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TIME, ATTENDANCE AND LEAVE REPORTING FOR STATE EMPLOYEES

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* – *This Departmental Directive supersedes Departmental Directive 230.44, Time, Attendance, and Leave Reporting for State Employees, dated 5 February 1993, with Change 1, dated 25 August 1995.*

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1. **PURPOSE:** To provide State and Department policy on work schedules, leaves, and the preparation and submission of time and attendance records/reports.

2. **APPLICABILITY:** This directive applies to all State employees of the NJ Department of Military and Veterans Affairs (NJDMAVA).

3. **REFERENCES:** Refer to Appendix A.

4. **DEFINITIONS:** Refer to Appendix B. Refer to Appendix C for a list of acronyms and abbreviations.

5. **OBJECTIVES:** The activities of NJDMAVA make it necessary that many of its facilities be open around-the-clock in order to provide services to the Veteran’s community, the National Guard units and members, and the citizens of New Jersey.

a. **Hours of Work:** NJDMAVA State employees are required to work the number of hours per week which are specified in the State of New Jersey Compensation Plan, Fair Standards Labor Act, as prescribed by the New Jersey Civil Service Commission, in accordance with the applicable negotiated agreements and contracts, and pursuant to DD 230.50. Work schedules will be

consistent with current contractual language and the operational requirements of the Department. When and where appropriate, supervisors will publish changes to work schedules in accordance with the applicable negotiated agreements and contracts. Additionally, work schedules will be posted in accordance with the appropriate union contract.

b. **Overtime:** Employees may be required to work overtime. Advance notice, to the extent practical, will be given to the employee if overtime is required. All requests for scheduled overtime must be submitted for approval on a NJDMAVA Form 48-2 (see Figure 1). Overtime earned and used must be shown on NJDMAVA Form 48 and Form 48-2.

(1) In the Central Office, requesting supervisor must submit overtime requests to their Division Director for approval prior to overtime being worked. Division Director must notify HRD-PMRS immediately of overtime approval. Armorers must follow overtime procedures outlined in DD 600.1 and DD 680.41.

(2) In the New Jersey Veterans Memorial Homes, scheduled overtime must be submitted to the designated individual 48 hours in advance. Emergency overtime powers will be granted to the designated supervisory personnel when a staffing shortage arises that requires immediate action to maintain Department of Health standards.

(3) Employees may not accumulate more than sixty (60) hours of compensatory time at any one time. If they do accumulate more than sixty (60) hours, provisions must be made to allow the employee to use the excess time immediately. Overtime payments will be paid in accordance with the negotiated agreements.

c. **Holidays:**

(1) The following twelve (12) days have been designated as holidays by the State of New Jersey:

New Years' Day	Good Friday	Election Day
Martin Luther King's Birthday	Memorial Day	Veterans' Day
President's Day	Independence Day	Thanksgiving Day
Columbus Day	Labor Day	Christmas Day

(2) When an authorized holiday falls on a Sunday, the following Monday shall be observed as the holiday. Holidays falling on a Saturday will be observed on a Friday.

(3) When a designated holiday falls on an employee's regular day off and if coverage allows, then an additional day should be scheduled off for the employee within the same workweek.

(4) An employee must be in pay status (or on approved furlough provided they have pay status during the pay period in which the holiday falls) the day before the holiday to receive payment for the holiday.

OVERTIME/COMPENSATION AUTHORIZATION

Employee Name: Please PRINT					Facility:				
OVERTIME (OT) CODES									
Emergency Condition Rates for Overtime Employees will be paid special project rates for work done in excess of normal work hours on emergency maintenance or other related activities. Codes 1 through 7 (See Sheet 1 for detailed description) Military Support/Training/Mobilization: CODE = Reg OT Comp Time = CT					Winter Weather Conditions - Emergency Codes (C,D,E) C - Snow removal (Supervisors work/assists) D - Snow removal (Employee operates equipment ...) E - Snow removal (Employee walks behind equipment ...) R - Regular Overtime (Rentals, Leases, Regular Overtime) S - Special Overtime Rate - (Emergency) Please read salary regulation - Emergency condition rates for specific details.				
1st week	Date of OT Worked	Time * Start	Time * Finish	** Start Lunch	Finish Lunch	Hours Paid	OT Code	Emer Code	Reason/Equipment Operated
Saturday						0.00			
Saturday						0.00			
Saturday						0.00			
Sunday						0.00			
Sunday						0.00			
Sunday						0.00			
Monday						0.00			
Monday						0.00			
Monday						0.00			
Tuesday						0.00			
Tuesday						0.00			
Tuesday						0.00			
Wednesday						0.00			
Wednesday						0.00			
Wednesday						0.00			
Thursday						0.00			
Thursday						0.00			
Thursday						0.00			
Friday						0.00			
Friday						0.00			
Friday						0.00			

Figure 1 – NJDMAVA Form 48-2 (page 1)

Employee Name:									
2nd Week	Date of OT Worked	Time * Start	Time * Finish	** Start Lunch	Finish Lunch	Hours Paid	OT Code	Emer Code	Reason/Equipment Operated
Saturday						0.00			
Saturday						0.00			
Saturday						0.00			
Sunday						0.00			
Sunday						0.00			
Sunday						0.00			
Monday						0.00			
Monday						0.00			
Monday						0.00			
Tuesday						0.00			
Tuesday						0.00			
Tuesday						0.00			
Wednesday						0.00			
Wednesday						0.00			
Wednesday						0.00			
Thursday						0.00			
Thursday						0.00			
Thursday						0.00			
Friday						0.00			
Friday						0.00			
Friday						0.00			
Total Hours						0.00		0.00	

* In the Time column, please indicate AM/PM ** Lunch break is not paid but must be taken -Snow removal must be paid out Comp Time is not authorized

Employee Signature: _____ Date _____ Pay Period _____
 Supervisor Signature: _____ Date _____
 Director/Designee Sig: _____ Date _____

Figure 1 (continued) – NJDMAVA Form 48-2 (page 2)

d. **Leaves of Absence:** Leaves of absence may be with or without pay. It is important to note that requests from employees for leaves of absence must be:

(1) Made in writing and submitted through their respective HRM (as much in advance of the commencement of the leave as possible to review for appropriateness).

(2) The maximum period for leaves of absences is one (1) year, except where otherwise stated in this directive. A leave may be extended beyond a year for exceptional situations upon written request submitted to the appropriate HRM. This request will require the approval of the Adjutant General and the NJ Civil Service Commission.

(3) Requests for leave for personal reasons (except for illness, injury, or death of an immediate family member) will be considered for extraordinary reasons only. Requests for such leaves will be submitted in writing to the appropriate HRM.

(4) If a medical situation arises (non-emergency), an employee with no accrued sick days may request leave without pay or substitute vacation time and administrative leave time, subject to approval of the Appointing Authority. Proof of illness or injury shall accompany each request. This also applies to days used on an intermittent basis.

6. **PROCEDURES:** Procedures for the various types of leaves are outlined below:

a. **Administrative Leave:**

(1) Employees hired on or after 1 January shall be granted one half (½) day of administrative leave after each full calendar month of employment to a maximum of three days during the remainder of the calendar year and three (3) days administrative leave in each calendar year thereafter. Part-time employees shall accrue administrative leave on a prorated basis.

(2) Administrative leave shall not be cumulative and any such leave credit remaining unused by an employee at the end of the calendar year or upon separation will be cancelled. Unlike other leave, when employees separate there will be no reduction or repayment of funds for days already used in the calendar year of separation.

(3) Requests for administrative leave shall be approved in advance, except for emergency situations. Priority in granting such requests shall be:

(a) Emergencies.

(b) Observation of religious or other days of celebration.

(c) Personal matters.

(4) Administrative leave may be utilized in one-half (½) hour intervals.

(5) All Administrative Leave requests, except emergencies, must be submitted a minimum of fourteen (14) calendar days in advance. An exception is made for 7-day a week coverage employees who will submit requests prior to the next scheduling period.

(6) Any employee calling off from duty for an emergency administrative leave day may be required to provide documentation substantiating the reason for their non-scheduled request. If documentation is not provided, loss of pay may result. A call-in for an emergency administrative leave day must be received at least one (1) hour prior to the start of the work assignment.

b. **Unauthorized Leave of Absence:** Any unauthorized absence of an employee from duty shall be an absence without leave and may be cause for disciplinary action.

c. **Appointments by the Governor:** A permanent employee appointed by the Governor to an office shall be granted a leave of absence without pay for the period of appointment, provided that the employee requests a leave of absence without pay for the period of appointment. Upon the expiration of the leave, the employee shall have the right to return to the former title and receive all rights, privileges, and benefits of that title as if he or she had remained in that title.

d. **Athletic Competition Leave:**

(1) Any State employee in the career or unclassified service who qualifies as a member of the United States team for athletic competition at the world or Olympic level, in a sport contested in Olympic competitions, shall be granted a leave of absence with pay for the purpose of preparing for and engaging in the competition.

(2) Such paid leave shall be no more than ninety (90) calendar days in one (1) year or the combined days of the official training camp and competition, whichever is less.

e. **Convention Leave:** Requests for convention leave shall be submitted through the individual supervisor to the appropriate HRM for approval in accordance with the applicable union contract. Convention leave with pay shall be granted to any employee as outlined below:

(1) Who is a fully authorized representative of any organization outlined in N.J.S.A. 38:23-2 (refer to Appendix D for List of Authorized Organizations). Written notice from that organization indicating that the employee is a duly authorized delegate shall be submitted to the appropriate HRM prior to the convention.

