

EMPLOYEE STATUS INFORMATION HIRE/CHANGE FORM

COUNTY OF PULASKI, INDIANA

AN EQUAL OPPORTUNITY EMPLOYER

IMPORTANT NOTICE: PLEASE SUBMIT THIS INFORMATION AS SOON AS POSSIBLE TO THE AUDITOR'S OFFICE FOR PROCESSING WITH YOUR OTHER NECESSARY PAPERWORK (W-4, WH-4, PERF, INSURANCE, 1-9, COPY OF ID, DIRECT DEPOSIT FORM) *** IF THIS IS A CHANGE OF INFORMATION, PLEASE FILL IN ONLY WHAT NEEDS CHANGED AND SIGN AND DATE. THANK YOU.

Employee Name: _____ SSN#: _____

Address: _____

County of Residence: _____ Birthdate: _____ Phone # _____

Sex: Male _____ Female _____ Marital Status: Married _____ Single _____

Department: _____ Full/Part Time/Seasonal: _____

Position Title: _____ Appropriation Number: _____
(per Salary Ordinance to be completed by Auditor's Office)

Date of Hire or Change: _____ Hourly Rate: _____
(per Salary Ordinance to be completed by Dept. Head)

DEPENDENT INFORMATION (SPOUSE AND ALL CHILDREN INCLUDING STEP CHILDREN)

NAME:	RELATIONSHIP:	DATE OF BIRTH:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FULL TIME HIRES COMPLETE THE FOLLOWING.
PART TIME/SEASONAL HIRES MAY SKIP TO BOTTOM, SIGN AND DATE.

SHERIFF RETIREMENT OR PERF: STATES ON HIRE DATE. APPLICATION RECEIVED: YES ___ NO ___

INSURANCE: BEGINS THE FIRST OF THE NEXT MONTH FOLLOWING YOUR 1ST 60 DAYS OF FULL TIME EMPLOYMENT. RECEIVED NECESSARY PAPERWORK? YES ___ NO ___

I AM AWARE MEDICAL DEDUCTIONS ARE PRETAXED UNLESS I NOTIFY THE PAYROLL CLERK TO DO OTHERWISE. PLEASE INITIAL: _____

OTHER DEDUCTIONS MAY BE AVAILABLE. CHECK WITH THE AUDITOR'S OFFICE FOR AVAILABLE PROGRAMS PAYABLE THROUGH WAGE DEDUCTIONS. THESE CAN BE ADDED AT A LATER DATE.

EMPLOYEE'S SIGNATURE:

DATE:

DEPARTMENT HEAD SIGNATURE:

DATE:

**AUTHORIZATION AND RELEASE
CRIMINAL BACKGROUND CHECK**

COUNTY OF PULASKI, INDIANA

AN EQUAL OPPORTUNITY EMPLOYER

Applicant's Name: _____

Dated: _____

Prior Names or Alias: _____

Date of Birth: _____

Applicant's Address: _____

Previous Addresses in the last five years including State and County of residence: _____

Applicant's Driver's License Number: _____

Applicant's Social Security Number: _____

Applicant's Telephone Number: _____

I hereby acknowledge that pursuant to Ind. Code § 10-13-3-27 I give the Employer, Pulaski County, my consent to obtain a criminal background check from the State of Indiana. Any and all information obtained will be used only for the purpose of determining potential employment. The Pulaski County Sheriff's Department is authorized pursuant to this statute to release a limited criminal history.

Employee's Signature: _____

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if both of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."	
City or town, state, and ZIP code				4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here				7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				9 First date of employment	
				10 Employer identification number (EIN)	



Form WH-4
State Form 48845
(R4 / 8-18)

State of Indiana
Employee's Withholding Exemption and County Status Certificate
This form is for the employer's records. Do not send this form to the Department of Revenue.
The completed form should be returned to your employer.

