Payroll/Time and Attendance Policies and Procedures

TCLE EMPLOYEES

Thank you for your continual support as an employee for The Center for Life Enrichment. We look forward to working with you to fulfill our mission of providing the most effective services available.

Please sign this document in the space below to ensure you are paid correctly.

The Center for Life Enrichment pays all employees promptly and accurately for the hours they have worked. Please adhere to the following:

* All employees must clock in and clock out of work using the time and attendance system provided. This confirms your attendance at work. Failure to clock in or out may result in a delay in processing your pay for that shift.
* All time clock punches, in and out must be completed no earlier than 7 minutes prior to the start of your shift and no later than 7 minutes after your shift has been completed.
* Please remember that prompt arrival to the workplace is expected by all employees and failure to arrive at the designated time can result in disciplinary action.
* The Center for Life Enrichment will need to monitor the following Attendance Violations to ensure that the system is working efficiently.

**Monitoring Time and Attendance Violations:**

1. Using an unauthorized device ( unauthorized device is defined as a phone number not authorized by your immediate supervisor, or the use of the phone system over the finger print system)
2. Punching more than 7 minutes before or after your shift- without prior approval from your immediate supervisor or administration.
3. Failure to punch in or punch out
4. Documenting/Punching the wrong job site information

**Requesting Paid Time Off/Leave**

1. All employees will use the MITC system for requesting paid time off.
2. Employees requesting the use of **annual leave** must provide your immediate supervisor at least two days’ notice. For any other requests less than two days, the employee must directly get approval by the administration and the approval must reflect on the time card.
3. Employees requiring time off for sick or personal leave may request time off from their immediate supervisor by directly contacting them. This is granted for employees calling out due to an illness (sick leave) or an unexpected event (personal leave).
4. With the exception of unannounced time away from work due to an illness, all other forms of sick leave should have prior approval- (medical appointments, FMLA, and workers compensation claims).
5. It is the responsibility of the employee to make sure that any and all leave has been approved prior to taking off.
6. Immediate supervisors will be required to respond to employee’s leave request within 1 day of receipt. In the event that the immediate supervisor is absent or unable to grant leave, the employee requesting leave must receive approval from another administrator prior to taking leave.
7. For all other form of leave such as Funeral Leave or Jury Duty, employee must notify their immediate supervisor. Jury Duty will require documentation and in some cases Funeral Leave may need approval.

**Administrative Action for Time and Attendance Violations:**

* For any Employee that receives more than three violations within one week, information will be forwarded to the administration for further review.
* Any work time that has not been approved or TCLE has not received a request will result in LWOP until investigated.
* Please obtain permission from your supervisor or manager prior to working over or under your scheduled hours.
* If an emergency occurs at your place of work that may require you to work extra hours, or reduced hours, contact your immediate supervisor **prior** to working a modified work schedule.

Please sign this agreement in the space provided below: By Signing this agreement, you accept the timekeeping policies and procedures set forth by The Center for Life Enrichment.

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

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

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