarify, expand upon, or take exception to any of the statements or conclusions contained in this leave restriction. Any response you submit must be filed within five (5) workdays of receipt of this leave restriction.

This documented counseling and your response, if any, will be filed and retained by the agency for no less than two (2) years from the effective date of the action. During this period of time, this leave restriction and your response, if any, may be considered in determining the penalty for a corrective or adverse action.

A leave restriction (documented counseling) issued in accordance with section 1611 of Chapter 16 of the regulations may be grieved as provided in sections 1627 of the chapter.

### **Employee Assistance Program (EAP)**

Memorandum to (Employee's Name)

Leave Restriction

Page 4

Finally, if you find that you are facing issues or concerns that might be interfering with your ability to report to work and successfully complete all of the above requirements, I urge you to contact the District government's Employee Assistance Program (EAP).

### **ACKNOWLEDGMENT OF RECEIPT**

Pursuant to section 1612.8 of Chapter 16 of the D.C. Personnel Regulations, Corrective and Adverse Actions; Enforced Leave; and Grievances, by my signature below, I acknowledge that I accepted service of a *Leave Restriction*, by hand delivery on the date below.

Date: \_\_\_\_\_

\_\_\_\_\_  
Employee's Full Name (Signed)

### **ACKNOWLEDGMENT OF EMPLOYEE'S REFUSAL TO SIGN ACKNOWLEDGEMENT OF RECEIPT**

Pursuant to section 1612.8 of Chapter 16 of the D.C. Personnel Regulations, Corrective and Adverse Actions; Enforced Leave; and Grievances, by my signature below, I acknowledge that I observed hand delivery service of a *Leave Restriction*, and I observed

\_\_\_\_\_ 's refusal to sign the Acknowledgment of Receipt, as requested.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness

D.C. Standard FORM 1199-A  
D.C. Office OF Personnel

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
**NOTIFICATION OF CHARGE TO UNAUTHORIZED ABSENCE**

TO: \_\_\_\_\_  
(Name of Employee) (Date)

\_\_\_\_\_  
(Department)

\_\_\_\_\_  
(Organizational Unit)

You are hereby notified that you have been placed in an absence without leave (AWOL) status and will not receive pay for the period(s) indicated below:

**DATE(S) AND TIME OF  
UNAUTHORIZED ABSENCE**

**TOTAL HOURS OF  
UNAUTHORIZED ABSENCE**

**REASON(S) FOR THIS ACTION**

ISSUED BY: \_\_\_\_\_  
(Supervisor's Signature) (Date)

RECEIVED BY: \_\_\_\_\_  
(Signature of Employee) (Date)



District of Columbia Government  
**DEPARTMENT OF CORRECTIONS**


I, \_\_\_\_\_, have received a copy of the DC Department of Corrections (DOC) Standard Operating Procedure 3490.7B-16 "Affirmative Attendance".

I understand that it is my responsibility to read this directive in its entirety because

1. It reinforces requirements for medical documentation,
2. Increases employee accountability and supervisory management of employee leave usage, and
3. Implements new penalties for unauthorized absences and tardiness.

_____ Name	_____ Signature	_____ Date
_____ Witness (Supervisory)	_____ Signature	_____ Date

Cc: Supervisor's File  
Time and Attendance File  
HRM


	DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		<b>EFFECTIVE DATE:</b>	November 12, 2020	<b>Page 1 of 7</b>
	<b>OPERATION MEMORANDUM</b>		<b>EXPIRATION DATE:</b>	January 12, 2021 (60 days)	
			<b>OPI:</b>	HUMAN RESOURCE	
			<b>REVIEW DATE:</b>	January 12, 2021	
			<b>Approving Authority</b>	Quincy L. Booth Director	
			<b>SUBJECT:</b>	<b>AFFIRMATIVE ATTENDANCE - SOP 3490.7-16</b>	
	<b>NUMBER:</b>	<b>OM-20-001</b>			
<b>Attachments:</b>	Attachment 3 – Time and Attendance Report (NEW ISSUANCE)				

**APPROVED:**

**SUMMARY OF CHANGES**

Section	Change
	<i>Attachment 3 – DCDC Form 1.218 has changed to “Time and Attendance Report. ALL Agency Employees will now use the NEW Form.</i>
<b>Section 11</b>	<i>Major changes made to Section 11 “Procedures” – Uniform Employees in the current policy (in this Change Notice, Section #9)</i>

*Signature on File*



Quincy L. Booth, Director

11/12/2020  
Date Signed

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS  <b>OPERATION MEMORANDUM</b>		<b>EFFECTIVE DATE:</b>	November 12,, 2020	<b>Page 2 of 7</b>
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		<b>REVIEW DATE:</b>	January 12, 2021	
<b>SUBJECT:</b>	<b>AFFIRMATIVE ATTENDANCE – SOP 3490.7-16</b>			
<b>NUMBER:</b>	<b>OM-20-001</b>			
<b>Attachments:</b>	Attachment 3 – Time and Attendance Report NEW ISSUANCE)			

1. **PURPOSE AND SCOPE.** To prescribe policy, standards and procedures governing employee attendance consistent with provisions set forth in District Personnel Regulations (DPM), Chapter 12 Part 1, “Hours of Work, Legal Holidays and Leave” and the Labor Management Agreement effective through September. Use of annual leave, compensatory time and other types of leave are addressed in SOP 3490.9A-17, “Employee Leave Approvals”.
  