Full Name _____ Social Security Number or ITIN _____
Home Address _____ City _____ State _____ Zip Code _____
Indiana County of Residence as of January 1: _____ (See instructions)
Indiana County of Principal Employment as of January 1: _____ (See instructions)

How to Claim Your Withholding Exemptions

1. You are entitled to one exemption. If you wish to claim the exemption, enter "1" _____
Nonresident aliens must skip lines 2 through 6. See instructions
2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1" _____
3. You are allowed one (1) exemption for each dependent. Enter number claimed _____
4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or
(b) if you and/or your spouse are legally blind.
Check box(es) for additional exemptions: You are 65 or older ☐ or blind ☐ Spouse is 65 or older ☐ or blind ☐
Enter the total number of boxes checked _____
5. Add lines 1, 2, 3, and 4. Enter the total here _____
6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions) _____
7. Enter the amount of additional state withholding (if any) you want withheld each pay period \$ _____
8. Enter the amount of additional county withholding (if any) you want withheld each pay period \$ _____

I hereby declare that to the best of my knowledge the above statements are true.

Signature: _____ Date: _____



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 05 31 2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1, Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Ap't. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See instructions)
- ☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number) _____
- ☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____
Some aliens may write "N/A" in the expiration date field (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number. _____
OR
2. Form I-94 Admission Number. _____
OR
3. Foreign Passport Number. _____
Country of Issuance _____

QR Code - Section 1
Do Not Write in This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (Check one)

- ☐ I did not use a preparer or translator. ☐ A preparer(s), translator(s), assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1515-0047
Expires 03-31-2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the lists of Acceptable Documents.)

Employee Info from Section 1		Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization		OR		List B Identity	AND List C Employment Authorization
Document Title		Document Title		Document Title	
Issuing Authority		Issuing Authority		Issuing Authority	
Document Number		Document Number		Document Number	
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)	
Document Title		Additional Information		CR Code - Sections 2 & 3 Do Not Write in This Space	
Issuing Authority					
Document Number					
Expiration Date (if any) (mm/dd/yyyy)					
Document Title					
Issuing Authority					
Document Number					
Expiration Date (if any) (mm/dd/yyyy)					

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy):

(See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Retires (To be completed and signed by employer or authorized representative)

A. New Name (if applicable)		B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

I hereby authorize Pulaski County, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account(s). I understand company will notify me before a debit entry is made to my bank account.

You may choose as many different depository accounts, any combination of checking or savings, in which to have your pay direct deposited. Please complete all information requested. **You must attach a voided check to guarantee the correct information for your accounts.** You must indicate a specific dollar amount for any account such as \$10.00, or use the terms ALL or REST to represent variable amounts.

Account #1

Depository Institution Name: _____
 Address: _____
 Phone Number: _____
 Account Type: ☐ Checking ☐ Savings Deposit per pay \$ _____
 Transit/ABA No.: _____ Account No.: _____

Account #2

Depository Institution Name: _____
 Address: _____
 Phone Number: _____
 Account Type: ☐ Checking ☐ Savings Deposit per pay \$ _____
 Transit/ABA No.: _____ Account No.: _____

Account #3

Depository Institution Name: _____
 Address: _____
 Phone Number: _____
 Account Type: ☐ Checking ☐ Savings Deposit per pay \$ _____
 Transit/ABA No.: _____ Account No.: _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I have also read the attached Direct Deposit Guidelines and by signing below I am agreeing to these guidelines.

Employee Name: _____ Date: _____
 (Please Print)

Signed: _____

Direct Deposit became mandatory February 1, 2007

**INTERNAL CONTROL TRAINING CERTIFICATION
FOR ELECTED OFFICIALS, APPOINTEES, AND EMPLOYEES**

I, _____, the duly elected, appointed, or employed
(print name)

_____ for _____ certify that I
(position or title) (political subdivision)

received the following training concerning internal controls standards and procedures as required
by Ind. Code § 5-11-1-27(g)(2):

Title of Training

Time Spent

Date: _____

Signature

* This certification may be printed, signed, and retained in paper form or electronically. If signed electronically, the elected official, appointee, or employee must designate his or her signature by typing the last four (4) digits of their Social Security number in the signature line.

