SUPERVISOR TRAININGS

BUSINESS OFFICE-PAYROLL

BUDGET/POSITION CONTROL

INTRODUCTION

❖ Objectives

  ➢ Notice of Employment (NOE) funding source information and approval

  ➢ Position Control Transfer Form

  ➢ HR Module versus Finance Module

STC South Texas College

Notice of Employment

OHR/30/noe_main_02_08

Employee Information   Today's Date _____   Original NOE ☐   Revised NOE ☐   Cancellation/Deletion ☐

Name of Employee _____   Soc. Sec. No. _____
　　　　　　　Last　　　　　First　　　　　Middle

Division _____   Department _____   Home Organization Code _____

Campus _____ Bldg./Room # _____   Office Phone # _____   Supervisor _____
　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　(same as below)

Assignment Start Date _____   Assignment End Date _____   Extended Date _____

Position Title _____   Position Number _____

Employee Status – Check One Box Only　　　**SALARIED EMPLOYEE**
For all special assignments and stipends, please attach description of duties and/or Memorandum of Understanding

☐ FT UNRESTRICTED FUNDS STAFF   ☐ FT RESTRICTED FUNDS STAFF   ☐ FT AUXILIARY FUNDS STAFF

☐ TEMPORARY FT FACULTY   Fall _____   Spring _____   Both _____

☐ STIPEND   Program Chair _____   Professional _____   Other _____   ☐ SPECIAL ASSIGNMENT

Total Special Assignment or Stipend Payment $ _____   Total LHE's _____   LHE Rate $ _____

FOR HR USE ONLY	Annual Salary $	Pay Grade	Level	Step

DIRECT WAGE EMPLOYEE

☐ PART-TIME (Not to exceed 19 hrs. per wk.)   ☐ FULL-TIME DIRECT WAGE (Limit of 4 ½ months with no extensions)
　　　　　　　　　Student _____   Non-Student _____

FUNDING SOURCE INFORMATION
*This section is **only** required for the __RESTRICTED FUNDS positions__, __special assignments, stipends and direct wage assignments.__*

1. **To be Paid from One of the Following:**
☐ Direct Wage Pool Position Number _____   ☐ Salary Savings from Position Number _____

☐ Split Funded _____ _____ _____ and _____ _____ _____
　　　　　　　Percent　　　Fund Code　　Organization Code　　　Percent　　Fund Code　　Organization Code

2. **Amount of Funding for Temporary Position** $ _____ X _____ X _____ = $ _____
　　　　　　　　　　　　　　　　　　　Hrly. Rate　　　Hrs. per Week　　　# of Weeks　　　Total Amount

Financial Manager _____   Financial Manager (2) _____
　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　(For Split-Funded positions)

Budget Control _____

APPROVALS

1. _____   _____
　　Supervisor　　　　　　　　Date　　　Vice President or President　　　Date

2. _____   4. _____
　　Division Dean or Director　　Date　　　Director of Human Resources　　Date

FOR HR AND PAYROLL USE ONLY   Entered by

TERMINATE PRIOR POSITION _____   SUFFIX _____   EFFECTIVE DATE _____   JCRE _____ | HR - Date |

NEW ECLASS _____   POSITION _____   SUFFIX _____

BEGIN DATE _____   JCRE _____   END DATE _____   JCRE _____ | Payroll-Date |

JOB TYPE P S O   HRS PER PAY _____   RATE _____   ASSIGN SALARY _____

PHAHOUR: PAYROLL ID   EARN CODE   HRS/UNITS   RATE   AMOUNT

No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored by South Texas College on the basis of race, color, national origin, religion, sex, age, veteran status, or disability.