(2) For an aggregate period not to exceed five (5) days in any calendar year for the purpose of attending and traveling to and from any State or National convention of said organization. Depending on the contract, the number of days may vary based on position held in the union.

(3) A certificate of attendance shall be submitted to the appropriate HRM after the convention indicating the delegate's attendance.

f. **Education Leave:** With the approval of the NJ Civil Service Commission, the Appointing Authority may grant Education Leave to an employee in the career or unclassified service. This

leave may be granted with or without pay for the purpose of obtaining training that is of direct value to NJDMAVA, but is not available through State in-service training programs.

g. School Volunteer Leave: State employees in the career or unclassified service shall be granted leave with pay, up to a maximum of twenty (20) hours per calendar year, to volunteer in an academically beneficial school activity

h. Leave for Jury Duty: A State employee shall be given time off without loss of pay when:

(1) Performing jury duty. Employees shall provide the original summons to their supervisors who will submit a copy of the summons to the appropriate HRM, which will include written verification of attendance signed by a representative of the court.

(2) State employees in the career or unclassified service shall be granted leave with pay for the time required to attend jury duty that is scheduled during work hours. Time required for jury duty includes actual time spent in commuting.

(3) Employees who are required to attend jury duty during the work shift immediately preceding or following his or her scheduled work shift wholly within the same day shall be excused from the scheduled work shift. If the employee's scheduled work shift extends from one (1) day to the next and does not immediately precede or follow the period during which an employee must attend jury duty, the employee shall choose and be granted leave from his or her work shift that is scheduled either before or after jury duty.

(4) Employees shall be granted up to their normal number of work hours in any one day to attend jury duty. Employees who do not work on a fixed workweek schedule may be granted up to eight (8) hours leave in any one work day.

(5) Employees shall submit to their HRM written verification of attendance signed by a representative of the court.

(6) Unclassified state employees may be granted such leave with or without pay at the discretion of the Appointing Authority.

i. Federal Family and Medical Leave:

(1) All State employees employed for twelve (12) months and in work status for at least 1,250 hours in that twelve (12) month period may be eligible for an unpaid leave of absence for a period not to exceed sixty (60) days in a twelve (12) month period for family leave.

(2) Family leave may be utilized intermittently.

(3) Eligible employees (a person who is employed at least twelve [12] months by the State) must provide written notice to the appropriate HRM at least five (5) working days prior to the commencement of the leave except where emergent circumstances warrant a shorter notice.

(4) This leave will not affect an employee's employment status and will guarantee continuation of certain employee benefits. For further clarification of the details regarding family leave requests, please call your designated HRM.

j. **Military Leave:** For purposes of this military leave section, a permanent employee shall mean:

- (1) In the career service, an employee who:
 - (a) Has achieved permanent status in accordance with N.J.A.C. 4A:4-1.1;
 - (b) Is serving a working test period and has permanent status in another title; or
 - (c) Is serving a provisional appointment and has permanent status in another title.
- (2) In the unclassified or senior executive service, an employee appointed for an indefinite term.
- (3) Regarding military service for members of New Jersey's Organized Militia, to include the New Jersey National Guard:
 - (a) A permanent employee or a full-time, temporary employee who has served for one (1) year or more, who is a member of the national guard or other component of the organized militia of the State of New Jersey shall be entitled to a leave of absence with pay not to exceed ninety (90) work days in the aggregate in any one (1) calendar year for any period of Federal active duty, and unlimited paid leave in the case of State Active Duty.
 - (b) Active duty shall not include inactive duty training, such as weekend drills, as outlined in N.J.A.C.5A:2-2.1(b). (See N.J.S.A. 38A:4-4.)
 - (c) The Adjutant General of the State of New Jersey shall determine the definition of Federal and State Active Duty. (See N.J.A.C 5A:2-2.1.)
 - (d) An Appointing Authority may not unilaterally reschedule an employee's work time to avoid conflict with military leave. However, an Appointing Authority and an employee may mutually agree to reschedule an employee's work time to accommodate the employee's military leave.
- (4) Regarding military service for reservists other than New Jersey National Guard members:
 - (a) A permanent employee or a full-time, temporary employee who has served for one (1) year or more, who is a member of the organized reserves of the Army, Navy, Air Force, Marine Corps or Coast Guard of the United States or other affiliated organizations, including national guard units of other States, shall be entitled to a leave of absence with pay not in excess of thirty (30) work days in the aggregate in a calendar year when he or she shall be engaged in any period of Federal active duty.

(b) Federal active duty shall not include inactive duty training, such as weekend drills, as outlined in N.J.A.C.5A:2-2.1(b). (See N.J.S.A. 38:23-1.)

(c) An Appointing Authority may not unilaterally reschedule an employee's work time to avoid conflict with military leave. However, an Appointing Authority and an employee may mutually agree to reschedule an employee's work time to accommodate the employee's military leave.

(5) A full-time temporary officer or employee who has served under such temporary appointment for less than one (1) year shall receive for the service described above leave without pay but without loss of time.

(6) Regarding service and reemployment for all members of the military in time of war or emergency:

(a) An employee in the career, senior executive or unclassified service, other than a person holding a position for a fixed term or period, who enters either Federal or State active military service in time of war or emergency, or for any period of training, or pursuant to any selective service system, shall be entitled to a leave of absence without pay for the period of such service and three (3) months after discharge.

(b) However, if an employee is incapacitated by wound or illness at the time of discharge, such leave shall be extended until three (3) months from recovery but in no event more than two (2) years from date of discharge.

(7) No entitlements under this section shall be granted if the separation from military service is by a dishonorable discharge. (See N.J.S.A. 38:23-4.)

(8) For Federal reemployment rights, see 38 U.S.C. §§ 4301 *et seq.*

(9) To the extent that a member of the New Jersey's Organized Militia has not exhausted ninety (90) days of paid leave in accordance with (3) above, or a reservist has not exhausted thirty (30) days of paid leave in accordance with (4) above, then the individual shall be permitted paid leave in accordance with, as applicable, (1) or (2) above, and also shall be afforded the rights of military members in accordance with (3).

(10) An employee is entitled to a leave of absence without pay for such military duty not covered by (3) or (4) above.

(a) At the discretion of the employee, vacation leave and other accrued compensation may be used for such absences.

(11) During any leave of absence pursuant to (3) through (5) above, the employee shall continue to accrue seniority and salary increments, if applicable, in his or her title, and any leave of absence granted to the employee shall be in addition to other time off allowed such employee. For military leave regulations promulgated by NJDMAVA, see N.J.A.C. 5A:2.

k. Pregnancy-Disability and Child Care Leave:

(1) State employees in the career or unclassified service who request leave with or without pay for reason of disability due to pregnancy shall be granted leave under the same terms and conditions as those applicable to such employees for sick leave or leave without pay. Acceptable medical evidence that the employee is unable to perform work because of disability due to pregnancy must be submitted to their appropriate HRM.

(2) An employee may use accrued sick, vacation, or administrative leave for pregnancy-disability purposes but shall not be required to exhaust accrued leave before taking a leave of absence without pay.

(3) An employee must exhaust all accrued sick leave to be eligible for New Jersey Temporary Disability Insurance.

(4) Child Care leave may be granted to State employees under the same terms and conditions as all other leaves of absence without pay.

l. Sick Leave: Full-time State employees shall be entitled to sick leave as follows:

(1) New employees shall only receive one (1) working day for the initial month of employment if they begin work on the 1st through the 8th day of the calendar month, and one-half ($\frac{1}{2}$) working day if they begin on the 9th through the 23rd day of the month. No time will be granted from the 23rd to the end of the month.

(2) Sick leave will be earned at the rate of one (1) working day for each month of service based on the date of appointment within the first calendar year. Thereafter, fifteen (15) sick days will be credited and may be carried forward on an unlimited basis. Part-time employees shall accrue sick leave credit on a prorated basis.

(3) Sick leave may be utilized by employees when they are unable to perform their work by reason of personal illness, accident, or exposure to contagious disease. Sick leave may be used for reasonable periods of time because of death in the employee's immediate family or for the employee to care for a seriously ill member of their immediate family. However, such sick leave shall not include any extended period where the employee serves as a nurse or housekeeper during the period of illness.

(4) An employee whose work schedule is other than a 24 hour or shift coverage shall, by the scheduled reporting time, notify a contact person designated by the agency of any absence due to illness. An employee whose work unit requires 24 hour or shift coverage shall, at least one (1) hour before the scheduled starting time, notify the designated contact person of any absence due to illness. In case of sudden illness or emergency, exceptions may be granted by the employee's supervisor. Absence without notice for five (5) consecutive days shall constitute a resignation not in good standing.

(5) An employee who shall be absent on sick leave for five (5) or more consecutive working days, or three (3) or more consecutive working days with a communicable disease, shall be required to submit a written and signed statement by a physician. The employee must advise his/her direct supervisor that they will presenting a physician's note and the note is to be given to the Human Resources Division for confidentiality and placement in the employee's medical file. The physician's note (statement) should state the illness and that the employee was unable to work during said period. It should also state when employee would be able to return to work. An Appointing Authority may require proof of illness or injury when there is a reason to believe that an employee is abusing sick leave. An employee will not be able to return to work until they provide a written note stating they can return to work full-duty with no restrictions.

(6) An employee who has been absent on sick leave for periods totaling fifteen (15) days in one (1) calendar year, consisting of periods of less than five (5) days, shall have his or her sick leave record reviewed by the respective Appointing Authority and thereafter, may be required to submit acceptable medical evidence (from a licensed medical physician) for any additional sick leave in that year. In cases where such illness is of a chronic or recurring nature requiring absences of one (1) day or less, only one (1) certificate shall be necessary for a period of six (6) months.