EMPLOYEE ACKNOWLEDGMENT FORM

The Pulaski County Personnel Policies Handbook adopted by the County Commissioners on April 13, 2015, describes important information about employment with Pulaski County. I understand that I should consult the Commissioner's Office regarding any questions not answered in the handbook.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the Board of Commissioners and County Council have the ability to adopt any revisions to the policies in this handbook.

I acknowledge that this handbook is not a contract of employment. I have received the handbook, and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any subsequent revisions.

EMPLOYEE'S SIGNATURE

DATE

EMPLOYEE'S NAME (TYPED OR PRINTED)

DOCULIVERY

Quick-Start Guide

This guide provides you with the basic quick-start information needed to log in and access your electronic documents in no time at all. The instructions below highlight the steps for logging into the Doculivery system with a unique User ID and Password to access your online pay stubs and setup notification options with just a few quick clicks!

Getting Started

1. Point your internet browser to the following url:

www.Doculivery.com/PulaskiCounty

2. Enter your User ID. **1**

Your USERID is:

Your last name plus the last four digits of your SSN.

3. Enter your initial Password. **2**

You will be required to change your password upon initial log in.

Your initial PASSWORD is:

Pulaski

4. Click the Log In button. **3**

5. Once you have logged in, follow the on-screen instructions to setup several security questions.

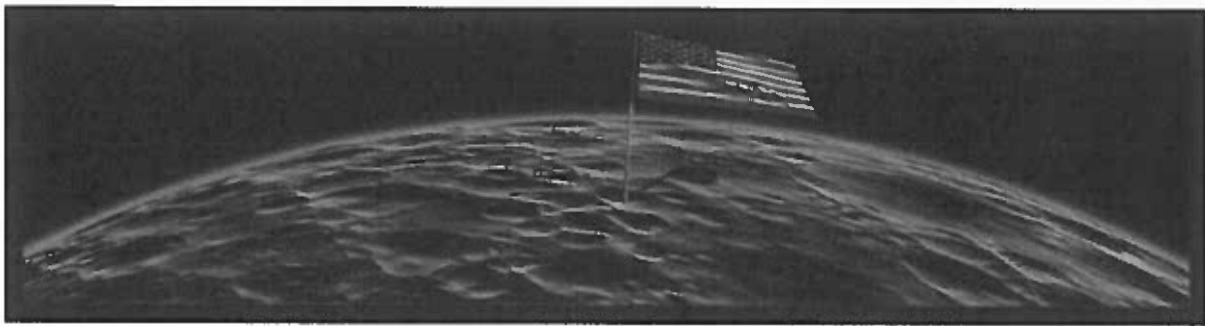
6. Once you have setup your security questions, you will see the main screen which is organized by tabs. Click on the Pay Stubs tab **4** to see a list of all pay dates for which you have a pay stub. To see the entire pay stub for a particular date click on the view icon in the Click To View column on the left side of the screen. **5**

Setting Up Notification Options

1. Click on the Pay Stubs tab **4**. On the right side of the screen, select the appropriate bar **6** to setup email or text message notifications.

Pulaski County

**Employee Reference Guide
October 2015**



RIGHT STUFF

SOFTWARE CORPORATION

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1.0 Logging In

Using Internet Explorer, navigate to: <https://pulaskicounty.rightstuffsoft.com/rsPM4Apps/Main.htm>

- ❖ The “Pulaski County” main menu will appear, click on the Employee icon.



- ❖ If this is your first login, you will be taken to the “Settings” page. On this page, you will want to configure the “Forgot Password” section. This will allow you to reset a forgotten password without needing to contact the system administrator.

Forgot Password

Select “Enable Password Reset”

Supply a valid email. Supply a valid phone number that can receive text messages.

If you do not wish to allow this feature, any forgotten passwords will need to be reset by the system administrator.