2. **POLICY.** It is DC Department of Corrections (DOC) policy that:
  - a. All employees shall report on time each day for their assigned tour of duty.
  - b. Supervisors shall make affirmative decisions regarding absences in accordance with this directive, the Labor Management Agreement, DPM Chapter 12, Part 1 and SOP 3490.9A-17, Employee Leave Approvals.
  - c. Supervisors shall regularly review employee time and attendance records to identify and correct possible leave abuse.
  
3. **APPLICABILITY.** This policy applies to all employees of the D.C. Department of Corrections, to include but not limited to: Career (Probationary/Permanent), Management Supervisory Service, Excepted Service and Legal Service.
  
4. **PROGRAM OBJECTIVES.** The expected results of this program are:
  - a. All employees shall report for duty by the specified time, on a daily basis unless leave has been authorized.
  - b. An adequate number of employees are on duty to ensure that the agency or program area is operated efficiently.
  - c. Absences shall only be approved in accordance with personnel procedures and Labor Management Agreement.
  - d. Supervisors shall make affirmative decisions regarding all employees’ absences and shall monitor employee time and attendance records on a monthly basis for indications of possible leave abuse.

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<b>Attachments:</b>	Attachment 3 – Time and Attendance Report NEW ISSUANCE)			

- e. Unauthorized absences shall be subject to appropriate corrective or adverse action for cause in accordance with DPM Chapter 16 “Employee Discipline” and Sections 13 and 14 of this directive.

5. **NOTICE OF NON-DISCRIMINATION.** In accordance with the DC Human Rights Act of 1977, as amended, DC Code § 2-1401.01 et seq., (Act) the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intra-family offense, or place of residence or business. Sexual harassment is a form of sex discrimination which is also prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

## 6. **DIRECTIVES AFFECTED**

a. **Directives Rescinded. None**

b. **Directives Referenced**

- 1) SOP 3490.9A-17 Employee Leave Approval
- 2) SOP 3410.1C-18 Employee Assistance Program
- 3) SOP 2211.1D-16 Overtime Management

7. **STANDARDS REFERENCED. None**

## 8. **AUTHORITY**

- a. D.C. Code 1-616.51 through 1.616.54 (Career Service)
- b. District of Columbia Personnel Regulations, Chapter 12, “Hours of Work, Legal Holidays, and Leave.
- c. District of Columbia Personnel Regulations, Chapter 16, “Corrective and Adverse Actions”



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<b>NUMBER:</b>	<b>OM-20-001</b>			
<b>Attachments:</b>	Attachment 3 – Time and Attendance Report NEW ISSUANCE)			

- d. District Personnel Regulations, Chapter 8, “Career Service”.
- e. District Personnel Regulations, Chapter 9, Excepted Service”.
- f. District Personnel Regulations, Chapter 36, “Legal Service”.
- g. District Personnel Regulations, Chapter 38, “Management Supervisory Service”.
- h. Labor Management Agreement between the Fraternal Order of Police – Department of Corrections Labor Committee and the District of Columbia Department of Corrections, Article 12, “Leave” effective through September 30, 2019.

## 9. PROCEDURES

- a. *Uniform Employees Time and Attendance Report Submittal*
  - 1) Employee shall forward the Time and Attendance Report (Attachment 3) to their supervisor by the Tuesday preceding the end of the pay period.
  - 2) Employee shall receive a signed copy of their overtime slips daily from the command center prior to exiting the facility for the day.
  - 3) Employee shall attach the original copy of the leave slips, all signed overtime slips and copies of all other documents that support the employee’s absence and overtime to the Time and Attendance Report.
  - 4) Employee shall place their Time and Attendance Report into the designated time tracker box for the supervisors to collect by the Tuesday preceding the end of the pay period.
  - 5) False certification of the Time and Attendance Report by the employee shall constitute grounds for disciplinary action.

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<b>NUMBER:</b>	<b>OM-20-001</b>			
<b>Attachments:</b>	Attachment 3 – Time and Attendance Report NEW ISSUANCE)			

b. *Time Keepers Responsibilities. Time Keepers will ensure the following:*

- 1) Time Keepers shall ensure all uniformed staff assigned to their workload submits their Time and Attendance Report.
- 2) Compare Time and Attendance Report against time entered into InTime by the supervisor and all supporting documents prior to submittal to the supervisor for final verification.
- 3) Time Keepers shall notify supervisors of any discrepancies.
- 4) Create a leave slip for staff on unscheduled leave who are unavailable to sign (Supervisor will confirm unscheduled leave).
- 5) Create a Time and Attendance Report for all staff who are on extended leave are unavailable to sign (Supervisors will confirm leave status)

c. *Time and Attendance Report Box*

- 1) **Correctional Treatment Facility (CTF).** CTF Time and Attendance Report box will be located on level 40 outside of Command Center.
- 2) **Central Detention Facility (CDF).** The CDF Time and Attendance Report boxes will be located in the Roll Call room on the 2<sup>nd</sup> floor. All staff will place their Time and Attendance Report in the designated box.

d. If there is a change to the employee time after the timesheets are submitted the following process will be adhered to:

- 1) If an unforeseen unscheduled leave is taken, the officer is responsible for getting an approved leave slip and turning a copy of the approved leave slip into the time tracker box on the first day the employee returns to work.
- 2) If the employee works overtime after the time sheet has been submitted the officer will be responsible for turning a copy of the approved overtime slip into the time tracker box.
- 3) The time tracker will get any approved change documents to T&A.