White -- Human Resources   Yellow -- Payroll   Pink -- Budget Control   Gold -- Department

FUNDING SOURCE INFORMATION NEEDED

- ❖ Indicate how position will be funded by providing a position number.
    - ➢ Direct Wage Pool or Salary Savings
- ❖ If position will be split funded, or funded by a grant, use the "Split Funded" option:
    - ➢ Provide Percent Distribution, Fund Code and Organization Code for each funding source
    - ➢ Provide the Pool or Salary Savings position number(s)
- ❖ State the total amount of funding needed
- ❖ Obtain Financial Manager Approval
- ❖ Incomplete NOEs will be forwarded back to the department
    - ➢ Missing the above information
    - ➢ NOE is missing Department and/or Home Organization Code employee will working for (top of NOE)

FUNDING SOURCE EXAMPLES

FUNDING SOURCE INFORMATION

This section is **only** required for the _RESTRICTED FUNDS_ positions, _special assignments, stipends and direct wage assignments._

1. To be Paid from One of the Following:

☐ Direct Wage Pool Position Number ___841184___   ☐ Salary Savings from Position Number _____

☐ Split Funded _____ _____ _____ and _____ _____ _____
               Percent   Fund Code   Organization Code   Percent   Fund Code   Organization Code

2. Amount of Funding for Temporary Position $ ___8.50___ X ___15___ X ___12___ = $ ___1,530.00___
                                   Hrly. Rate   Hrs. per Week   # of Weeks   Total Amount

Financial Manager ___Financial Manager   10/20/08___   Financial Manager (2) _____
                                                            (For Split-Funded positions)

Budget Control _____

FUNDING SOURCE INFORMATION

This section is **only** required for the _RESTRICTED FUNDS_ positions, _special assignments, stipends and direct wage assignments._

1. To be Paid from One of the Following:

☐ Direct Wage Pool Position Number ___841184; 841423___   ☐ Salary Savings from Position Number _____

☐ Split Funded ___50%___ ___110000___ ___320004___ and ___50%___ ___110000___ ___410013___
               Percent   Fund Code   Organization Code   Percent   Fund Code   Organization Code

2. Amount of Funding for Temporary Position $ ___8.50___ X ___15___ X ___12___ = $ ___1,530.00___
                                   Hrly. Rate   Hrs. per Week   # of Weeks   Total Amount

Financial Manager ___Financial Manager   10/20/08___   Financial Manager (2) ___Financial Manager 2   10/20/08___
                                                            (For Split-Funded positions)

Budget Control _____

INCORRECT FUNDING SOURCE EXAMPLE

FUNDING SOURCE INFORMATION

This section is only required for the RESTRICTED FUNDS positions, special assignments, stipends and direct wage assignments.

1. To be Paid from One of the Following:

☐ Direct Wage Pool Position Number _____   ☐ Salary Savings from Position Number _____

☐ Split Funded <u>100%</u> <u>110000</u> <u>410013</u> and _____ _____ _____
              Percent   Fund Code   Organization Code   Percent   Fund Code   Organization Code

2. Amount of Funding for Temporary Position $ <u>8.50</u> X <u>15</u> X <u>12</u> = $ <u>1,530.00</u>
                                    Hrly. Rate   Hrs. per Week   # of Weeks   Total Amount

Financial Manager <u>*Financial Manager*   10/20/08</u> Financial Manager (2) _____
                                                        (For Split-Funded positions)

Budget Control _____

STC
South Texas College

Notice of Employment for
"The Partnership for Business and Industrial Training"

Original NOE - Date:_____   Revised NOE Date_____

Employee Name:_____ Emp ID: _____

Last   *First*   *Middle*

Class(es) with days and times:_____

Assignment Start Date:_____ Assignment End Date:_____ Rate:_____ Tot. Hrs:_____

Campus Location:_____ Contact Telephone #:_____ YOE:_____ Degree:_____

TO BE PAID AS FOLLOWS: **ORG CODE:** _____

	1st pymt	2nd pymt	3rd pymt	4th pymt	5th pymt	Assignment Total
Month						$:
Hours						
Amount	$	$	$	$	$	

TRAINER AGREEMENT

I understand and agree that my employment with South Texas College is for a part-time training position. I am ineligible for benefits. I agree to the assignment(s) as indicated above. I agree to the assignment rate as indicated above. I understand the rate is commensurate with my degree(s). I also understand and agree that (1) I will not be placed on STC payroll or receive compensation until I have provided the Office of Human Resources the documentation as required by STC. (2) STC does not guarantee any assignments resulting from schedule changes or low student enrollment, (3) under STC Policy, I am an employee at will and this employment relationship may be terminated at any time with or without cause, (4) there is no expectation on my part that I will be hired in the future by STC; (5) STC has no obligation to hire me in the future; and (6) I will comply with the policies of STC. Please check one of the following:

I will _____ will not _____ be working for another division within STC during this assignment.