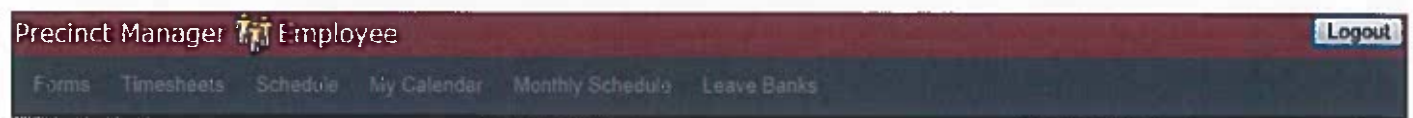
Change Password

Also, you will want to change your password. Your supervisor will supply you with your User ID. Your initial password will match your User ID, all in lowercase, for example: User ID = JSmith with an initial password = jsmith.

To change your password, complete all text boxes and then press the button labeled “Change Password”. The rules for password complexity are listed on the page. Your new password will not expire for 6 months.

2.0 Home Page Navigation

After logging in, the employee home page will display. Links used to navigate through the Precinct Manager software are displayed at the top of the screen.



Forms - The forms link takes you to your forms list. This is where you submit new requests, such as vacation or overtime requests. You can also review the status of previously submitted forms. This is the screen that displays immediately when you log in.

Timesheets - The timesheet link will take you to your timesheets. At the end of a two week pay period, employees use this link to review and submit timesheets to their supervisors.

Schedule – A weekly view of the current schedule. In this screen, you can also view the schedules of your co-workers.

My Calendar - A monthly view of your schedule.

Monthly Schedule – A monthly view of the schedule for your bureau.

Leave Bank – A summary report of your leave banks. Here, you can review your current leave balances and also see recent transactions that either add or subtract time from your leave banks.

Logout – Logs you out of Precinct Manager

3.0 Forms

The Forms page is the default Home page. Precinct Manager bases everything on forms.

Forms, such as Vacation, are typically filled out by the employees and submitted to supervisors. The forms are automatically routed to supervisors for approval. Once a form has all of the correct signatures and is approved (or disapproved), the appropriate changes are automatically made to the employee's schedule and timesheet.

3.1 Forms List

The forms list is used to create leave requests, pay events, or scheduling events. You can also review previously submitted forms to view their approval status.

Precinct Manager - Employee - Windows Internet Explorer

Precinct Manager Employee Logout

Forms Timesheets Schedule My Calendar Monthly Schedule

Year 2013 Period 1 12/15/2012 - 12/28/2012 To create a new form, choose a type and click the New Form button

Bereavement New Form

☒ Show All Future Forms

Check this box to add future forms to your form list

View Cancel

Double-click a row to open that form, or click on a row to select it and click the View button.

To cancel a form, click the form to select it, then click the Cancel button. This will cancel the event and submit the cancellation to be approved by your supervisor. Forms can only be cancelled after they have been approved. You cannot cancel forms that are pending approval.


Date	Time	Event Type	Total Hours	Status
1/30/2013	8:00 AM	Overtime	4.00	Approved
2/20/2013	7:30 AM	Sick	.5	Approved
2/28/2013	12:00 AM	Personal	8.00	Approved
3/18/2013	8:00 AM	Overtime	1.00	Approved
4/5/2013	12:00 AM	Sick	8.00	Approved
5/7/2013	12:00 AM	Vacation	40	Approved
7/30/2013	12:00 AM	Vacation	40	Approved



Right Stuff Software Corporation - All Rights Reserved

3.2 Creating a Form

To create a new form, navigate to your forms list by clicking on the **Forms** link in the main navigation menu at the top of the screen. Select the type of form you wish to create from the forms drop down **Form:** and click the **New Form** button.

3.3 Filling Out a Form

Enter a Start Date and Start Time. Enter the Total Hours of the event in decimal format. (Example 10 ½ hours = 10.5) Calculate the end time by clicking the calculator  icon. You will not be allowed to enter an End Time. You must allow the system to calculate the End Time based on the Start Date, Start Time, and Total Hours.