(7) Employees who become ill **while on duty**, and are authorized to be dismissed from work by their supervisor, may use Sick Leave to cover their absence from duty. If no Sick Leave exists, and the employee becomes ill on duty, then Vacation Leave may be charged on an hour for hour basis, when requested and for those employees covered by AFSCME or IFTPE contracts and if approved by the supervisor.

(8) Sick leave may be used for pregnancy-disability leave; however, acceptable medical evidence from a licensed medical physician must be submitted prior to the leave of absence. All prorated sick leave must be used before temporary disability insurance may be collected.

(9) Sick leave may not be used for child care.

(10) Sick leave may be utilized in ½ hour intervals after the first hour.

(11) An Appointing Authority may require an employee to be examined by a physician designated and compensated by the Appointing Authority as a condition of the employee's continuation of sick leave or return to work.

(a) Such an examination shall establish whether the employee is capable of performing his or her work duties and whether return to employment would jeopardize the health of the employee or that of other employees.

(b) The Appointing Authority shall set the date of the examination to assure that it does not cause undue delay in the employee's return to work.

(12) Failure to follow sick leave notification and verification procedures may result in a denial of sick leave for that specified absence, be considered an abuse of sick leave, and/or constitute cause for disciplinary action.

(13) An employee may utilize other accrued paid leave time when sick leave balances are exhausted.

m. Sick Verification: The originals of any physician certifications must be sent to HRD. There is to be NO medical documentation maintained by the Division Director, CEO, Superintendent or Supervisor. All medical documentation will be maintained in separate confidential medical files within HRD.

(1) An employee who has been absent on sick leave for five (5) or more consecutive work days is required to submit acceptable medical evidence substantiating their illness. NJDMAVA considers the following form and data to constitute a complete and adequate physician's certification:

(a) The use of a Form #380 E or F, Request for Approval of Sick Leave Form (see Appendix E for Family and Medical Leave Act {FMLA} forms), or the use of a physician's letterhead as long as it provides for the physician's name, address, phone number and signature.

(b) The physician's certification must indicate that the employee is currently unable to perform all duties of their position for the period of time in question or that the absence is due to the attendance by the employee upon a member of the immediate family who is seriously ill.

(2) When so notified by the employee or by review of the Departmental time sheet, the Supervisor must notify the HRD and the Payroll Unit when the employee's absence will exceed five (5) consecutive working days.

n. Chronic, Excessive and Patterned Absenteeism

(1) An employee who has been absent on sick leave for periods totaling more than fifteen (15) days in one calendar year, consisting of periods of less than five (5) consecutive days, shall have their sick leave record reviewed by their Supervisor or HRD and thereafter may be required to submit acceptable medical evidence for any additional sick leave absence in that year. In cases where an illness is of a chronic or recurring nature, causing recurring absences of five (5) days or less, only one (1) submission of such proof shall be necessary for a period of six (6) months.

(2) An employee who has a history of excessive absenteeism from the previous calendar year and it is likely that the excessive absenteeism will continue may be required to provide acceptable medical evidence until such time it is determined that the employee's use of sick time is not excessive.

(3) Failure by an employee to provide acceptable verification of their illness as requested will result in the absence being considered unauthorized. In such circumstances, Disciplinary Action may be initiated in accordance with the DD 230.05.

(4) HRD may require proof of illness from an employee who is requesting the use of sick leave, or whenever abuse of sick leave is reasonably suspected by the supervisor.

(5) Whenever a pattern of absence is established, the employee will be required for the next four (4) months to provide a physician's certification for each absence, which continues the pattern.

(6) In accordance with the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 *et seq.*, and the Health Insurance Portability and Accountability Act of 2002 (HIPAA), 45 C.F.R. Parts 160 and 164, Subparts A and E, information obtained regarding the medical condition or history of an employee shall be collected and maintained on separate forms and placed in their separate medical file and treated as a confidential medical record, except that,

(a) Such information shall be available to appropriate Appointing Authority representatives in connection with inquiries into the ability of an employee to perform job-related functions.

(b) Supervisors and managers may be informed regarding the necessary restrictions on the work or duties of the employee and necessary accommodations.

o. Excessive Absenteeism:

(a) Paid or unpaid days away from the job for illness or injury which exceeds six (6) days in **any** three (3) month period which does not otherwise require a physician's certificate. Upon reaching the six (6) days, the employee shall be advised in writing that any further paid or unpaid days of absence due to illness or injury will require acceptable medical evidence for each day of additional absence. This requirement will be mandated for the next six (6) months.

(b) Ten (10) paid or unpaid sick days in a twelve (12) month period not otherwise requiring a physician's certificate. Upon reaching the ten (10) days, the employee shall be required to provide medical verification for the next twelve 12 months.

(c) The six (6) and twelve (12) month periods indicated above are "rolling" periods back from the last day of sick leave absence. The submittal of medical verification after these six (6) and twelve (12) month periods shall be evaluated by the supervisor. The obligation to submit medical verification beyond the six (6) or twelve (12) month periods can be extended or terminated, subject to the review by the supervisor.

p. Injury Reporting and Appeal Procedures: The following provisions concerning on the job injury benefits apply to full and part-time State employees in the career and unclassified service who become disabled because of occupational injury or disease resulting from employment during normal working hours. Benefits for employees in intermittent titles will be based on the expected length of service.

(1) When an accident on the job occurs, the accident must be reported immediately by the employee, supervisor, or other designated individual to the appropriate HRM. At the New Jersey Veterans Memorial Homes, accidents must be reported to the immediate Supervisor.

(a) Form RM-2 (see Figure 2) must be completed by the injured State employee and/or their Supervisor within 24 hours of the accident in the following cases:

- i. Accidental injury causing an absence from work beyond the day of injury;
- ii. Medical treatment by a doctor or hospital; or
- iii. Occurrence of an occupational disease due to working conditions whether or not time is lost.

(b) Form RM-2 must be forwarded to the Human Resources office immediately. Retain a copy of the completed Form RM-2 for your records.

(c) In case of fatal or serious injury (hospital admission), immediately notify the Human Relations office by telephone.

(d) If the employee is too severely injured to complete the report, the employee's Supervisor will complete the report within 24 hours after the incident/accident and submit it to the Human Resources office.

(2) If the injury prohibits the employee from performing his/her job duties, a written request within 24 hours from the employee must be submitted to his/her HRM. This request must be accompanied by medical evidence from the State approved physician stating that the employee cannot perform his/her job duties and must state an approximate return to work date. Also the report shall include a statement of when, where and how the injury or illness occurred, statements of witness and copies of all medical reports concerning the injury or illness.

(3) The HRM will either:

(a) Grant the request, notify the employee in writing and forward its recommendation to the NJ Department of Treasury's Bureau of Risk Management which, upon review, shall notify the employee and Appointing Authority whether or not the benefits have been approved; or

(b) Deny the request and advise the employee in writing of the reasons for the denial.

(c) An employee may appeal an Appointing Authority denial of benefits to the NJ Department of Treasury's Bureau of Risk Management.

**STATE OF NEW JERSEY
EMPLOYER'S FIRST REPORT OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE
REPORTING INSTRUCTIONS**



This form must be completed by the injured employee and the supervisor within 24 hours of the accident in the following cases: (1) accidental injury causing an absence from work beyond the day of injury, or (2) medical treatment by a doctor or hospital, or (3) occurrence of an occupational disease due to working conditions whether or not time is lost. Mail promptly to your Human Resource office. In case of fatal or serious injury, (hospital admission), immediately notify the Human Resource office by telephone. Retain a copy for your records and forward all other copies to your Human Resource office per your departmental procedures.

The Human Resource office shall review the report for completeness and accuracy and file the original no later than three days after the injury occurred with the Division of Risk Management Department of the Treasury.

NOTE: If the employee is too severely injured to complete the report, the employee's supervisor will complete the report within the 24 hour time span and submit it to Human Resources.

**ORIGINAL TO: DEPARTMENT OF THE TREASURY
DIVISION OF RISK MANAGEMENT
PO BOX 620
TRENTON NJ 08625-0620**

INCIDENT CODE DEFINITIONS

0 - First aid or other Non-recordable cases: Indicates that treatment by a licensed physician and time off work were not necessary.
 1 - Medical treatment case: Indicates that treatment by a licensed physician was required, but no time off work other than day of injury for recovery.
 5 - Lost work day case: Indicates that time off work, beyond day of injury, for recovery was necessary.
 9 - Fatality case: Employee died from injuries received.

FOR EMPLOYEE'S SUPERVISOR USE

TABLE C - Unsafe Act or Hazardous Condition Classification

B1 -- Failure to use available personal protective equipment	P -- Unsafe placing, mixing, combining, etc. (e.g. box improperly placed, piled in proper area falling on an employee).
C1 -- Failure to wear safe personal attire (wearing high heels, loose hair, long sleeves, loose clothing, etc.)	Q -- Using unsafe equipment (e.g. equipment tagged as defective or or obviously defective).
D -- Failure to secure or warn	R -- Defects of equipment, tools, materials, or work area. (Generally the opposite of the desirable and proper characteristic such as being dull when it should be sharp)
E1 -- Horseplay (distracting, teasing, abusing, starting, quarrelling, practical joking, throwing material, showing off, etc.)	V -- Placement hazards (materials, equipment, telephone wires, etc., placed in wrong areas, aisles, etc.)
E2 -- Under the influence of alcohol, drugs or medication	W -- Inadequately guarded
F1 -- Assault from fight, hold-up, robbery, client, inmate	X -- Hazards of outside work environments other than public hazards (encountered while working in or on premises not controlled by the employer and not arising from the activities of the injured or his co-employees or from the tools, materials, or equipment used in those activities).
G -- Improper use of equipment	Y -- Public hazards (encountered in public places away from employer's premises including public transportation).
H -- Improper use of hand or body parts	
J -- Inattention to footing or surroundings	
K -- Making safety devices inoperative	
L -- Operating or working at unsafe speed	
M -- Taking unsafe position or posture	
N -- Driving errors (by vehicle operator or public roadways.)	