Signed _____ Date _____

APPROVALS

1. _____ 2. _____ 3. _____
   PTS or Training Manager   Financial Manager   Director or President

4. _____ 5. _____
   Budget Control Specialist   Director of Human Resources

****FOR HR USE ONLY****

E-CLASS____PT_____ POSITION_____ SUFFIX_____ RATE $_____   Entered By:

_____

Effective Date						Revised:
Hours						By:
Amount	$	$	$	$	$	Date:

POSITION CONTROL TRANSFER FORM

❖ Purpose
  ➤ To transfer only salary funds between positions
    ○ To clear salary deficits
    ○ To replenish pools

❖ Usage
  ➤ When assignment will be funded differently than stated on the NOE
  ➤ As requested by Financial Managers

❖ Completed by Budget/Position Control Specialist and forwarded for approval signatures

POSITION CONTROL TRANSFER FORM

STC
South Texas College

SOUTH TEXAS COLLEGE
REQUEST FOR CHANGE IN POSITION CONTROL FUNDING

Sequential Ctrl
PC 7202

Required Signatures for Approval:
- ✓ All transfers require approval from the Financial Manager and Vice-President
- ✓ All transfers $1,000 and over require approval from the Financial Manager, Vice-President and President
- ___ Transfers between different organizations require approval from each Financial Manager and Vice-President
- ___ Transfers for adjunct or overload positions require Financial Manager and the Vice-President for Instruction's approval

	BOARD APPROVED JOB TITLE	POSITION NUMBER	FUND CODE	ORGANIZATION CODE	ACCOUNT CODE	BUDGETED	INCREASE	DECREASE	NET BUDGET	STATUS
1.	Special Assignment	621481	110000	410013	610040	$ -	$ 1,800.00	$ -	$ 1,800.00	
2.	Non Student Direct Wage Pool	840526	110000	410013	610110	10,000.00	-	1,800.00	8,200.00	
3.									-	
4.									-	
5.									-	
6.									-	
7.									-	
8.									-	
9.									-	
10.									-	
11.									-	
12.									-	
13.									-	
14.									-	
15.									-	
16.									-	
17.									-	
18.									-	
19.									-	
20.									-	
					TOTAL	$ 10,000.00	$ 1,800.00	$ 1,800.00	$ 10,000.00	

JUSTIFICATION:

To fund position(s) from pool.

Financial Manager   8/14/07
Financial Manager   Date   Financial Manager 2   Date

Vice President   8/15/07
Vice President   Date   Vice-President   Date

Shirley A. Reed   8/16/07
Dr. Shirley A. Reed - President   Date   Entered by-Business Office   Date

Business Office   Revised 11/06   BO-3700

EFFECT OF OVERTIME ON BALANCES

❖ An organization's available balance is reduced by the amount of overtime earned by staff.

❖ Consider future overtime expenditures when hiring new personnel and transferring funds.

HR MODULE EFFECTS ON FINANCE MODULE

× Changes made in the HR Module are reflected in the Finance Module on a monthly basis

   + Budgeted amounts

   + Payroll feeds

   + Encumbrances

WORKING HOURS

❖ **In accordance with STC policies and guidelines and the U.S. DOL, Wage and Hour Division, Fair Labor Standards Act (FLSA).**

➢ **Compensable Travel Time shall be in accordance with the Business Office Travel Guidelines and the U.S. DOL, Wage and Hour Division, Fair Labor Standards Act (FLSA). (Non-exempt personnel).**

   ○ **Travel by Automobile as a Driver – Working Hours during regular or non-regular workweek day**

   ○ **Travel by Automobile as a Passenger – Working Hours during regular or non-regular workweek day when travel time overlaps with regular working hours**

   ○ **Travel by Airline, Train, Boat or Bus as a Passenger – Working Hours during regular or non-regular workweek day when travel time overlaps with regular working hours**