Vacation					
Name:	Scott	Employee #:	667	Hours:	9A-4P
Start Date:	<input type="text" value="9/3/2014"/>		Start Time:	<input type="text" value="09"/> <input type="text" value="00"/>	Total Hours: <input type="text" value="7.00"/> 
End Date:	<input type="text"/>		End Time:	<input type="text" value="16"/> <input type="text" value="00"/>	

Make the appropriate selections for any form options. Add any necessary remarks, then click the Add Remarks button.

☐ FMLA

☐ Cancel Form

☒ Verify Leave Balance

☒ Verify Staffing Levels

Approvals

Lieutenant:

☐ Approved ☐ Disapproved

Remarks

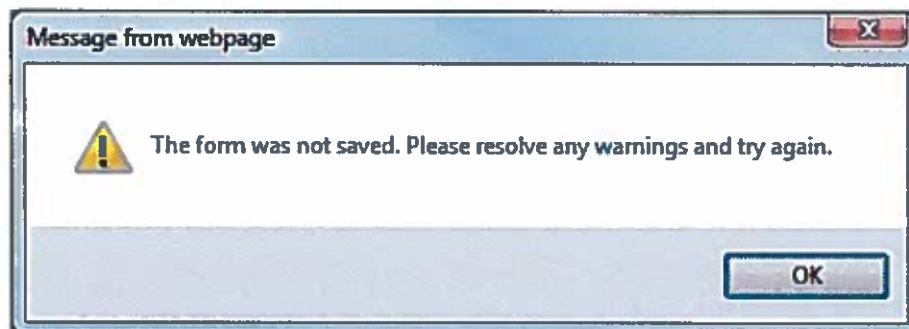
 Add Remarks

Submit for Approval

Cancel

3.4 Saving and Submitting your Form

Click the Submit for Approval button to submit the form to your supervisor. If you receive this warning message, you will need to review the contents of your form, make one of the corrections listed below, and click the Submit for Approval button again.



3.5 Error Messages

End date is not correctly calculated

"End date is not correctly calculated" informs you that you have not clicked the calculator icon after entering Start Date, Start Time, and Total Hours. This message will also display if you have calculated the End Time, and then changed either the Start Date, Start Time, or Total Hours after your End Time was calculated. Click the calculator icon again, then click Submit for Approval.

Start time is not within the employees scheduled hours

"Start time is not within the employees scheduled hours" displays when you have tried to submit a form for time when you are not scheduled to work. Check your schedule, correct the Start Date and Start Time, click the calculator icon to recalculate the End Time, then click submit. This information must be corrected in order to complete the form; the supervisor-override is not possible

☒ Verify Leave Balance Not enough leave accumulated. Please verify dates and total hours and try to Save again.

"Not Enough Leave Accumulated" informs you that you don't have enough leave in your leave bank. If you are taking the leave in the future and checked that you will have enough leave accumulated using your leave bank report, uncheck the verify box and submit the form again. Supervisors will receive the same message when they are approving forms. If the supervisors determine that the employee will have enough leave time accumulated, they can also uncheck the verify box, make any necessary comments in the remarks field, and approve the form.

3.6 Form Approval and Form Cancellation

Approval status of a form is displayed in your forms list.

If you wish to cancel a form after you have submitted it, you can do so by selecting the form in your forms list and clicking the Cancel button. You cannot cancel a form that is in Pending Approval status. Canceling a form will resubmit the form to supervisors to approve/disapprove the cancellation and it will return to a Pending Approval status in your forms list until it is reviewed.

3.7 Forms That Cover Multiple Days/Shifts

When filling out forms that will cover more than one shift (such as vacation), you can either fill out a form for each day, or you can fill out a form for the entire timespan. If you choose to fill out individual forms for each day, this will allow your supervisor to approve/disapprove each form separately. If you choose to fill out one form for the entire timespan and your supervisor only disapproves of part of your request, s/he will have to disapprove the entire form, and you will need to create a new form based on your supervisor's comments.

