



TODO Y NILALA Y TANO MAN UNO
ALL LIVING THINGS OF THE EARTH ARE ONE

STANDARD OPERATING PROCEDURE

GUAM EPA SOP# 002

Timekeeping / Leave Application Documents

VERSION 1


Effective Date: _____

APPROVED:




Administrative Service Officer

04/28/2017
Date

 for Yvette Cruz

Deputy Administrator

04/28/2017
Date



Administrator

04/28/2017
Date



EPA Program Manager

4/28/2017
Date

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1. TIMESHEET
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I. PURPOSE

GEPA's ASD facilitates timekeeping in line with the Government of Guam's DOA's Rules and Regulations.

The underlying purpose of this written procedure is to establish consistency within the agency in the handling of timekeeping and leave applications.

II. APPLICABILITY AND SCOPE

This procedure applies to all GEPA employees applying for compensation for hours worked and paid leave.

III. SUMMARY OF PROCEDURE

This procedure describes all steps related to the processing of timekeeping from start to finish.

IV. DEFINITION OF TERMS

Timesheet: A form used to document dates and hours worked, type of leave applied for, account number charged, identification of staff, pay period, and appropriate approval signatures. Required information on the Timesheet is determined by the GEPA AA and may be changed as information and compliance needs are evaluated. Timesheets must be submitted to the AA the Wednesday before pay period ending unless there is a holiday at which time timesheets are due the Monday before pay period ending.

Leave Form: A form used to document what type of leave staff is applying for, duration of leave and appropriate approval.

Donated Leave Sharing Forms – Forms completed by employee receiving or donating leave which identifies the amount of leave, duration of leave, qualifying factors of leave and certified by the payroll master of both the receiving and donating party. *Employee requesting Donated leave is responsible for securing signatures in and outside Agency*

GEPA: Guam Environmental Protection Agency

US EPA: United States Environmental Protection Agency

Staff: Any person employed by GEPA

ASO: Administrative Service Officer

AA: Administrative Assistant

ASD: Administrative Services Division

V. TIMEKEEPING PROCEDURE

Listed below are the steps for processing GEPA staff timesheets. This timesheet can be found in the ASD shared drive: Admn > Forms > Timekeeping. GEPA payroll master is responsible for the delivery of all Timesheets, Leave Requests, and related documents to DOA Payroll the Friday before the closing of a pay period

1. Staff prepares timesheet to ensure that the proper information is inputted and that their time is allocated to their correct project number and project description for each period worked.
2. Staff submits timesheet to Supervisor/Division Head for approval.
3. Once approved, Supervisor/Division Head signs submits all timesheets to AA for verification against leave applications.
4. If leave application is for donated leave, AA verifies that the donated leave documents are complete.
 - Donated Sick leave shall accompany a doctor's certification reflecting duration of necessary time taken off. (Minimum ten (10) consecutive days)
 - Annual leave for personal reasons - shall accompany an affidavit (minimum five (5) consecutive days)
5. AA enters payroll into the AS400 and prints time balance.
6. AA packages payroll organized by division and submits to Administrative Service Officer (ASO).
7. ASO certifies timesheet and verifies the use of the appropriate accounts.
8. ASO returns payroll packet to AA. AA makes a copy and submits to DOA for processing the Friday of pay period ending. Hard copy with DOA receipt stamp is filed at GEPA.

9. DOA processes payroll the Friday after pay period ending and prints checks for those not on automatic deposit. AA prints employee earning statement and disseminates to staff.

VI. LEAVE APPLICATION PROCEDURE

Listed below are the steps for applying for leave. All leave requests must be approved by the immediate supervisor, Division Head, Deputy and/or the Administrator as is appropriate, prior to commencement date of leave. The leave form can be found in the ASD shared drive: Admn > Forms > Timekeeping.

1. Staff must submit all leave applications identifying the type of leave requested and any required supporting documents pertinent to the request at least 72 hours in advance for leave in excess of 40 consecutive hours; and 24 hours in advance for leave less than 40 hours to Supervisory/Div. Head for approval.
2. Staff must submit all leave applications for Off – Island Leave official or personal, in 80 hours at least ten (10) work days prior to commencement date of leave complete with required supporting documents, (i.e. travel itinerary, and any other documents pertinent to the leave to Supervisor/Div. Head for approval.
3. Supervision/Division Head submits all staffs approved leave form to Administrator for approval.
4. All approved leave forms, with administrator signature will be delivered to the timekeeper for processing.
5. Timekeeper enters approved leave into the AS400.
6. Timekeeper attaches all required supporting documents to timesheets for the delivery to DOA payroll department the Friday before the closing of a pay period.
7. All other leave matters not covered in this document can be found in the DOA Government of Guam Rules and Regulations.

VII. TRACKING

Tracking of documents are available on the ASD shared drive. Note that these are occasionally updated based on the routing process and revisions made on the procedures.

VIII. RECORDS MANAGEMENT

All timekeeping documents are kept in a filing cabinet located in ASD. Administrative staff makes it an internal policy to keep files for five (5) years only, with the exception of personnel and travel files for audit and information purposes.