   ○ **Travel by Private Automobile instead of Public Transportation offered by Employer – Working Hours are either those hours considered working hours driving an automobile or as a passenger of the public transportation**

WORKING HOURS (CONT'D)

- **Conferences, Lectures, Meetings and Training Programs**
  - Attendance at lectures, meetings, training programs and similar activities need not be counted as working time if the following four criteria are met:
    a) Attendance is outside of the employee's regular working hours;
    b) Attendance is in fact voluntary;
    c) The course, lecture, or meeting is not directly related to the employee's job; and
    d) The employee does not perform any productive work during such attendance.

  Note: The time is considered working time if these four criteria are not met.

WORKING HOURS (CONT'D)

➢ **Waiting Time**

- ○ **Work time if the facts show the employee was engaged to wait. The time is usually of short duration and the employee cannot use the time for their own benefit.**

- ○ **Not work time if employee is completely relieved from duty and allowed to leave the job, relieved until a definite or specified time, or relieved long enough for employee to use the time effectively for his/her own purpose.**

❖ **Note: A new BO Form "Working Hours Worksheet" (B0-0610) for internal department use only has been created to help determine working hours.**

TimeForce Procedures for Supervisors

TimeForce Staff

Nereyda Olivares   **Payroll Assistant**
njolivares@southtexascollege.edu   **872-4629**

Timekeeping Responsibilities

❖   Timekeeping staff manage the College's time and attendance system (TimeForce).

❖   Process TimeForce Access Authorization Forms in a timely manner.

❖   Assist employees, designees, and supervisors with TimeForce questions and concerns.

DEPARTMENT TIMEFORCE PROCEDURES

❖ **Every department should maintain timekeeping procedures.**

  ➢ **Department Working Hours**
  ➢ **Lunch Hours**
  ➢ **Overtime Request**

TIMEFORCE SETUP

❖ **The Office of Human Resources sets up all new employee finger templates for use of <u>time clocks</u>.**

❖ **The Payroll Office sets up employees in TimeForce based on the "TimeForce Account Request" form submitted by the Human Resources Department.**

❖ **Employees must call the Payroll Office for <u>online web access</u>.**
  ➤ **Online web access and access to an STC network computer are necessary for reviewing and verifying timecards.**

EMPLOYEE RESPONSIBILITY

❖ **Clocks in using either a time clock, online web access (https://timeforce.stcc.loc), or manual timecards.**

  ➢ Hours physically worked will be recorded on the date it actually occurred.

  ➢ Manual timecards are <u>only</u> used by employees who don't have access to a time clock or STC network computer on a regular basis (i.e. employees that work outside STC premises).

❖ **Responsible for punching in/out at the nearest time clock location or their assigned computers.**

❖ **Reviews timecard for missing hours causing total work week hours to be less than 40 (applies to non-exempt salaried employees only)**

  ➢ Time Adjustment Request Form (BO-7700) <u>must</u> be submitted to supervisor for <u>all</u> corrections made to the online timecard.

  ➢ STC Employee Leave Form must be submitted to supervisor for appropriate absence.

EMPLOYEE RESPONSIBILITY (CONT'D)

❖ **Verifies online timecard.**

  ➢ **In the event employee cannot verify online timecard a printout of the timecard must be signed by the employee.**

❖ **Ensures supervisor checks off the "Supervisor" verification box.**

❖ **Complies with College-wide policies on code of ethics; reporting suspected or known fraud, abuse and other improprieties; hours of work policy; leave policy; overtime policy and all other College-wide personnel, payroll and benefits policies and procedures.**

SUPERVISOR RESPONSIBILITY

❖ **All respective employees are set up under their department.**

❖ **Review TimeForce drop down list to ensure all employees are actual and current employees.**
  - ➢ **If there are employees that must be added and/or deleted from their drop down list, supervisors must submit the TimeForce Access Authorization Form (BO-7710).**