If a Holiday falls in the middle of a shift or pay period, and you are requesting leave both before and after that holiday, you have two options. You can fill out a form for each day separately, or you can fill out three forms: one for your leave before the holiday, one for your leave on the holiday (if you are scheduled to work), and one for your leave after the holiday.

Calendar Icon – click to open the calendar to select a start date. You can also manually type in a start date. To dismiss the calendar, the date must be changed, or you must re-click the calendar icon.

Print Icon

Sick

Enter total hours in decimal format – i.e. for 1 hour, 30 minutes enter 1.50

Name: **Kurtis** Employee #: Hours: **8A-5P**

Start Date: **11/5/2014** Start Time: **08**:**00** End Time: **17**:**00** Total Hours: **1.5**

Enter Start Time

End Time Calculator – click to calculate an end time for the form. Most forms will not let you manually enter an end time.

☐ FMLA
Type **Regular**

☐ Cancel Form
☒ Verify Leave Balance

Form Options – Each form may have different options. Make the appropriate selections based on the particular event.

Approvals
Supervisor: ☐ Approved ☐ Disapproved

Remarks

Add any necessary remarks to the form prior to submitting it to your supervisor. Don't forget to click the Add Remarks button to save them.

Submit for Approval – Click this to submit the form to your supervisors for approval. Once the form has been submitted, you cannot make changes.

This form is only a general example. Your actual Sick form may differ from this example.

4.0 Timesheets

Navigate to your timesheet by clicking on the **Timesheets** link in the main navigation menu at the top of the screen.

Year **2012**
Period **24**
11/11/2012 - 11/24/2012

Date	Start	End	Regular	OT	Flex Taken	Vacation	Personal	Inclement	Sick	Military	Admin Leave	Admin Leave with Pay	Holiday Off	FMLA	Holiday Worked 1x	Overtime 1x	Overtime 1.5x	Extra Duty 1.5x	Mentor 0.1x	Grants 1.5x	Trade Off	Trade Off
11/11/2012	15:00	23:00	8																			
11/12/2012																						
11/13/2012																						
11/14/2012	15:00	23:00	8																			
11/15/2012	15:00	23:00	8																			
11/16/2012	15:00	23:00	8																			
11/17/2012	15:00	23:00	8																			
11/18/2012	15:00	23:00	8																			
11/19/2012																						
11/20/2012																						
11/21/2012	15:00	23:00	8																			
11/22/2012	15:00	23:00	8																			
11/23/2012	15:00	23:00	8																			
11/24/2012	15:00	23:00	8																			
Totals			80	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Remarks

Add Remarks

Approvals

Submit for Approval

Totals

Physically Worked	Hour Adjustment	Hrs Worked	Total Hrs Paid
80	0	80	80

Properties
Status: New
Calculated Date: 11/29/2012 6:23 PM
Submitted Date: Not Submitted
Submitted By: Not Submitted

Precinct Manager defaults to display your current timesheet. If you would like to review a different timesheet, use the Year and Period dropdowns at the top of the screen to select the appropriate timesheet. At the end of each pay period, review your timesheet to verify that all of the hours are correct. If something is missing or incorrect, the forms for the period will need to be modified. If you are going on leave at the end of a pay period, you can submit that timesheet prior to the end of the period. The forms you have submitted will continue to modify your timesheet until your supervisor approves it.

Once you have reviewed the timesheet, click the **Submit for Approval** button to submit the timesheet to your supervisor.