RM-2 (Revised 3/11)

Figure 2 – RM-2 (page 1)

STATE OF NEW JERSEY EMPLOYER'S FIRST REPORT OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE						
INFORMATION BELOW MUST BE COMPLETED BY THE EMPLOYEE AND THE EMPLOYEE'S SUPERVISOR IN ACCORDANCE WITH THE ATTACHED INSTRUCTIONS						
Claim Number	Injured Employee Last Name	First Name	M.J.	SS#/EIN#	Date of Birth	Sex
Address		City	County	Zip Code	Gross Biweekly Wage	Daily Wage
Acc. Date (mm/dd/yy)	Date Employee Stopped Work		Official Workstation		Phone No. Home	
Day of Week	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date employee returned to Work	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual	Department	Phone No. Work
Lost work days	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual	Occupation or Job Title		Division	Emergency Contact	
Place of accident or exposure			Agency		HR Name & Phone number	
<input type="checkbox"/> Check if additional pages are attached						
Describe how the accident occurred in detail						
Describe the injury or illness and part of body affected						
Identify witnesses on the second page		Was employee referred to authorized physician?		Name of Treating Physician		
<input type="checkbox"/> Witnesses <input type="checkbox"/> No witnesses		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Did this accident happen because of the action of others who are not co-employees or because of defective equipment? If so, complete responsible party information on other side.						
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Did the accident happen under normal workplace conditions?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you or your spouse currently eligible for Medicare or Medicaid benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No						
				Employee's Signature		Date
Information in this area to be provided by the employee's supervisor Type of incident: 0 - First aid or other non-recordable event 1 - Medical treatment but not lost time 5 - Medical treatment and lost time 9 - Fatality case <input type="checkbox"/> Enter number that best describes the incident.				Supervisor - Did you witness the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: <div style="border: 1px solid black; height: 30px; width: 100%;"></div> Do you agree with the employee's description? <input type="checkbox"/> Yes <input type="checkbox"/> No Supervisor Signature and Phone No. Date PRINT NAME		

RM-2 (Revised 3/11)

Figure 2 (continued) – RM-2 (page 2)

Explanation for using unauthorized Physician		
Staff Physician's/Nurses's remarks (for agency medical staff use)		
Diagnosis		
Is the Injury related to the accident or work exposure? <input type="checkbox"/> Accident <input type="checkbox"/> Work Exposure		
What further treatment is needed?		
Date the employee is medically able to return to work (mm/dd/yyyy)		Are outside medical/pharmacy bills etc. anticipated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks		
Date	Signature of Physician	
Witnesses to Accident		
Name	Address	
Add Witness	Delete Witness	
Responsible Party Information		
Name of person(s)		
Identify object, machine, substance or premise		
If accident caused by a vehicle, complete the following or attach copy of the RM-1 or other vehicle accident report		
	EMPLOYEE'S VEHICLE	OTHER VEHICLE
Year and make of car		
License plate no.		
Owner's name		
Owner's address		
Name of Insurance co. and policy no.		
Driver's name		
Driver's address		
Was a State Vehicle Accident Report RM-1 completed and filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Seat Belt <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain		Cellphone <input type="checkbox"/> Yes <input type="checkbox"/> No

RM-2 (Revised 3/11)

Figure 2 (continued) – RM-2 (page 3)

(d) An employee or Appointing Authority may appeal a NJ Department of Treasury's Bureau of Risk Management denial of benefits to the Civil Service Commission in accordance with N.J.A.C. 4A:2-1.1 *et seq.*

(e) The burden of proof is on the appellant to establish entitlement to benefits by a preponderance of the evidence.

(4) Absence from work relating to an injury on the job will be charged to an employee's sick leave time until the NJ Department of Treasury's Bureau of Risk Management has approved the request for benefits. Upon approval, sick time will be credited back to the employee. If disapproved by the NJ Department of Treasury's Bureau of Risk Management or if the employee does not provide to his/her HRM the necessary medical evidence (from a licensed medical physician authorized by the State of New Jersey) to support their request, the time absent from work will remain deducted from his/her sick time or the employee will be charged Leave Without Pay if all their sick time is exhausted.

(5) Benefits are limited to a one (1) year period from the initial date of injury or illness. An employee who can return to work on a part-time basis shall be compensated for the hours actually worked and may receive Workers Compensation benefits for the hours missed due to the disability. Light Duty assignments may be allowed, but only with the approval of the HRD.

(6) Preexisting illnesses, diseases and conditions aggravated by a work-related accident or condition of employment are not compensable when such aggravation was reasonably foreseeable.

q. **Union Office Leave:** An Appointing Authority may grant a leave of absence without pay to any employee elected or appointed as an official of the employee's union. The maximum period for such leaves shall be a subject of negotiation between the employer and union.

r. **Vacation Leave:**

(1) Full-time State employees shall be entitled to vacation leave based on their years of continuous State service. Employees in the Central Office must request vacation leave on a DMAVA Form 101 in advance at least three (3) workdays prior to leave being used. In case of emergency, exceptions may be granted by the employee's supervisor. Employees at the Veterans Memorial Homes are required to submit vacation requests for the current calendar year between March 1 and March 15 of each year. Each employee shall be notified whether the request has been granted no later than April 15 of each year. However, requests for vacation to be taken prior to April 15 will be submitted on December 1 of the preceding year. An employee shall be given a response as soon as possible but no later than within three (3) weeks. Conflicts concerning choice of dates when scheduling vacations will be resolved within the work unit on the basis of State seniority.

(2) New employees shall only receive one (1) working day for the initial month of employment if they begin work on the 1st through the 8th day of the calendar month, and one-half (½) working day if they begin on the 9th through the 23rd day of the month. No time will be granted from the 23rd to the end of the month.

(3) Annual vacation leave will be earned at the rate of one (1) working day for each month of service based on the date of appointment within the calendar year. Thereafter, twelve (12) working days of vacation for every year up to five (5) years of service; fifteen (15) working days of vacation after the completion of five (5) years and up to twelve (12) years of service; twenty (20) working days after the completion of twelve (12) years and up to twenty (20) years of service; and twenty-five (25) days of vacation after the completion of twenty (20) years of service. Leave time will be credited at the beginning of the calendar year. However, if an employee leaves State service prior to completing that year, leave time will be calculated on a monthly prorated basis.

(4) Vacation allowance must be taken during the current calendar year at such time as permitted or directed by respective supervisors, unless they determine that it cannot be taken because of work requirements. Unused vacation leave may be carried forward into the new calendar year, but cannot exceed the earned yearly accrual of the ending calendar year with the approval of the Appointing Authority.

(5) Employees who leave State service shall be given credit for vacation allowance prorated upon the number of months worked in their last calendar year of employment. Overdrawn vacation leave must be reimbursed to the State of New Jersey.

(6) Vacation may be utilized in one-half (½) hour intervals.

(7) Absence due to work-related injuries will be charged against an employee's FMLA entitlement.

s. **Vacation and Sick Leave Adjustments:** In State service, intermittent days off (other than voluntary furlough) without pay shall be aggregated and considered as continuous leave without pay for calculation of reduced vacation and sick leave credits. When intermittent days off without pay equal eleven (11) working days, the employee's vacation and sick leave credits shall be reduced by one-half (½) of one (1) month's entitlement. Union leave days pursuant to a negotiated agreement shall not be included in such calculations. Employees who exhaust all paid vacation leave, all paid sick days, and paid administrative leave before the end of a calendar year will not be credited with additional paid leave until the beginning of next calendar year in accordance with N.J.A.C. 4A:1-1 *et seq.* Employees in State service are liable for vacation and sick leave days taken in excess of their entitlements.

7. RESPONSIBILITIES:

a. **Time and Attendance Reporting** will be accomplished as follows:

(1) Designated timekeeper(s) and alternate(s) will be appointed in each division /bureau/office with the appropriate HRM being provided their names in writing to include changes as they occur. An updated listing must be submitted to HRD-PMRS at the beginning of each calendar year or within one (1) week if changes occur.

(2) NJDMAVA Central Office State employees will utilize NJDMAVA Form 48, Bi-Weekly Time Sheet, and NJDMAVA State employees of the New Jersey Veterans Memorial

Homes will utilize NJDMAVA Form 48-1 Bi-Weekly Time Sheet, (see Appendix F for Bi-Weekly Time Sheets). This bi-weekly time sheet will be signed by each employee, on a daily basis and certified by their supervisor on a bi-weekly basis. Timekeepers will enter all exemptions into TALRS as soon as possible after the pay period ends but no later than two (2) working days after the end of the pay period.

(a) The employee, supervisor and timekeeper are required to sign this form. Employees are required to sign in and out during lunch period.

(b) NOTE: Employees are to use the timesheet applicable to their title/position and/or work location.

(3) The NJDMAVA Form 48 must be received in the appropriate HRM Office no later than 1:00 p.m. on the last day of the pay period following the close of the pay period. BI-WEEKLY TIME SHEETS NOT RECEIVED ON TIME MAY CAUSE DISCREPANCIES ON AN EMPLOYEE'S PAYCHECK.