❖ **Audits, enters missing punches from BO-7700 form submitted by employee, enters absences, and verifies the employees online timecard.**
  - ➢ **Time worked must be reported to the nearest quarter hour (1/4, 1/2, & 3/4). When entering a punch; "round punch" must be checked.**
  - ➢ **Verifies that total hours worked by employee are not under 40 for each work week (non-exempt salaried employees only).**

❖ **Ensures all corrected punches have a BO-7700 form on file signed by the employee and supervisor.**
  - ➢ **The BO-7700 form must be filed by the department and made available for audit purposes.**

SUPERVISOR RESPONSIBILITY (CONT'D)

❖ **Ensures that timecard verification is made by the due date (2 business days after the end of the pay period).**

❖ **If employee is not available to verify timecard, then the supervisor may print the timecard and verify as "supervisor" without the "employee's" verification. A written statement explaining the reason the employee did not verify must be kept for audit purposes.**

❖ **Ensures that overtime/straight time payments to employees has prior written approval from supervisor, Vice President or Dean and President.**

❖ **Makes sure NOE's for new hires, changes, and terminations are submitted timely to the Office of Human Resources**

SUPERVISOR RESPONSIBILITY (CONT'D)

❖ **Ensures employees are clocking in/out at the nearest clock location to their workstation or their assigned computer to prevent employees from distorting arrival/departure time (e.g. clocking in at a different building, then drive to the building where their workstation is located).**

   ➢ **To facilitate the monitoring of clock in/out locations, supervisors have access to the "Punch Detail" report. This report shows the employee name, employee ID, the ID (a number) of the clock the employee is using to punch in/out, and the IP address of the computer the employee is using to log in/out.**

❖ **Complies with College-wide policies on code of ethics; reporting suspected or known fraud, abuse and other improprieties; hours of work policy; leave policy; overtime policy and all other College-wide personnel, payroll and benefits policies and procedures.**

OVERTIME/STRAIGHT TIME REQUEST AND APPROVAL PROCESS

❖ **All non-exempt employees must have prior written approval when working overtime and/or straight time hours.**

❖ **Supervisors must submit the request for overtime/straight time hours using the "South Texas College Request for Overtime" form (BO-7721). The form must include the department name, month and year, employee names, and expected overtime/straight time hours to be worked by each employee.**

  ➤ **The BO-7721 form must be signed by the following persons:**
    o **Supervisor**
    o **Dean or Director (if applicable)**
    o **Financial Manager (if applicable)**
    o **Vice President**
    o **President**

MASS PUNCH

❖ **Mass punches are used to create the same punch or total hours for a list of employees. These are occasionally used when employees either travel or attend special events (conferences, etc.) and don't have access to our clocks or online system.**

❖ **Supervisors <u>must</u> request a mass punch creation by sending an email request to the Business Office Comptroller.**

   ➢ **Email must include the reason for the mass punch request, the date(s), punches or total hours to be processed, employee names, and their respective employee IDs (A number).**

   ➢ **Once approved by the Business Office Comptroller, the mass punch will be processed by the TimeForce Administrator.**

HOW TO POST AN ABSENCE IN TIMEFORCE

1. **Click on Enter Absence (a window will pop up)**
2. **Make sure to select the correct date**
3. **Enter total hours**
4. **Use arrow to select the corresponding leave type (e.g. sick, vacation, etc.)**
5. **Notes - write the "Reason for Absence" provided by the employee**
6. **Press Enter**
7. **Always click on the "Recalculate Employee" button.**

IMPORTANT: Never enter an absence without the approved leave form.

EXAMPLE

HOW TO POST A PUNCH IN TIMEFORCE

1. **Click on Enter Punch (a window will pop up)**

2. **Enter punch (military time only)**
3. **Make sure to enter the correct date.**
4. **Always check "Round Punch".**
   - **Punch Type must always be "NORMAL"**
5. **Notes - write the "Justification for Punch Adjustment" provided by the employee.**
6. **Click on "Submit"**
7. **Always click on the "Recalculate Employee" button.**

IMPORTANT: Never enter a missed punch or an adjustment without the approved "Time Adjustment Request Form" (BO-7700).

