

Timesheets Processing

Presented by:

Dawn Ness

Sylvia Alaniz

SJGH Department Payroll Specialists

Doe, John

Employee Name

999998 - 0

Employee ID

M

Union Code

9221187910 - Hosp Medical Information Svcs

Division/Department Code – Description

CS - CivilSrvc

Employee Class

Staff Nurse IV - Inpatient

Job Description/Title

DEC 28

Birthday

13-SEP-2020

Pay Period Week Ending

1

Pay Period

NO MASS 10 HR 7D

Regular Schedule

1		Shift 1		2	Shift 2		LUNCH	Total	Regular			Overtime			Hours worked by Dept		Above Class A88 A24	Charge Duty A74	DCF A87	DCF A87	ESPP AOR	Float A2K	Preceptor A2I	Standby A84 A85
Pay Code	Amount	IN	OUT		IN	OUT			Day	P.M.	Night	Day	P.M.	Night	Dept/Hours	Dept/Hours								
Mon	LH	12															/	/						
Tue					1900	0730	0.5	12		4	8						/	/						
Wed	LFB	8															/	/						
Thu					1900	0330	0.5			4	4						/	/						
Fri					1900	0730	0.5			4	8						/	/						
Sat					1900	0730	0.5	12									4	8						
Sun																								
	Totals	20			Time cards must be completed using military time			Totals	24		12	20				4	8							

I certify that the hours I entered above are
a true and correct record of all time worked by me for this pay period.

Employee's Signature 

Date 9-13-2020

Comments:

6

9/7/2020 Labor Day Regular Holiday

9/9/2020 Floating Holiday add to bank (not scheduled to work)

Manager's Signature 

Date 9-13-2020

Code	Description	Usage	Code	Description	Usage
LATZ	Leave Admin Taken	Admin Leave Paid and Taken from Bank	LHB	Leave Regular Holiday Bank	Enter 8 Hrs to Bank time when Hol falls on day off
LBZ	Leave Bereavement	Paid Bereavement Leave	LHTZ	Leave Regular Holiday Taken	Regular Holiday Paid and Taken from Bank
LCB	Leave Comp Time – Bank x1.5	Comp Time earned, enter actual hours worked	LITZ	Leave Incentive Taken	Incentive Leave Paid and Taken from Bank
LCTZ	Leave Comp Time Taken	Comp Time Paid and Taken from Bank	LJRZ	Leave Jury Duty	Paid Jury Duty
LEXB	Leave FLSA Exempt – Bank x1	FLSA Earned. Enter actual hours worked	LSKZ	Leave Sick Taken	Sick Leave Paid and Taken from Bank
LEXZ	Leave FLSA Exempt Taken	FLSA Exempt Paid and Taken from Bank	LFSZ	Leave Family Sick Taken	Family Sick Paid and Taken from Sick Leave Bank
LFXZ	Leave Flexible Holiday Taken	Flexible Holiday Paid and Taken from Bank	LUZ	Leave Unauthorized No Pay	Unauthorized Leave without Pay
LFTZ	Leave Floating Holiday Taken	Floating Holiday Paid and Taken from Bank	LAZ	Leave Authorized No Pay	Approved Unprotected Leave of Absence
LMF	Leave Mandatory Furlough	Mandatory Furlough	LEUZ	Leave Exhausted or Unpaid	Exhausted Accruals and NOT an Approved LOA
LVF	Leave Voluntary Furlough	Voluntary Furlough	LPUZ	Leave Protected Unpaid	Approved Protected Leave of Absence
LH	Leave Regular Holiday	Taken Actual Holiday Off with Pay	LVCZ	Leave Vacation Taken	Vacation Paid and Taken from Bank
LH1B	Lv Reg Hol Worked – Banked x1.5	Worked Reg Hol wants time. Enter actual hours worked	LUR	Leave Union Release Time	Paid Union Release Time