(4) Supervisors/Timekeepers or employees are required to notify their HRM of any leave without pay as soon as it comes to their attention, but no later than 10:00 a.m., Friday, the closing day of the pay period.

b. A **Request for Leave**, NJDMAVA Form 101, (see Figure 3) will be submitted by Central Office employees to their immediate supervisor prior to each time leave is requested, except for emergency situations. The DMAVA Form 101 will be maintained by the supervisor. Employees at the three (3) Veterans Memorial Homes will submit the appropriate request for leave utilized at their facility. Requests for military leave will include a copy of the official military orders requiring such leave. Requests for convention leave must include evidence of the individual being a delegate of an authorized organization as listed in N.J.S.A. 38:23-2.

c. **Official Yearly Timekeeping Record**, NJDMAVA Form 11 (see Figure 4) will be utilized as follows:

(1) The Human Resource Division/Office will maintain an accurate and up-to-date attendance and leave record for each employee. The record will indicate days worked, leave time accumulated, and leave time taken. TALRS will be recorded from the information on this form. The Veteran's Memorial Homes utilize the KRONOS timekeeping system which updates records electronically on a daily basis. Both timekeeping systems generate reports that are reviewed and verified.

(2) Attendance and leave information will be obtained from the Bi-Weekly Time Sheet (NJDMAVA Form 48) and posted bi-weekly to the employee's NJDMAVA Form 11 maintained in each HRM.

(3) Each employee will be informed by their timekeeper of the balance of annual leave available to them as of 1 September each year. HRM's will inform timekeepers of each employee's beginning balance, for each type of leave available to them, as of 1 January.

(4)

REQUEST FOR LEAVE			
(DD 230.44)			
NAME: _____ <small>(Print or Type)</small>	LOCATION: _____ <small>(Div, Bur, Armory, etc.)</small>		
PERIOD: From: _____	To: _____	No. of Hours: _____	
TYPE: Vacation <input type="checkbox"/>	Sick <input type="checkbox"/>	Admin <input type="checkbox"/>	Leave without pay <input type="checkbox"/>
Military <input type="checkbox"/>	Other <input type="checkbox"/>	PB <input type="checkbox"/>	(1) See Below (2) Attach Orders (3) Explain Below
_____ <small>(Employee Signature)</small>		_____ <small>(Supervisor's Signature)</small>	

NJDMAVA Form 101 - 30 November 2001

Timekeepers Name/Phone Number (Print or Type)

NOTE: ALL APPROVED LEAVE REQUEST FORMS MUST BE FORWARDED TO YOUR HUMAN RESOURCES OFFICE

Medical evidence is required for periods of five (5) or more days of Sick Leave; or for any periods after an aggregate of fifteen (15) days of Sick Leave used in one calendar year.

During this leave, I certify that I was:

- Ill
- In attendance of an ill member of my immediate family

Explanations or Remarks:

Figure 3 – NJDMAVA Form 101 (front and back)

2017 OFFICIAL TIMEKEEPING RECORD

SSN	Name		ADM LEAVE	SICK LEAVE	VACATION	COMP	FUR	WV	JUR	ML	FAM	UNOP																										
Location	Title		Category																																			
Start of Service	Years of Service		Status																																			
Work Hours Category: 35 40 NL PT			Rate																																			
PP	START	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	E	U	B	E	U	D	S	E	U	B	E	U	B	U	U	U	U	U					
1	12/24			H					12/31		H																											
2	1/7								1/14		H																											
3	1/21								1/28																													
4	2/4								2/11																													
5	2/18			H					2/25																													
6	3/4								3/11																													
7	3/18								3/25																													
8	4/1								4/8						H																							
9	4/15								4/22																													
10	4/29								5/6																													
11	5/13								5/20																													
12	5/27			H					6/3																													
13	6/10								6/17																													

Figure 4 – NJDMAVA Form 11 (page 1)

SSN	Name		ADM LEAVE	SICK LEAVE	VACATION	COMP	FUR	WV	JUR	ML	FAM	UNOP																											
PP	START	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	E <td>U <td>B <td>E <td>U <td>D <td>S <td>E <td>U <td>B <td>E <td>U <td>B <td>U <td>U <td>U <td>U <td>U <td>U <td>U <td>U </td></td></td></td></td></td></td></td></td></td></td></td></td></td></td></td></td></td></td></td>	U <td>B <td>E <td>U <td>D <td>S <td>E <td>U <td>B <td>E <td>U <td>B <td>U <td>U <td>U <td>U <td>U <td>U <td>U <td>U </td></td></td></td></td></td></td></td></td></td></td></td></td></td></td></td></td></td></td>	B <td>E <td>U <td>D <td>S <td>E <td>U <td>B <td>E <td>U <td>B <td>U <td>U <td>U <td>U <td>U <td>U <td>U <td>U </td></td></td></td></td></td></td></td></td></td></td></td></td></td></td></td></td></td>	E <td>U <td>D <td>S <td>E <td>U <td>B <td>E <td>U <td>B <td>U <td>U <td>U <td>U <td>U <td>U <td>U <td>U </td></td></td></td></td></td></td></td></td></td></td></td></td></td></td></td></td>	U <td>D <td>S <td>E <td>U <td>B <td>E <td>U <td>B <td>U <td>U <td>U <td>U <td>U <td>U <td>U <td>U </td></td></td></td></td></td></td></td></td></td></td></td></td></td></td></td>	D <td>S <td>E <td>U <td>B <td>E <td>U <td>B <td>U <td>U <td>U <td>U <td>U <td>U <td>U <td>U </td></td></td></td></td></td></td></td></td></td></td></td></td></td></td>	S <td>E <td>U <td>B <td>E <td>U <td>B <td>U <td>U <td>U <td>U <td>U <td>U <td>U <td>U </td></td></td></td></td></td></td></td></td></td></td></td></td></td>	E <td>U <td>B <td>E <td>U <td>B <td>U <td>U <td>U <td>U <td>U <td>U <td>U <td>U </td></td></td></td></td></td></td></td></td></td></td></td></td>	U <td>B <td>E <td>U <td>B <td>U <td>U <td>U <td>U <td>U <td>U <td>U <td>U </td></td></td></td></td></td></td></td></td></td></td></td>	B <td>E <td>U <td>B <td>U <td>U <td>U <td>U <td>U <td>U <td>U <td>U </td></td></td></td></td></td></td></td></td></td></td>	E <td>U <td>B <td>U <td>U <td>U <td>U <td>U <td>U <td>U <td>U </td></td></td></td></td></td></td></td></td></td>	U <td>B <td>U <td>U <td>U <td>U <td>U <td>U <td>U <td>U </td></td></td></td></td></td></td></td></td>	B <td>U <td>U <td>U <td>U <td>U <td>U <td>U <td>U </td></td></td></td></td></td></td></td>	U <td>U <td>U <td>U <td>U <td>U <td>U <td>U </td></td></td></td></td></td></td>	U <td>U <td>U <td>U <td>U <td>U <td>U </td></td></td></td></td></td>	U <td>U <td>U <td>U <td>U <td>U </td></td></td></td></td>	U <td>U <td>U <td>U <td>U </td></td></td></td>	U <td>U <td>U <td>U </td></td></td>	U <td>U <td>U </td></td>	U <td>U </td>	U			
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22	10/14								10/21																														
23	10/28								11/4			H			H																								
24	11/11								11/18					H																									
25	11/25								12/2																														
26	12/9								12/16																														

NJDMAVA Form 11 (Revised, 2 Dec 96 (Previous Editions Are Obsolete))
 An employee may use Family Leave for a maximum of 60 days over a period of 2 years commencing with the first date of Family Leave.
 An employee may use 30 days of Voluntary Furlough over a period of 1 year.
 An employee may donate a maximum of 180 days sick leave during the lifetime of their State employment.

Figure 4 (continued) – NJDMAVA Form 11 (page 2)

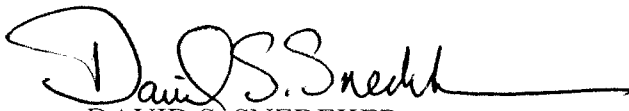
d. **Retention of Records:** The following leave and attendance records will be retained as indicated by the State of NJ Records Retention and Disposition Schedule issued by the NJ State Records Committee.

<u>Record</u>	<u>Retaining Agency</u>	<u>Period of Retention</u>
Employee Work Schedule for 24 hour shifts	Preparing Agency	3 Years at Central Office 5-7 years at NJ Veterans Memorial Homes
Medical Evidence	HRD	Indefinite
NJDMAVA Form 48	HRM	Indefinite
NJDMAVA Form 48-1	HRM	Indefinite
NJDMAVA Form 101	Supervisor	4 Years
NJDMAVA Form 11	HRD	Indefinite
Request for Employment Disability Leave/Return (Copy)	HRD	Original retained by the Civil Service Commission. DMAVA Copy – 6 years after termination of employment, then destroy.
Employee Medical Records Microfilming recommended.	HRD	40 years after termination of employment, then destroy. Retention period prescribed by federal law.
Leave of Absence Bi-Weekly Report (Copy)	HRD	Original maintained by the Civil Service Commission. DMAVA Copy – 3 years

The proponent of this directive is the Human Resources Division.
 Users are invited to send comments and suggestions for improvement directly to
 NJDMAVA, ATTN: HRD, PO Box 340, Trenton, NJ 08625-0340.

