



Monterey County Behavioral Health Policy and Procedure

Policy Number	121
Policy Title	Timecard Submission Procedure
References	None
Form	Time Card (Attachment 1) Leave Request Form (Attachment 2)
Effective	August 1, 1998 Revised: June 1, 2003 Revised: April 1, 2008

1

2 **Policy**

3 All MCBHD employees will submit completed Time Cards (Attachment 1), in a timely (bi-weekly) manner,
4 to the Administrative Office.

5

6 **Procedure**

7 1. Timecard labels will be distributed to the clinics and administrative offices of the MCBHD, on payday.

8 2. Staff shall complete each time card in ink. Whiteout may not be used on the timecard. Errors must be
9 crossed out, making the appropriate changes, and then initialing each one.

10 3. All timecards are to be signed by the employee, as well as the employee's supervisor.

11 4. Staff are required to use Leave Request Forms (Attachment 2) for all types of staff leave. They are to
12 be submitted to, and signed by, the supervisor.

13 5. Supervisors are responsible for:

14 a) Maintaining a monthly calendar folder with signed leave requests, as provided by the
15 administrative unit.

16 b) Reconciling timecards with each leave request.

17 1) Any discrepancies between the timecard and the leave request are to be handled between the
18 supervisor and the employee. Timecards are not to be signed, or submitted, unless both
19 documents are in agreement.

20 2) When the timecard is deemed accurate, the supervisor will forward the timecard, and any leave
21 requests, to a Behavioral Health Account Clerk in administration. The Account Clerk will file the
22 leave request in the employee's folder and forward the timecard to the Health Department for final
23 processing.

24 c) Forwarding all timecards and leave requests to administration. When the leave request
25 overlaps a pay period, or several pay periods, the supervisor should forward the leave request with
26 all leave with the first time card and a copy with each subsequent time card which contains leave.

27 d) Notifying the Behavioral Health Account Clerk when changes are necessary to the timecard,
28 after submission i.e. changes due to sick leave, or other leave. When that occurs, the supervisor
29 will call the Clerk with the:

30 1) Employee's Name and Employee Number

31 2) Type of Leave

- 32 3) Number of Hours to be Recorded and/or Modified
- 33 4) Date(s) of the Change
- 34 5) Cost Account(s)
- 35 e) Submitting a revised leave request when necessary, with the appropriate signatures, as soon as
- 36 possible.
- 37 6. Timecards are received by noon on the Wednesday of the week of the pay period. At times, due
- 38 to holidays, employees may be requested to submit timecards earlier. Clinics will be notified when
- 39 that occurs.

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Attachment 1

MONTEREY COUNTY HEALTH DEPARTMENT

LEAVE REQUEST

Employee Name: Title:	B.U.: Division:	Date:
<p>INSTRUCTIONS FOR COMPLETION OF LEAVE REQUEST:</p> <p>This form is to be completed for time off requests requiring prior approval.</p> <ul style="list-style-type: none"> ✓ Administrative Leave ✓ Educational Leave - Health Care Unit and Supervisory Unit - Units F, H, K ✓ Floating Holiday (Calendar Year) ✓ Professional Leave - Executive Management, Management (calendar year) - Units X, Y ✓ Sick Leave - Dr. Apts. use sick leave ✓ Supervisory Leave - Unit F ✓ Vacation and I.O.A. - Need to be submitted as soon as dates are known or incident occurs. <p>Leave of Absences require forms that are available from Human Resources</p> <ul style="list-style-type: none"> ✓ Jury Duty - Please submit copy of letter requesting you as a juror to your supervisor and note on time card. ✓ Medical/Maternity Leave ✓ Military Duty - Copy of orders must be submitted to your supervisor and noted on your time card. <p>Please contact Human Resources (ext. 4519) with any questions you may have.</p>		
	Beginning Date -- End Date	Total Hours
Administrative Leave		
Education Leave		
Floating Holiday (8 hours all at one time)		
Leave of Absence		
Professional Leave		
Sick Leave (Dr. Apts. Only)		
Supervisory Leave		
Vacation		

IF YOU ARE REQUESTING A PARTIAL DAY AND THEN FULL DAYS FOLLOWING (I.E., 4 HOURS ON ONE DAY AND THEN 8 HOURS THE NEXT DAY) PLEASE SEE ABOVE SAMPLE

Comments:

Coverage during absence:

EMPLOYEE SIGNATURE _____ SUPERVISOR SIGNATURE _____

DATE _____ DATE _____