Completing the Adjustment Form

NOTE: ALL LEGIBLE CHANGE FORMS MUST BE SUBMITTED TO PAYROLL BY **9AM THE MONDAY BEFORE THE PAYDAY TO BE PROCESSED.**

1. Employee's First & Last Name (must be legible)
2. Employee ID#
3. Department Name
4. Pay Period End Date (must be by pay period)
5. Department Number (only if working other than home dept)
6. Phone/Email for contact
7. Date – This is the date that was submitted on original timesheet
8. Enter the hours and type of shift that was submitted on original timesheet
9. Date – this should match #7
10. Enter the hours and type of shift that needs to be corrected from original timesheet
11. Pay Type – Please check one
12. Reason for change – Please check one
13. Employee Signature – REQUIRED or noted by supervisor
"UNAVAILABLE TO SIGN"
14. Timekeeper Signature – OPTIONAL
15. Department Manager Signature - REQUIRED

Payroll Adjustment Form

Please see the
last page
of your timesheet
processing packet

Larger View

San Joaquin County Health Care Services – Payroll Adjustment Form

Employee Name	①	Pay Period End Date	④
Employee ID #	②	Department Number	⑤
Department Name	③	Phone /Email for contact ⑥	

Original time submitted		Actual time worked	
Date	Pay code – Hours - Department	Date	Pay code – Hours - Department
⑦	⑧	⑨	⑩

Pay Type (Check One) ⑪

Regular Hours

Overtime/double back

Accruals (Vac /Hol/Other)

Supplemental

Shift differential

Reason (Check One) ⑫

Data entry error

Timecard submission error

System error

Unable to verify

Other (Explain below)

Employee Signature ⑬ * Date _____

Timekeeper Signature ⑭ * Date _____

Department Manager Sig. ⑮ * Date _____

(*Employee and Manager's signature required)

Special Check Requested NO _____ YES _____ (Must meet special check request criteria)

For Payroll Only:

Date Received _____ Payroll clerk _____

Mgr approval _____

Date processed _____

Pay period processed _____

Special check issued? YES _____ NO _____

No Changes Made (Explain): _____

Item # 11709 CEDUP STOCK (02/07) Hosp. 971 (06/07)

White copy - Payroll Yellow copy - Employee confirmation Pink copy - Employee report

San Joaquin General Hospital – Payroll Adjustment Form

Employee Name _____ (1) Pay Period End Date _____ (4)
Employee ID# _____ (2) Department Number _____ (5)
Department Name _____ (3) Phone/Email Address _____ (6)

Original time submitted		Actual time worked	
Date (7)	Pay code – Hours-Department (8)	Date (9)	Pay code – Hours-Department (10)

Pay Type (Check One) _____ (11)

- Regular Hours
- Overtime/double back
- Accruals (Vac/Hol/Other)
- Supplemental
- Shift differential

Reason (Check One) _____ (12)

- Data entry error
- Timecard submission error
- System error
- Unable to verify
- Other (Explain below)

Employee Signature _____ (13) *
Timekeeper Signature _____ (14)
Department Manager Signature _____ (15) *

Date _____
Date _____
Date _____

Special Check Requested YES _____ NO _____ (Must meet special check request criteria)

For Payroll Only:

Date Received _____

Payroll clerk _____
Manager Approval _____
Date processed _____
Pay period processed _____
Special check issued? YES _____ NO _____

_____ No Changes Made (Explain): _____

Payroll Work Shifts

Work Shifts: (All Except Bargaining Unit M)

DAYs	4am-12pm
PMS	12pm-8pm
NIGHTS	8pm-4am

OVERTIME FOLLOWING SHIFT --- DO NOT SPLIT SHIFTS

Nursing Work Shifts: (Bargaining Unit M **Only**)

DAYs	7am-3pm
PMS	3pm-11pm
NIGHTS	11pm-7am

UNION CODE M: CAN SPLIT SHIFTS

If called in early, then your shift starts at the start of that shift.