IX. REFERENCES

- Government of Guam Rules and Regulations

FMS TIME SHEET

GEPA ID	S.S. Number	Name	Fiscal Year	Pay Period	Start Date	End Date
					6/25/2017	07/08/17

Date	Time		TOT Hrs	OT Hrs	ND Hrs	Project	Project Description	Leave Type	EMT ?	Holiday Pay
	From	To								
25-Jun-17	0:00	0:00	0:00					Day Off		
26-Jun-17	8:00	12:00	4:00			2298-14-107				
26-Jun-17	13:00	17:00	4:00			2298-14-107				
27-Jun-17	8:00	12:00	4:00			2298-14-107				
27-Jun-17	13:00	17:00	4:00			2298-14-107				
28-Jun-17	8:00	12:00	4:00			2298-14-107				
28-Jun-17	13:00	17:00	4:00			2298-14-107				
29-Jun-17	8:00	12:00	4:00			2298-14-107				
29-Jun-17	13:00	17:00	4:00			2298-14-107				
30-Jun-17	8:00	12:00	4:00			2298-14-107				
30-Jun-17	13:00	17:00	4:00			2298-14-107				
01-Jul-17	0:00	0:00	0:00					Day Off		
02-Jul-17	0:00	0:00	0:00					Day Off		
03-Jul-17	8:00	12:00	4:00			2298-14-107				
03-Jul-17	13:00	17:00	4:00			2298-14-107				
04-Jul-17	8:00	12:00	4:00			2298-14-107				
04-Jul-17	13:00	17:00	4:00			2298-14-107				
05-Jul-17	8:00	12:00	4:00			2298-14-107				
05-Jul-17	13:00	17:00	4:00			2298-14-107				
06-Jul-17	8:00	12:00	4:00			2298-14-107				
06-Jul-17	13:00	17:00	4:00			2298-14-107				
07-Jul-17	8:00	12:00	4:00			2298-14-107				
07-Jul-17	13:00	17:00	4:00			2298-14-107				
08-Jul-17	0:00	0:00	0:00					Day Off		

TOTAL HOURS 80:00

Time Keeper Signature	Date

Certifying Officer	Date

Employee's Supervisor Signature	Date

Employee Signature	Date

GOVERNMENT OF GUAM
LEAVE APPLICATION FORM

NAME (First, Middle, Last)	SOCIAL SECURITY NO.:	DATE OF REQUEST:
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TYPE OF LEAVE REQUESTED
[] ANNUAL [] SICK [] LEAVE W/O PAY [] COMP-TIME OFF [] TRAINING (LOCAL / OFF-ISLAND) [] OTHER

LEAVE PERIOD

FROM (Hour, Month, Day, Year)	TO: (Hour, Month, Day, Year)	TOTAL HOURS REQUESTED:
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ADDRESS WHILE ON LEAVE:

APPLICATION FOR PREPAYMENT OF VACATION LEAVE

Minimum requirement is not less than ten (10) consecutive days. It is understood that if I return to duty before the expiration of my prepaid vacation. I shall reimburse the government in the amount equivalent to the unexpired portion of the prepaid leave.

FROM (Hour, Month, Day, Year)	TO: (Hour, Month, Day, Year)	TOTAL HOURS PREPAID:
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SICK LEAVE CERTIFICATION

I certify that the above person was under my professional care or quarantine during the period stated below. From a medical standpoint, his/her condition during this period was such that I considered it inadvisable for him/her to report to work.

FROM: (Month, Day, Year)	TO: (Month, Day, Year)	TOTAL NO. OF DAYS:
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REMARKS:

NAME OF LICENSED PHYSICIAN/HEALTH PROFESSIONAL (TYPE OR PRINT)	SIGNATURE OF LICENSED PHYSICIAN/HEALTH PROFESSIONAL
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SIGNATURE OF EMPLOYEE:

() APPROVED () DISAPPROVED	() APPROVED () DISAPPROVED
_____ SIGNATURE OF IMMEDIATE SUPERVISOR	_____ SIGNATURE OF AUTHORIZED OFFICIAL OR APPOINTING AUTHORITY

GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
SICK/ANNUAL LEAVE DONATION REQUEST FOR MEDICAL EMERGENCY REASONS

	LEAVE RECIPIENT	LEAVE DONOR
1. EMPLOYEE NAME		
2. SOCIAL SECURITY NO.		
3. CLASS TITLE & PAYGRADE		
4. HOURLY RATE/SALARY		
5. AGENCY/DIVISION		

6. Donated Leave Period: FROM-TO: _____ Total Hours: _____ SL/AL

7. Explanation of Illness/Injury: _____

I hereby certify that I have secured permission from my agency to use donated sick and/or annual leave pursuant to the leave sharing procedures. This request is due to the above referenced illness/injury and will be used during the dates listed above in order to continue my compensation. I understand that my own accrued leave will be exhausted first before receiving the donated leave.