OFFICIAL:

MICHAEL L. CUNNIFF
 Brigadier General, NJANG
 The Adjutant General



DAVID S. SNEDEKER
 Chief Information Officer
 Director, Information and
 Administrative Services Division

APPENDIX A

REFERENCES

FEDERAL LAWS AND RULES

- 29 U.S.C. §§ 2601 *et seq.*, The Family and Medical Leave Act (FMLA) of 1993.
- 38 U.S.C. §§ 4301 *et seq.*, Employment and Reemployment Rights of Members of the Uniformed Services (commonly known as USERRA).
- 42 U.S.C. 12101 *et seq.*, Americans with Disabilities Act (ADA).
- 45 C.F.R. Parts 160 and 164, Subparts A and E, Health Insurance Portability and Accountability Act of 2002 (HIPAA).

NEW JERSEY STATUTES ANNOTATED (N.J.S.A.)

- New Jersey Compensation Plan, Fair Standards Labor Act.
- N.J.S.A. 11:1.1 *et seq.*, Civil Service.
- N.J.S.A. 34:11-56a *et seq.*, Minimum wage; establishment.
- N.J.S.A. 38:23-1, Leave of absence for field training in reserve corps of United States.
- N.J.S.A. 38:23-2, Leave of absence to attend state or national conventions.
- N.J.S.A. 38:23-4, Leave of absence to employees of state, county, municipality or other political subdivision entering military or naval service.
- N.J.S.A. 38A:1-3, Classes of Militia.

NEW JERSEY ADMINISTRATIVE CODE (N.J.A.C.)

- N.J.A.C. 4A:1.1 *et seq.*, Civil Service.
- N.J.A.C. 4A:4-1.1 *et seq.*, Career Service Appointments.
- N.J.A.C. 4A:6-1.1 *et seq.*, Leaves of Absence.
- N.J.A.C. 5A:1-1.5, State's Military Forces.
- N.J.A.C. 5A:2-2.1 *et seq.*, Military Leave.
- N.J.A.C. 8:57-1,1 *et seq.*, Communicable Diseases.
- N.J.A.C. 12:56-1.1 *et seq.*, Wage and Hour.

APPENDIX A

REFERENCES (CONTINUED)

NEW JERSEY DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
DIRECTIVES AND POLICIES

Departmental Directive 230.05, State Employee Relations Policies, 28 December 1990, with Changes 1 through 3, dated, 1 July 1991, 1 June 1994 and 24 August 2001, respectively.

Departmental Directive 230.50, DMAVA Hours of Work, 8 March 2006.

Departmental Directive 600.1, Installations – Operation, Care and Maintenance of Facilities, 30 August 2006.

Departmental Directive 680.41, Building & Grounds – Lease of Armory Facilities to Others, 1 July 1999.

TAG Policy Letter 07-6, Scheduled Day Off, 11 December 2007.

OTHER

Applicable Union Contracts

APPENDIX B

DEFINITIONS

Abuse of Sick Leave: A pattern of absence or Sick Leave absence without documentation, or the use of Sick Leave for purposes other than those defined in Section 6.1.

Appointing Authority: A person or group of persons having power of appointment or removal.

Central Office: All NJDMAVA facilities except the three (3) NJ Veterans Memorial Homes.

Communicable Disease: An illness due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from an infected person, animal, or inanimate reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment.

Continuous Service: Employment for the same jurisdiction without actual interruption due to resignation, retirement or removal.

- (1) An employee who has been appointed from a special reemployment list shall be credited with any continuous service prior to the layoff in addition to continuous service subsequent to reemployment.
- (2) Periods of employment before and after a suspension or leave with pay shall be considered continuous service. However, the period of time on a suspension or leave without pay, except for military leave, shall not be included in calculating years of continuous service.

Excessive absenteeism:

- (1) Paid or unpaid days away from the job for illness or injury which exceeds six (6) days in **any** three (3) month period which does not otherwise require a physician's certificate.
- (2) Ten (10) paid or unpaid sick days in a twelve (12) month period not otherwise requiring a physician's certificate.

Family Leave: Leave from employment so that the employee may provide care made necessary by reason of:

- (1) The birth or adoption of a child.
- (2) The serious health condition of a family member, i.e., child, parent, or spouse.

APPENDIX B

DEFINITIONS (CONTINUED)

Immediate Family: An employee's spouse, child, legal ward, grandchild, foster child, father, mother, legal guardian, grandfather, grandmother, brother, sister, father-in-law, mother-in-law, and other relatives residing in the employee's household.

Intermittent Titles: Those titles used in the career service where work responsibilities are characterized by unpredictable work schedules and which do not meet the normal criteria for regular, year-round, full-time, or part-time assignments.

Leave of Absence: A leave with or without pay for a prescribed period with the approval of the Appointing Authority in accordance with provisions prescribed in N.J.A.C. 4A:6-1.1.

Organized Militia: Consists of the New Jersey Army and Air National Guard, the New Jersey Naval Militia and the State Guard.

Patterned Absence: Any repetition of absence from duty comprised of three (3) or more incidents within the preceding four (4) months.

Permanent Employee: An employee in the career service who has acquired the tenure and rights resulting from regular appointment and successful completion of the working test period.

Unclassified Service: Those positions and job titles not subject to the tenure provisions of Title 11A of the New Jersey Statutes Annotated or Title 4A of the New Jersey Administrative Code rules, unless otherwise specified.

APPENDIX C

ACRONYMS AND ABBREVIATIONS

ADA	Americans with Disabilities Act
AFSCME	American Federation of State, County and Municipal Employees
AMVETS	American Veterans
CEO	Chief Executive Office
C.F.R.	Code of Federal Regulations
CWA	Communication Workers of America
DD	Departmental Directive
FMLA	Family and Medical Leave Act
HIPAA	Health Insurance Portability and Accountability Act of 2002
HRD-PMRS	Human Resources Division, Personnel Management/Recruitment Section
HRD	Human Resources Division
HRM	Human Resource Manager
IFTPE	International Federation of Technical and Professional Engineers
N.J.A.C.	New Jersey Administrative Code
NJDMAVA	New Jersey Department of Military and Veterans Affairs
N.J.S.A.	New Jersey Statutes Annotated
RM	Risk Management
TAG	The Adjutant General
TALRS	Time and Leave Reporting System.
U.S.C.	United States Code
USERRA	Uniformed Services Employment and Reemployment Rights Act

APPENDIX D

LEAVE OF ABSENCE FOR STATE OR NATIONAL CONVENTIONS

N.J.S.A. 38:23-2. The head of every public department and of every court of this State, every superintendent or foreman on the public works of this State, the heads of the county offices of the several counties and the head of every department, bureau and office in the government of the various municipalities, shall give a leave of absence with pay to every person in the service of the State, county or municipality who is a duly authorized representative of the following:

- Grand Army of the Republic
- United Spanish-American War Veterans
- Disabled American Veterans of the World War
- Disabled American Veterans' Auxiliary
- Veterans of Foreign Wars
- Ladies Auxiliaries of Veterans of Foreign Wars
- Ladies Auxiliary, Veterans of World War I of the U.S.A.
- American Gold Star Mothers
- Indian War Veterans
- American Legion
- American Legion Auxiliary
- Jewish War Veterans of the United States
- Ladies Auxiliary, Department of New Jersey, Jewish War Veterans of the U.S.A.
- Catholic War Veterans of the United States
- Ladies Auxiliary of New Jersey State Department, Catholic War Veterans
- The 369th Veterans Association, Incorporated
- Women's Overseas Service League
- American Veterans (AMVETS) of World War Two, Korea and Vietnam
- AMVETS Ladies Auxiliary
- Reserve Officers Association of the United States
- Marine Corps League of the United States
- Army and Navy Legion of Valor
- The Twenty-ninth Division Association
- Council of State Employees
- War Veteran Public Employees Association
- New Jersey Civil Service Association
- Blind Veterans Association of New Jersey
- Army and Air National Guard Association of New Jersey
- The National Guard Association of the United States
- The United States Coast Guard Auxiliary
- Navy League
- Veterans of World War I of the United States of America

APPENDIX D

LEAVE OF ABSENCE FOR STATE OR NATIONAL CONVENTIONS (CONTINUED)

Polish Legion of American Veterans
Polish Legion of American Veterans, Ladies Auxiliary
The Italian American War Veterans of the United States, Incorporated
The Ladies Auxiliary, Italian American War Veterans of the United States, Incorporated
The New Jersey Firemen's Association
The New Jersey State Exempt Firemen's Association
The Tuskegee Airmen, Incorporated

APPENDIX E

FAMILY AND MEDICAL LEAVE ACT (FMLA) FORMS

Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act)

U.S. Department of Labor Wage and Hour Division



DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR. RETURN TO THE PATIENT

OMB Control Number: 1235-0003 Expires: 5/31/2018

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

Employer name and contact: _____

Employee's job title: _____ Regular work schedule: _____

Employee's essential job functions: _____

Check if job description is attached: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: _____
First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members. 29 C.F.R. § 1635.3(b). Please be sure to sign the form on the last page.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (____) _____ Fax: (____) _____

APPENDIX E

FAMILY AND MEDICAL LEAVE ACT (FMLA) FORMS (continued)

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

No ___ Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

Will the patient need to have treatment visits at least twice per year due to the condition? ___No ___ Yes.

Was medication, other than over-the-counter medication, prescribed? ___No ___ Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
___No ___ Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? ___No ___Yes. If so, expected delivery date: _____

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition: ___No ___ Yes.

If so, identify the job functions the employee is unable to perform:

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

APPENDIX E

FAMILY AND MEDICAL LEAVE ACT (FMLA) FORMS (continued)

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? No Yes.