Check and Double Check the information in your Timesheets

To comply with legal obligations to maintain accurate time records and to ensure that employees are paid for all the hours worked, SJGH requires employees to accurately record their hours worked during each workday.

Signing a Timesheet: Signing a timesheet typically refers to an employee providing acknowledgment and confirmation of the accuracy and completeness of the recorded hours worked during a specific period. By signing the timesheet, the employee is attesting that the information provided is true and correct to the best of their knowledge. It signifies their agreement with the recorded hours and serves as a verification of their work hours for that period.

Approving a Timesheet: Approving a timesheet involves a managerial or supervisory review and confirmation of the employee's recorded work hours. The approval process typically involves checking the accuracy and appropriateness of the hours worked, verifying adherence to company policies and procedures, and ensuring compliance with labor laws and contractual obligations.

SJGH Payroll Team

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Sally Perez

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Quick Facts:

SJGH is a 24/7 facility. Military time is recommended in your time sheets.

First 3 days at GO (Mon-Wed) are paid at 8 hours. Therefore:

8AM-430PM will be written in your timesheet as:
0800H-1630H Total 8 Hours with 0.50 – Lunch

Check and double check your hours. Sign and date your timesheet. Submit to your timekeeper. Must be signed by the department manager or his/her designee.

SJGH Dept Payroll Specialists & Assigned Departments

Dawn Ness 468-7712		Sally Perez 468-6920		Sylvia Alaniz 468-6094		Gloria Moffet 468-6048			
K	6070	ICN	K	6179	MGU (3C)	K	6010	ICU	
K	6150	2C	K	7420	O. R.	K	6172	2D	
K	6170	3B	K	7426	G I	K	6290	PEDS	
K	6400	Labor & Delivery(A-L)	K	7427	PACU	K	6400	Labor & Delivery (M-Z)	
K	7010	Emergency Room	K	7450	Anesthesiology	K	7020	SAFE Team	
K	7011	Trauma Center	K	7570	CCL	K	7350	Case management	
K	7070	ACS Admin	K	7590	EKG	K	8370	Escort & Errand	
K	7072	Medical Clinic	K	7742	Dialysis	K	8720	Nursing Admin	
K	7073	Orthopedic Clinic	K	8380	Sterile Processing	K	8730	Float Pool	
K	7074	Surgery Clinic	I	7710	Hospital Pharmacy	K	8740	Nursing Education	
K	7078	Special Care Clinic	I	7711	Outpatient Pharmacy	K	8360	Social Services	
K	7081	Child Advocacy Center	I	8400	Material's management	I	7500	Laboratory	
K	7085	Infec Disease (Oncology)	I	8401	Distribution	I	7520	Pathology	
K	7086	Neurosurgery Clinic	I	8440	Environmental Svcs	I	8532	Revenue Integrity	
K	7091	Emp. Health Clinic	I	8480	Data Processing	I	8610	Hospital Administration	
K	7092	Family Medicine Clinic	I	8530	Patient Accounting	I	8650	Human Resources	
K	7099	Occupational med Clinic	I	8550	Credit & Collections	I	8690	Medical Library	
K	7182	HB Calif St	I	8560	Admitting	I	8670	Volunteer Svcs	
K	7630	Radiology	I	8561	E. R. Registration	I	8700	Medical Records	
K	7650	Nuclear medicine	I	8570	Op Registration	I	8710	Medical Staff	
K	7670	Ultrasound	7 Days or 24 Hours Dept				I	8750	Standards & Compliance
K	7680	CT Scan	I-Infield				I	8791	Medical Information Svcs.
K	8251	Paramed ED Radiology	K-Keyed						
K	7720	Respiratory							
K	7730	Pulmonary function Lab							
K	7874	Sleep Lab							
I	8350	Laundry							
K	8362	Interpreter Svcs							
K	8420	Hospital Security							
I	8470	Communications							
K	8510	General Accounting							

**Believe in yourself! You can
complete your timesheets!**



Questions, Anyone?