Certification of Leave: _____ Date: _____

Recipient's Signature

8. CERTIFICATION FROM LEAVE RECIPIENT'S CHIEF PAYROLL OFFICER

A. I certify that the employee requesting for donated leave has accrued the following hours to his/her leave account.

- ANNUAL LEAVE Balance: _____ PPE: _____
- SICK LEAVE Balance: _____ PPE: _____
- COMPENSATORY TIME Balance: _____ PPE: _____

Chief Payroll Officer/Authorized Designee: _____ Date: _____

9. CERTIFICATION OF LEAVE DONOR

A. I hereby certify that I am voluntarily donating leave hours on item 6 above and request that my Chief Payroll Officer transfer the above listed hours of my sick and/or annual leave to the Leave Recipient listed above.

Leave Donor's Signature: _____ Date: _____

B. I hereby certify that the Donor has accrued the amount of leave to be donated.

- ANNUAL LEAVE Balance: _____ PPE: _____
- SICK LEAVE Balance: _____ PPE: _____

Chief Payroll Officer/Authorized Designee: _____ Date: _____

10. APPROVED DISAPPROVED

Recipient's Appointing Authority: _____ Date: _____

(Please Print Name, Title & Signature)

DOA HRD EMR (Initial/Date): _____

GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
ANNUAL LEAVE DONATION REQUEST FOR PERSONAL REASONS

	LEAVE RECIPIENT	LEAVE DONOR
1. EMPLOYEE NAME		
2. SOCIAL SECURITY NO.		
3. CLASS TITLE & PAYGRADE		
4. HOURLY RATE/SALARY		
5. AGENCY/DIVISION		

6. Donated Leave Period: FROM-TO: _____ **Total Hours:** _____ **AL**

7. Authorized Personal Reason(s):

I hereby certify that I have secured permission from my agency to use donated annual leave pursuant to the leave sharing procedures. This request is due to the above referenced personal reason(s) and will be used during the dates listed above in order to continue my compensation because my own accrued leave will be exhausted first before receiving the donated leave.

Certification of Leave: _____ Date: _____

Recipient's Signature

8. CERTIFICATION FROM LEAVE RECIPIENT'S CHIEF PAYROLL OFFICER

A. I certify that the employee requesting for donated leave has accrued the following hours to his/her leave account.

- ANNUAL LEAVE Balance: _____ PPE: _____
- COMPENSATORY TIME Balance: _____ PPE: _____
- SICK LEAVE Balance: _____ PPE: _____
- Other: _____ Balance: _____ PPE: _____

Chief Payroll Officer/Authorized Designee: _____ **Date:** _____

B. I hereby certify for the Recipient Agency listed above that this request meets the guidelines for donating annual leave pursuant to the leave sharing procedures. I authorize my agency to add the total hours donated above to the Recipient Employee listed.

Recipient's Appointing Authority: _____ **Date:** _____
(Please Print Name, Title & Signature)

9. CERTIFICATION OF LEAVE DONOR

A. I hereby certify that I am voluntarily donating leave hours on item 6 above and request that my Chief Payroll Officer transfer the above listed hours of my annual leave to the Leave Recipient listed above.

Leave Donor's Signature: _____ **Date:** _____

B. I hereby certify that the Donor has accrued the amount of leave to be donated.

- ANNUAL LEAVE Balance: _____ PPE: _____

Chief Payroll Officer/Authorized Designee: _____ **Date:** _____

10. **APPROVED** **DISAPPROVED**

Director of Administration: _____ **Date:** _____
(Please Print Name, Title & Signature)

DOA HRD EMR (Initial/Date): _____



AFFIDAVIT

THIS IS TO CERTIFY THAT, FOR THE PURPOSE OF RECEIVING DONATED LEAVE FOR A PERSONAL REASON, I AM INVOLVED IN ONE OF THE APPROVED REASONS FOR DONATED LEAVE LISTED BELOW: (Check One)

- 1. Adopting a child or placing a child up for adoption.
- 2. Undergoing divorce or separation proceedings.
- 3. Death of a family member:
 Name of Deceased: _____
 Relationship to Employee: _____ Date of Death: _____
- 4. Undergo Cosmetic and/or voluntary surgery.
- 5. Temporary care of child or children until permanent child care arrangements can be made. (Child's Name & Age)
- 6. Take care of legal commitments.
- 7. Return to school, take additional training and other educational programs.
- 8. Temporary care of an elderly or physically/mentally disabled member of the family.
 Name of Family Member: _____
 Relationship to Employee: _____ Date of Birth: _____
- 9. OTHER: (Specify) _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENT IS TRUE AND CORRECT AND THAT NO COMPENSATION, FAVORS, OR ITEMS OF VALUE WERE GIVEN IN EXCHANGE FOR THE USE OF DONATED LEAVE.

	EMPLOYEE'S SIGNATURE	DATE
GUAM)) CITY OF AGANA)	ss	

On this _____ day of _____, before me, a Notary Public in and for Guam, personally appeared _____, and he/she acknowledged to me that he/she executed the foregoing instrument, as his/her voluntary act and deed for the purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

NOTARY PUBLIC
My Commission Expires:

< S E A L >