EXAMPLE

TIMEFORCE ACCESS AUTHORIZATION FORM (BO-7710)

❖ **The form serves two purposes:**

   ➢ **Create or delete supervisors/designees TimeForce accounts.**

   ➢ **Add/remove employees from supervisors/designees drop down lists.**

❖ **Supervisors are responsible for submitting this form when:**

   ➢ **An employee transfers from another department.**

   ➢ **An employee resigns or transfers to another department.**

❖ **Delays in submitting this form will create inaccuracies in the employees' department and/or supervisor information**.

BO-7710 INSTRUCTIONS

❖ **The first portion of the form is only used to create/delete supervisors and/or designees TimeForce accounts. Do not use this portion to add or remove employees from a supervisor/designee drop down list. See example below.**

REQUEST FOR SUPERVISOR AND/OR DESIGNEE ACCESS

Please use this section to create or to delete access for department supervisor and/or designee(s). Designees do not have access to verify timecards. Designees can enter adjustments on employee timecards.

	Action				Access	
Create	Delete	Employee Name	Employee ID	Supervisor	Designee
X		Mary Smith	A0000000	X	

Justification for profile request: _Mary will supervise the X department. She will enter adjustments and verify the employees timecards._

BO-7710 INSTRUCTIONS (C0NT'D)

❖ **The second portion of this form is only used to add or remove assigned employees from a supervisor and/or designee drop down list. Always indicate a justification checking the corresponding box (es). See example below.**

SUPERVISOR AND/OR DESIGNEE ASSIGNED EMPLOYEES

Please use this section to add or to remove employees assigned to the supervisor and/or designee drop down list.

(Note: Only Supervisors are allowed to verify employee timecards).

Action				Add to/Remove from list	
Add	Remove	Employee Name	Employee ID	Supervisor	Designee
	X	Anna Johnson	A0000000	X	

Justification: (Please check one of the following):

[ ] Department Change	[ ] Supervisor Change	[X] Employee Resignation from STC
[ ] Supervisor/Designee Access Chan	[ ] New Hire	[ ] Other _____

BO-7710 INSTRUCTIONS (CONT'D)

❖ **Please read the "Statement of Compliance" located on the form.**

❖ **"REQUIRED SIGNATURE APPROVAL" - The financial manager signature is always required. No forms will be accepted without this signature. Designees are required to sign any time there is a change in their account access and their supervisors must sign to approve the change. If a new supervisor account is requested, the new supervisor must sign and his/her respective immediate supervisor must approve the account creation by signing the form too (both signatures must be in the supervisor signature line separated by a slash).**

❖ **Note: Supervisors/designees must sign in the correct section. Supervisors must not sign in the designee signature line and designees must not sign in the supervisor signature line.**

TIME ADJUSTMENT REQUEST FORM (BO-7700)

❖ **The BO-7700 form is used to enter missed punches or corrections in an employee's timecard.**

❖ **The form must be prepared and submitted by the employee to his/her supervisor for approval.**

❖ **The supervisor must sign the form if approval is granted.**

❖ **The person entering the adjustment (supervisor/designee) must sign the last portion of the form. Information requested in this portion must also be provided by the person entering the adjustment. See example.**

PUNCH DETAIL REPORT

❖ Go to the "REPORTS" tab.

❖ Under the "Audit Reports" section you will find the "Punch Detail" report.

❖ Click on "Punch Detail" link to access report.

❖ Select the date range for your report.

❖ The report will give you the following data. You can select the options you need.

  ➢ Employee Card.

  ➢ Employee Name.

  ➢ Employee ID.

  ➢ Clock ID (of the time clock the employee is using to clock in/out)

  ➢ Created Time.

  ➢ Department.

  ➢ Supervisor.

  ➢ User.

❖ Place a check in "Launch in Separate Window "to open the report in a new window.

❖ Click "Display Report" to view your results.