If so, estimate the beginning and ending dates for the period of incapacity: _____

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? No Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?
 No Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? No Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?
 No Yes. If so, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency : _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

APPENDIX E

FAMILY AND MEDICAL LEAVE ACT (FMLA) FORMS (continued)

Certification of Health Care Provider for
Family Member's Serious Health Condition
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.

OMB Control Number: 1235-0003
Expires: 5/31/2019

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

Employer name and contact: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your family member or his/her medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form to your employer. 29 C.F.R. § 825.305.

Your name: _____
First Middle Last

Name of family member for whom you will provide care: _____
First Middle Last

Relationship of family member to you: _____

If family member is your son or daughter, date of birth: _____

Describe care you will provide to your family member and estimate leave needed to provide care:

Employee Signature _____ Date _____

FAMILY AND MEDICAL LEAVE ACT (FMLA) FORMS (continued)

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), or genetic services, as defined in 29 C.F.R. § 1635.3(e). Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax: (_____) _____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
___ No ___ Yes. If so, dates of admission: _____

Date(s) you treated the patient for condition: _____

Was medication, other than over-the-counter medication, prescribed? ___ No ___ Yes.

Will the patient need to have treatment visits at least twice per year due to the condition? ___ No ___ Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
___ No ___ Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? ___ No ___ Yes. If so, expected delivery date: _____

3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

FAMILY AND MEDICAL LEAVE ACT (FMLA) FORMS (continued)

PART B: AMOUNT OF CARE NEEDED: When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? No Yes.

Estimate the beginning and ending dates for the period of incapacity: _____

During this time, will the patient need care? No Yes.

Explain the care needed by the patient and why such care is medically necessary:

5. Will the patient require follow-up treatments, including any time for recovery? No Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Explain the care needed by the patient, and why such care is medically necessary: _____

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery? No Yes.

Estimate the hours the patient needs care on an intermittent basis, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

Explain the care needed by the patient, and why such care is medically necessary:

FAMILY AND MEDICAL LEAVE ACT (FMLA) FORMS (continued)

7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? No Yes.

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: times per week(s) month(s)

Duration: hours or day(s) per episode

Does the patient need care during these flare-ups? No Yes.

Explain the care needed by the patient, and why such care is medically necessary: _____

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

Signature of Health Care Provider

Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

APPENDIX F

BI-WEEKLY TIME SHEETS

DEPARTMENT OF MILITARY & VETERANS AFFAIRS											STANDARD			
BI-WEEKLY TIME SHEET														
Employee Name:											Payroll Period: 1			
Division/Location:											From: 26-Dec-15			
Work Telephone #: (include area code) Hours: 70											To: 8-Jan-16			
<small> This report should reflect your hours on the job (arrival time [Start Work] and departure time [Finish Work]) Any additional time worked should be coded under the Extra Time column by the employee. Use 12-hour time (8:00 AM for 8 a.m., etc.) for these entries. Any absences should be coded under the Absences column by the employee. This report must be submitted to timekeeper NLT 9:00 AM the last Friday of each bi-weekly payroll period unless requested earlier by timekeeper. Each employee must sign in and out daily. </small>														
Days	Regular Time					Extra Time*				Absences**			Federal Hours *	Signature
	Start Work	Finish Work	Start Lunch	Finish Lunch	Regular Hours	Code	Start Work	Finish Work	Extra Hours	Code	Absent Hours	TOTAL Hours		
Sat 26-Dec					0.00				0.00			0.00		
Sun 27-Dec					0.00				0.00			0.00		
Mon 28-Dec					0.00				0.00			0.00		
Tue 29-Dec					0.00				0.00			0.00		
Wed 30-Dec					0.00				0.00			0.00		
Thu 31-Dec					0.00				0.00			0.00		
Fri 1-Jan					0.00				0.00			0.00		
Remarks *														
Days	Regular Time					Extra Time*				Absences**			Federal Hours *	Signature
	Start Work	Finish Work	Start Lunch	Finish Lunch	Regular Hours	Code	Start Work	Finish Work	Extra Hours	Code	Absent Hours	TOTAL Hours		
Sat 2-Jan					0.00				0.00			0.00		
Sun 3-Jan					0.00				0.00			0.00		
Mon 4-Jan					0.00				0.00			0.00		
Tue 5-Jan					0.00				0.00			0.00		
Wed 6-Jan					0.00				0.00			0.00		
Thu 7-Jan					0.00				0.00			0.00		
Fri 8-Jan					0.00				0.00			0.00		
Total Hours											0.00	0.00		
Remarks *														
<small> *Extra Time Codes: PZ=Holiday Makeup Time, OT=Overtime, CT=Comp Time Earned **Absence: V=Vacation, A=Admin, S=Sick, U=Comp Time Used, LM=Military Leave W/O Pay, PM=Military Leave W/ Pay, J=Jury Duty, L=Leave Without Pay, H=Holiday </small>														
Timekeeper:							Supervisor's Signature:							
All employees are required to sign in and out. No employee is to sign in or out for another employee. All time must be recorded accurately.														

NJDMAVA Form 48, Bi-Weekly Time Sheet (Standard)

APPENDIX F

BI-WEEKLY TIME SHEETS (continued)

DEPARTMENT OF MILITARY & VETERANS AFFAIRS											MANAGER			
BI-WEEKLY TIME SHEET														
Employee Name:											1			
Division/Location:											13-Dec-14			
Work Telephone #: (include area code)											Hours: 70		26-Dec-14	
<small>This report should reflect your hours on the job (arrival time [Start Work] and departure time [Finish Work]) Any additional time worked should be coded under the Extra Time column by the employee. Use 12-hour time (8:00 AM for 8 a.m., etc.) for these entries. Any absences should be coded under the Absences column by the employee. This report must be submitted to timekeeper NLT 9:00 AM the last Friday of each bi-weekly payroll period unless requested earlier by timekeeper. Each employee must sign in and out daily.</small>														
Days	Regular Time					Extra Time*				Absences**			Signature	
1st week	Start Work	Finish Work	Start Lunch	Finish Lunch	Regular Hours	Code	Start Work	Finish Work	Extra Hours	Code	Absent Hours	Federal Hours *		
Sat 13-Dec					0.00				0.00					
Sun 14-Dec					0.00				0.00					
Mon 15-Dec					0.00				0.00					
Tue 16-Dec					0.00				0.00					
Wed 17-Dec					0.00				0.00					
Thu 18-Dec					0.00				0.00					
Fri 19-Dec					0.00				0.00					
Remarks *														
Days	Regular Time					Extra Time*				Absences**			Signature	
2nd week	Start Work	Finish Work	Start Lunch	Finish Lunch	Regular Hours	Code	Start Work	Finish Work	Extra Hours	Code	Absent Hours	Federal Hours *		
Sat 20-Dec					0.00				0.00					
Sun 21-Dec					0.00				0.00					
Mon 22-Dec					0.00				0.00					
Tue 23-Dec					0.00				0.00					
Wed 24-Dec					0.00				0.00					
Thu 25-Dec					0.00				0.00					
Fri 26-Dec					0.00				0.00					
Total Hours											0.00	0.00		
Remarks *	CFDA 12.401 Appendix _____													
<small>*Extra Time Codes: PZ=Holiday Makeup Time, OT=Overtime, CT=Comp Time Earned **Absence: V=Vacation, A=Admin, S=Sick, U=Comp Time Used, LM=Military Leave WOPay, PM= Military Leave W/Pay, J=Jury Duty, L=Leave WOPay, H=Holiday</small>														
Timekeeper:							Supervisor's Signature:							
All employees are required to sign in and out. No employee is to sign in or out for another employee. All time must be recorded accurately.														

APPENDIX F

BI-WEEKLY TIME SHEETS (continued)

DEPARTMENT OF MILITARY & VETERANS AFFAIRS											STANDARD					
BI-WEEKLY TIME SHEET																
Employee Name:											Payroll Period: 5					
Division/Location:											From: 7-Feb-15					
Work Telephone #: (include area code)											Hours: 70		To: 20-Feb-15			
This report should reflect your hours on the job (arrival time [Start Work] and departure time [Finish Work]). Any additional time worked should be coded under the Extra Time column by the employee. Use 12-hour time (8:00 AM for 8 a.m., etc.) for these entries. Any absences should be coded under the Absences column by the employee. This report must be submitted to timekeeper NLT 9:00 AM the last Friday of each bi-weekly payroll period unless requested earlier by timekeeper. Each employee must sign in and out daily.																
Days	Regular Time					Extra Time*				Absences**			Signature			
	Start Work	Finish Work	Start Lunch	Finish Lunch	Regular Hours	Code	Start Work	Finish Work	Extra Hours	Code	Absent Hours	TOTAL Hours				
1st week																
Sat 7-Feb					0.00				0.00			0.00				
Sun 8-Feb					0.00				0.00			0.00				
Mon 9-Feb					0.00				0.00			0.00				
Tue 10-Feb					0.00				0.00			0.00				
Wed 11-Feb					0.00				0.00			0.00				
Thu 12-Feb					0.00				0.00			0.00				
Fri 13-Feb					0.00				0.00			0.00				
Remarks *																
Days	Regular Time					Extra Time*				Absences**			Signature			
	Start Work	Finish Work	Start Lunch	Finish Lunch	Regular Hours	Code	Start Work	Finish Work	Extra Hours	Code	Absent Hours	TOTAL Hours				
2nd week																
Sat 14-Feb					0.00				0.00			0.00				
Sun 15-Feb					0.00				0.00			0.00				
Mon 16-Feb					0.00				0.00			0.00				
Tue 17-Feb					0.00				0.00			0.00				
Wed 18-Feb					0.00				0.00			0.00				
Thu 19-Feb					0.00				0.00			0.00				
Fri 20-Feb					0.00				0.00			0.00				
Total Hours												0.00				
Remarks *	CFDA: 12.401 Appendix ___23___ 100%															
*Extra Time Codes: PZ=Holiday Makeup Time, OT=Overtime, CT=Comp Time Eamed **Absence: V=Vacation, A=Admin, S=Sick, U=Comp Time Used, LM=Military Leave WO/Pay, PM=Military Leave W/Pay, J=Jury Duty, L=Leave Without Pay, H=Holiday																
Timekeeper:							Supervisor's Signature:									
All employees are required to sign in and out. No employee is to sign in or out for another employee. All time must be recorded accurately.																