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<b>SUBJECT:</b>	<b>AFFIRMATIVE ATTENDANCE – SOP 3490.7-16</b>			
<b>NUMBER:</b>	<b>OM-20-001</b>			
<b>Attachments:</b>	Attachment 3 – Time and Attendance Report NEW ISSUANCE)			

- 4) T&A will make the necessary corrections
- 5) Employees will not have to submit a new time and attendance report (attachment 3).

e. *Supervisor Time Submittal Responsibilities*

- 1) The Shift Supervisor shall complete the daily Time and Attendance Roster noting that the employee was present for duty and/or absent to include the appropriate leave status for the employee for that date.
- 2) Supervisors may be subject to disciplinary action for approving an Employee Certification of Time Spent in Duty Status report that is intentionally false.
- 3) The supervisor shall sign the daily Time and Attendance Roster certifying accuracy and forward a copy of the daily Time and Attendance Roster to the Time and Attendance Officer each day.
- 4) The Shift Supervisor shall forward a certified Time and Attendance Report for all employees assigned to their shift to the Time and Attendance Officer by 8 a.m. on the Wednesday preceding the end of the pay period for posting.

f. *Time and Attendance Office Responsibilities*

- 1) The Time and Attendance Officer shall post uniform employee's time and attendance in accordance with the certified daily Time and Attendance Roster.
- 2) The Time and Attendance Officer shall compare the work and/or leave hours on the Time and Attendance Report to what is in InTime and resolve any discrepancies when necessary. The Time and Attendance Officer shall then post the employee's time and attendance in PeopleSoft and ensure that all required documentation for leave used has been submitted.

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS  <b>OPERATION MEMORANDUM</b>		<b>EFFECTIVE DATE:</b>	November 12,, 2020	<b>Page 7 of 7</b>
		<b>EXPIRATION DATE:</b>	January 12, 2021 (60 days)	
		<b>SUPERSEDES:</b>	NONE	
		<b>REVIEW DATE:</b>	January 12, 2021	
<b>SUBJECT:</b>	<b>AFFIRMATIVE ATTENDANCE – SOP 3490.7-16</b>			
<b>NUMBER:</b>	<b>OM-20-001</b>			
<b>Attachments:</b>	Attachment 3 – Time and Attendance Report NEW ISSUANCE)			

- 3) The Time and Attendance Officer shall contact the employee's supervisor if the employee or supervisor has not submitted the required leave slips and medical certification.
- 4) The Time and Attendance Officer shall attach the original leave slips and copies of all other required documents that support the employee's absence to the original Time and Attendance Report and forward to the Payroll Division.
- 5) A copy of the Time and Attendance Report. Leave slip and supporting documentation shall be maintained in the employee's individual time and attendance file by the Time and Attendance Office for a minimum of three (3) years.
- 6) Additionally, the daily Time and Attendance Roster shall be maintained on the file in the Time and Attendance Office for future reference.

g. *Early Closure Process*

- 1) The Office of Pay and Retirement Services (OPRS) provides the Office of the Chief Financial Officer (OCFO) – Public Safety & Justice Cluster office with time entry deadline dates.
- 2) The OCFO provides DOC with a time entry deadline date to have all payroll complete.
- 3) Once that deadline passes, no corrections may be made until the payroll rolls over to make adjustments.
- 4) If an overtime request is submitted after the closeout, the employee shall receive overtime compensation the following pay period.



## Time and Attendance Report

Employee Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Week Ending: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

Shift: \_\_\_\_\_

### Week One

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Type
							Regular Pay
							Annual Leave
							Sick Leave
							Holiday Pay
							Holiday Worked
							Admin. Leave
							Comp Time Leave
							Overtime
							Night shift Differential

Week Ending: \_\_\_\_\_

### Week Two

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Type
							Regular Pay
							Annual Leave
							Sick Leave
							Holiday Pay
							Holiday Worked
							Admin. Leave
							Comp Time Leave
							Overtime
							Night shift Differential

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Approving Signature

\_\_\_\_\_  
Date

*I verify that all hours posted above are correct and that this timesheet is an accurate reflection of the total number of the employee's scheduled hours. Leave hours have the supporting documentation attached.*

Time Entered into PeopleSoft by:

\_\_\_\_\_

\_\_\_\_\_

**Timekeeper**

**Date**

Other (Describe)

Other (Describe)