EXAMPLE

REPORT RESULTS

Punch Detail Report
Sorted by Department

Date Range: 5/1/2010 - 5/31/2010

Save 💾   Print 🖨

South Texas College

Employee	ID	Card#	Department	Date	Time	User	Created Time	Status	Punch Type	Entry Type	Clock	IP Address	Active
Employee, TesT	A00001234	123456	Cashiers Office	5/3/2010	08:00	TIMEADMIN	5/4/2010 10:23:10 AM	IN	NORMAL	MASSPUNCH	Manual	N/A	Yes
Employee, TesT	A00001234	123456	Cashiers Office	5/3/2010	12:00	TIMEADMIN	5/4/2010 10:23:10 AM	OUT	NORMAL	MASSPUNCH	Manual	N/A	Yes
Employee, TesT	A00001234	123456	Cashiers Office	5/3/2010	13:00	TIMEADMIN	5/4/2010 10:23:10 AM	IN	NORMAL	MASSPUNCH	Manual	N/A	Yes
Employee, TesT	A00001234	123456	Cashiers Office	5/3/2010	17:00	TIMEADMIN	5/4/2010 10:23:10 AM	OUT	NORMAL	MASSPUNCH	Manual	N/A	Yes
Employee, TesT	A00001234	123456	Cashiers Office	5/4/2010	08:00	TIMEADMIN	5/4/2010 10:23:10 AM	IN	NORMAL	Manual	Manual	N/A	No
Employee, TesT	A00001234	123456	Cashiers Office	5/4/2010	12:00	TIMEADMIN	5/4/2010 10:23:10 AM	OUT	NORMAL	Manual	Manual	N/A	No
Employee, TesT	A00001234	123456	Cashiers Office	5/4/2010	13:00	TIMEADMIN	5/4/2010 10:23:10 AM	IN	NORMAL	Manual	Manual	N/A	No
Employee, TesT	A00001234	123456	Cashiers Office	5/4/2010	17:00	TIMEADMIN	5/4/2010 10:23:10 AM	OUT	NORMAL	Manual	Manual	N/A	No
Employee, TesT	A00001234	123456	Cashiers Office	5/4/2010	20:00	TIMEADMIN	5/4/2010 10:26:08 AM	IN	NORMAL	Manual	Manual	10.5.96.102	No
Employee, TesT	A00001234	123456	Cashiers Office	5/4/2010	23:00	TIMEADMIN	5/4/2010 10:27:07 ...	IN	NORMAL	Manual	Manual	10.5.96.102	No

EXCEPTIONS REPORT

❖ **The Exceptions report is an important tool supervisors use to verify the completeness of the end of pay period time cards. This report displays timecard errors that need to be fixed before the Payroll department runs the payroll.**

➢ **Go to "REPORTS" tab**

➢ **Run "Exceptions" report**

➢ **Select Date Range and Pay Period**

➢ **Select the following options:**

   o **Employee name**

   o **Department**

   o **Page Break**

   o **Duplicate Punch**

   o **Missed Punch**

➢ **Place a check in "Launch in Separate Window" box**

➢ **Click on "Display Report"**

FIX ERRORS

❖ **If the report displays errors such as missed and/or duplicate punches, the timecard needs to be fixed before it is verified.**

➢ **Employee must submit the "BO-7700 Time Adjustment Request Form" for all corrections that need to be done.**

➢ **Supervisor must approve the corrections by signing the form.**

➢ **Supervisor or designee must enter the corrections before the Payroll department locks access. Once the access is locked, no adjustments can be entered in the employee's timecard.**

❖ **Note: All timecard adjustments must only be entered when the BO-7700 has been submitted by the employee and approved by the supervisor.**

UNDER HOURS

❖ **Supervisors also have access to the "Under Hours" report. The report will display all non-exempt salaried employees that did not complete 40 hours in a work week.**

  ➢ **Go to "REPORTS" tab.**

  ➢ **The " Under Hours" report is located under the "Time Reports" section.**

  ➢ **Click on the "Under Hours" link.**

  ➢ **Select the date range (must be weekly)**

  ➢ **On Pay Period select "Monthly"**

  ➢ **On "Hours Threshold" key in: 39.99**

  ➢ **Select the following options:**

    ➢ Employee ID - Employee Name - Department - Regular Hours - Total Hours

  ➢ **Employees that have less thank 40 hours in a week may submit a leave form.**

  ➢ **If the employee does not submit a leave form to complete the 40 hours, he/she will be doc for the hours shortage.**