

# **Timesheets Processing**

Presented by:

**Dawn Ness**

**Sylvia Alaniz**

**SJGH Department Payroll Specialists**


San Joaquin General Hospital – Employee Time Record

**Doe, John**      **999998 – 0**      **M**      **9221187910 - Hosp Medical Information Svcs**      **CS - CivilSrv**  
Employee Name      Employee ID      Union Code      Division/Department Code – Description      Employee Class

**Staff Nurse IV - Inpatient**      **DEC 28**      **13-SEP-2020**      **1**      **NO MASS 10 HR 7D**  
Job Description/Title      Birthday      Pay Period Week Ending      Pay Period      Regular Schedule

1 Leave Amt Used		2 Shift 1		2 Shift 2			3 Regular				3 Overtime			4 Hours worked by Dept		5								
Pay Code	Amount	IN	OUT	LUNCH	IN	OUT	LUNCH	Total	Day	P.M.	Night	Day	P.M.	Night	Dept/Hours	Dept/Hours	Above Class A88 A24	Charge Duty A74	DCF A87	DCF A87	ESPP A0R	Float A2K	Precepto r A2I	Standby A84 A85
LH	12														/	/								
					1900	0730	0.5	12		4	8				/	/								
LFB	8														/	/								
					1900	0330	0.5			4	4				/	/								
					1900	0730	0.5			4	8				/	/								
					1900	0730	0.5	12					4	8	/	/								
															/	/								
															/	/								
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

Manager'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)

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	LV CZ	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

# Larger View

## Payroll Adjustment Form

Please see the  
**last page**  
of your timesheet  
processing packet

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
<u>⑦</u>	<u>⑧</u>	<u>⑨</u>	<u>⑩</u>

Pay Type (Check One) ⑪ Reason (Check One) ⑫  
☐ Regular Hours ☐ Data entry error  
☐ Overtime/double back ☐ Timecard submission error  
☐ Accruals ( Vac /Hol/Other) ☐ System error  
☐ Supplemental ☐ Unable to verify  
☐ Shift differential ☐ 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:** Payroll clerk \_\_\_\_\_  
 Date Received \_\_\_\_\_ 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 request

# 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)

Reason (Check One) \_\_\_\_\_ (12)

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

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

\_\_\_\_\_  
\_\_\_\_\_  
Employee Signature \_\_\_\_\_ (13) \* Date \_\_\_\_\_  
Timekeeper Signature \_\_\_\_\_ (14) Date \_\_\_\_\_  
Department Manager Signature \_\_\_\_\_ (15) \* 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

## Quick Facts:

Dawn Ness

(209) 468-7712

[dness@sjgh.org](mailto:dness@sjgh.org)

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

Sally Perez

(209) 468-6920

[sperez@sjgh.org](mailto:sperez@sjgh.org)

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**

Sylvia Alaniz

(209) 468-0866

[salaniz@sjgh.org](mailto:salaniz@sjgh.org)

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	I	7770	Physical Therapy
K	6150	2C	K	7420	O. R.	K	6172	2D	I	7790	Occupational Therapy
K	6170	3B	K	7426	G I	K	6290	PEDS	I	7801	Speech Therapy
K	6400	Labor & Delivery(A-L)	K	7427	PACU	K	6400	Labor & Delivery (M-Z)	I	7802	Audiology
K	7010	Emergency Room	K	7450	Anesthesiology	K	7020	SAFE Team	I	7879	Dietetics
K	7011	Trauma Center	K	7570	CCL	K	7350	Case management	I	7981	Physicians Comp
K	7070	ACS Admin	K	7590	EKG	K	8370	Escort & Errand	I	8241	Residents - Surgery
K	7072	Medical Clinic	K	7742	Dialysis	K	8720	Nursing Admin	I	8242	Residents - Int. medicine
K	7073	Orthopedic Clinic	K	8380	Sterile Processing	K	8730	Float Pool	I	8245	Residents - Family Practice
K	7074	Surgery Clinic				K	8740	Nursing Education	I	8330	Hospital Cafeteria
K	7078	Special Care Clinic	I	7710	Hospital Pharmacy	K	8360	Social Services	I	8340	Hospital Dietary
K	7081	Child Advocacy Center	I	7711	Outpatient Pharmacy				I	8410	Grounds
K	7085	Infec Disease (Oncology)	I	8400	Material's management	I	7500	Laboratory	I	8450	Plant Operations
K	7086	Neurosurgery Clinic	I	8401	Distribution	I	7520	Pathology	I	8460	Plant Maintenance
K	7091	Emp. Health Clinic	I	8440	Environmental Svcs	I	8532	Revenue Integrity	I	8490	Biomedical Engineering
K	7092	Family Medicine Clinic	I	8480	Data Processing	I	8610	Hospital Administration			
K	7099	Occupational med Clinic	I	8530	Patient Accounting	I	8650	Human Resources			
K	7182	HB Calif St	I	8550	Credit & Collections	I	8690	Medical Library			
K	7630	Radiology	I	8560	Admitting	I	8670	Volunteer Svcs			
K	7650	Nuclear medicine	I	8561	E. R. Registration	I	8700	Medical Records			
K	7670	Ultrasound	I	8570	Op Registration	I	8710	Medical Staff			
K	7680	CT Scan				I	8750	Standards & Compliance			
K	8251	Paramed ED Radiology				I	8791	Medical Information Svcs.			
K	7720	Respiratory			7 Days or 24 Hours Dept						
K	7730	Pulmonary function Lab									
K	7874	Sleep Lab	I-Infield								
I	8350	Laundry	K-Keyed								
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?