APPENDIX F

BI-WEEKLY TIME SHEETS (continued)

DEPARTMENT OF MILITARY & VETERANS AFFAIRS											STANDARD			
BI-WEEKLY TIME SHEET														
Employee Name:										Payroll Period: 5				
Division/Location: Atlantic City Air Force Base Fire Fighters										From: 7-Feb-15				
Work Telephone #: (include area code)										Hours: 106		To: 20-Feb-15		
<small>This report should reflect your hours on the job (arrival time [Start Work] and departure time [Finish Work]). Any additional time worked should be coded under the Extra Time column by the employee. Use 12-hour time (8:00 AM for 8 a.m., etc.) for these entries. Any absences should be coded under the Absences column by the employee. This report must be submitted to timekeeper NLT 9:00 AM the last Friday of each bi-weekly payroll period unless requested earlier by timekeeper. Each employee must sign in and out daily.</small>														
Days	Regular Time					Extra Time*				Absences**			Signature	
1st week	Start Work	Finish Work	Start Lunch	Finish Lunch	Regular Hours	Code	Start Work	Finish Work	Extra Hours	Code	Absent Hours	TOTAL Hours		
Sat 7-Feb					0.00				0.00			0.00		
Sun 8-Feb					0.00				0.00			0.00		
Mon 9-Feb					0.00				0.00			0.00		
Tue 10-Feb					0.00				0.00			0.00		
Wed 11-Feb					0.00				0.00			0.00		
Thu 12-Feb					0.00				0.00			0.00		
Fri 13-Feb					0.00				0.00			0.00		
Remarks *														
Days	Regular Time					Extra Time*				Absences**			Signature	
2nd week	Start Work	Finish Work	Start Lunch	Finish Lunch	Regular Hours	Code	Start Work	Finish Work	Extra Hours	Code	Absent Hours	TOTAL Hours		
Sat 14-Feb					0.00				0.00			0.00		
Sun 15-Feb					0.00				0.00			0.00		
Mon 16-Feb					0.00				0.00			0.00		
Tue 17-Feb					0.00				0.00			0.00		
Wed 18-Feb					0.00				0.00			0.00		
Thu 19-Feb					0.00				0.00			0.00		
Fri 20-Feb					0.00				0.00			0.00		
Total Hours												0.00		
Remarks *	CFDA: 12.401 Appendix 24 100%													
<small>*Extra Time Codes: PZ=Holiday Makeup Time, OT=Overtime, CT=Comp Time Earned **Absence: V=Vacation, A=Admin, S=Sick, U=Comp Time Used, LM=Military Leave W/O Pay, PM=Military Leave W/ Pay, J=Jury Duty, L=Leave Without Pay, H=Holiday</small>														
Timekeeper:							Supervisor's Signature:							
All employees are required to sign in and out. No employee is to sign in or out for another employee. All time must be recorded accurately.														

APPENDIX F

BI-WEEKLY TIME SHEETS (continued)

DEPARTMENT OF MILITARY & VETERANS AFFAIRS												SHIFT				
BI-WEEKLY TIME SHEET																
Employee Name:											Payroll Period: 5					
Division/Location: Youth Challenge Academy											From: 7-Feb-15					
Work Telephone #: (include area code)											Hours: 80		To: 20-Feb-15			
<input type="checkbox"/> CMA <input type="checkbox"/> PPTE <input type="checkbox"/> AFSCME <input type="checkbox"/> Other Employee																
This report should reflect your hours on the job (arrival time [Start Work] and departure time [Finish Work]) Any additional time worked should be coded under the Extra Time column by the employee. Use 12-hour time (8:00 AM for 8 a.m., etc.) for these entries. Any absences should be coded under the Absences column by the employee. This report must be submitted to timekeeper NLT 9:00 AM the last Friday of each bi-weekly payroll period unless requested earlier by timekeeper. Each employee must sign in and out daily.																
Days	Regular Time					Extra Time*				Absences**		SI*** SH****				
1st week	Start Work	Finish Work	Start Lunch	Finish Lunch	Regular Hours	Code	Start Work	Finish Work	Extra Hours	Code	Absent Hours	TOTAL Hours			Signature	
Sat 7-Feb					0.00				0.00			0.00				
Sun 8-Feb					0.00				0.00			0.00				
Mon 9-Feb					0.00				0.00			0.00				
Tue 10-Feb					0.00				0.00			0.00				
Wed 11-Feb					0.00				0.00			0.00				
Thu 12-Feb					0.00				0.00			0.00				
Fri 13-Feb					0.00				0.00			0.00				
Days	Regular Time					Extra Time*				Absences**		SI*** SH****				
2nd week	Start Work	Finish Work	Start Lunch	Finish Lunch	Regular Hours	Code	Start Work	Finish Work	Extra Hours	Code	Absent Hours	TOTAL Hours			Signature	
Sat 14-Feb					0.00				0.00			0.00				
Sun 15-Feb					0.00				0.00			0.00				
Mon 16-Feb					0.00				0.00			0.00				
Tue 17-Feb					0.00				0.00			0.00				
Wed 18-Feb					0.00				0.00			0.00				
Thu 19-Feb					0.00				0.00			0.00				
Fri 20-Feb					0.00				0.00			0.00				
Total Hours												0.00			D	0.00
															E	0.00
															N	0.00
Remarks	CFDA 12.404 Appendix __4002__ 100%															
*Extra Time Codes: PZ=Holiday Makeup Time, OT=Overtime, CT=Comp Time Earned **Absence Codes: V=Vacation, A=Admin Leave, S=Sick, U=Comp Time Used, ML=Military Leave, J=Jury Duty, L=Leave Without Pay, H=Holiday ***SI (Shift Indicator) Codes: D=Day, E=Evening, N=Night ****SH (Shift Hours) Post # of hours worked in the shift each day																
Timekeeper:											Supervisor's Signature:					
All employees are required to sign in and out. No employee is to sign in or out for another employee. All time must be recorded accurately.																

APPENDIX F

BI-WEEKLY TIME SHEETS (continued)

DEPARTMENT OF MILITARY & VETERANS AFFAIRS													SHIFT							
BI-WEEKLY TIME SHEET																				
Employee Name:											Payroll Period: 1									
Division/Location:											From: 17-Dec-11									
Work Telephone #: (include area code)											Hours: 70		To: 30-Dec-11							
<input type="checkbox"/> CWA <input type="checkbox"/> FPTE <input type="checkbox"/> AFSCME <input type="checkbox"/> Other Employee																				
This report should reflect your hours on the job (arrival time [Start Work] and departure time [Finish Work]) Any additional time worked should be coded under the Extra Time column by the employee. Use 12-hour time (8:00 AM for 8 a.m., etc.) for these entries. Any absences should be coded under the Absences column by the employee. This report must be submitted to timekeeper NLT 9:00 AM the last Friday of each bi-weekly payroll period unless requested earlier by timekeeper. Each employee must sign in and out daily.																				
Days	Regular Time					Extra Time*				Absences**		SI*** SH****								
1st week	Start Work	Finish Work	Start Lunch	Finish Lunch	Regular Hours	Code	Start Work	Finish Work	Extra Hours	Code	Absent Hours	TOTAL Hours			Signature					
Sat 17-Dec					0.00				0.00			0.00								
Sun 18-Dec					0.00				0.00			0.00								
Mon 19-Dec					0.00				0.00			0.00								
Tue 20-Dec					0.00				0.00			0.00								
Wed 21-Dec					0.00				0.00			0.00								
Thu 22-Dec					0.00				0.00			0.00								
Fri 23-Dec					0.00				0.00			0.00								
Days	Regular Time					Extra Time*				Absences**		SI*** SH****								
2nd week	Start Work	Finish Work	Start Lunch	Finish Lunch	Regular Hours	Code	Start Work	Finish Work	Extra Hours	Code	Absent Hours	TOTAL Hours			Signature					
Sat 24-Dec					0.00				0.00	SD		0.00								
Sun 25-Dec					0.00				0.00			0.00								
Mon 26-Dec					0.00				0.00			0.00								
Tue 27-Dec					0.00				0.00			0.00								
Wed 28-Dec					0.00				0.00			0.00								
Thu 29-Dec					0.00				0.00			0.00								
Fri 30-Dec					0.00				0.00			0.00								
Total Hours												0.00								
												D	0.00							
												E	0.00							
												N	0.00							
*Extra Time Codes: PZ=Holiday Makeup Time, OT=Overtime, CT=Comp Time Earned **Absence Codes: V=Vacation, A=Admin Leave, S=Sick, U=Comp Time Used, ML=Military Leave, J=Jury Duty, L=Leave Without Pay, H=Holiday ***SI (Shift Indicator) Codes: D=Day, E=Evening, N=Night ****SH (Shift Hours) Post # of hours worked in the shift each day																				
Timekeeper:											Supervisor's Signature:									
All employees are required to sign in and out. No employee is to sign in or out for another employee. All time must be recorded accurately.																				