Date	Start	End	Regular	Shift Diff	Sick - Scheduled	Sick - Non Scheduled	Vacation	Personal	Esrow	Holiday Leave	Military	Bereavement	Wage Continuation	Admin Leave	Leave w/o Pay	Sick w/o Pay	Workers Comp w/o Pay	SWAT 1x	FMLA	Holiday Pay	Overtime Straight	Overtime	Overtime Holiday	Vacation Payout	Sick Payout	Personal Payout	Trade On	Trade Off	Non Sched Sick Occur
6/16/2013																													
6/16/2013	8:00	16:00	8																										
6/17/2013	8:00	16:00	8																										
6/18/2013	8:00	16:00	8																										
6/19/2013	8:00	16:00	8																										
6/20/2013	8:00	16:00	8																										
6/21/2013	8:00	16:00	8																										
6/22/2013																													
6/23/2013																													
6/24/2013	8:00	16:00	8																										
6/25/2013	8:00	16:00	8																										
6/26/2013	8:00	16:00	8																										
6/27/2013	8:00	16:00	8																										
6/28/2013	8:00	16:00	8																										
Totals			80	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

The forms that you submit (Vacation, Overtime...) will make adjustments to your timesheet. At the end of the pay period, you will submit your timesheet for approval.

The forms that you submit (Vacation, Overtime...) will make adjustments to your timesheet. At the end of the pay period, you will submit your timesheet for approval.

Remarks

Add any necessary remarks to the timesheet prior to submitting it to your supervisor. Don't forget to click the Add Remarks button to save them.

Approvals

Sgt:

☒ Approved ☐ Disapproved

Submit timesheet to your supervisor

Totals

Pay Adjustment	Hours Worked	Scheduled	Totals Paid
0	80	80	80

Properties

Status:

New

Calculated Date: 3/22/2013 5:10 PM

Submitted Date: Not Submitted

Submitted By: Not Submitted

Once a supervisor approves the timesheet, the status will change to "Locked" and new forms will no longer change the timesheet.

Timesheets can be submitted prior to the end of a pay period. Forms will continue to update the timesheet until a supervisor approves it.

5.0 Schedule

5.1 My Calendar

Navigate to your calendar by clicking on the **My Calendar** link in the main navigation menu.

Joe

Navigate between months

Previous Month March 2013 Next Month

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 4P-12A	2 4P-12A
3 OFF OT 12A-1:30A	4 OFF	5 4P-12A	6 4P-12A	7 4P-12A	8 4P-12A	9 4P-12A
10 OFF OT 12A-1A	11 OFF OT 8A-4P	12 4P-12A	13 4P-12A OT 12P-4P	14 4P-12A	15 4P-12A	16 8A-4P OT 12A-1A V 8A-4P
17 8A-4P V 8A-4P	18 8A-4P V 8A-4P	19 OFF	20 OFF	21 8A-4P V 8A-4P	22 8A-4P V 8A-4P	23 8A-4P V 8A-4P
24 8A-4P	25 8A-4P	26 OFF	27 OFF	28 8A-4P	29 8A-4P	30 8A-4P
31 8A-4P						

Background color signifies the shift you are scheduled for on that day.

Double-click event descriptions to view the form.

5.2 Weekly Schedule

Navigate to your calendar by clicking on the  link in the main navigation menu.

Filter to the bureau and shift you wish to view

Corrections • 5 Selected Shifts • 16 Selected Employees • Date

Go to a specific date

Navigate between weeks

Previous Week Previous Day March 2013 Next Day Next Week

Day Shift	Sunday 03/17/2013	Monday 03/18/2013	Tuesday 03/19/2013	Wednesday 03/20/2013	Thursday 03/21/2013	Friday 03/22/2013	Saturday 03/23/2013
Sgt. April	7A-3P	OFF	OFF	7A-3P	7A-3P	7A-3P	7A-3P
Marla	7A-3P	7A-3P	7A-3P	OFF	OFF	7A-3P	7A-3P
Jane	OFF	7A-3P	7A-3P	7A-3P	7A-3P	7A-3P	OFF
Kyle	7A-3P	7A-3P	7A-3P	7A-3P	OFF	OFF	7A-3P
Brad	OFF	7A-3P	7A-3P	7A-3P	7A-3P	7A-3P	OFF
Afternoon Shift							
Sgt. Jonathan	3P-11P	3P-11P	3P-11P	OFF	OFF	3P-11P	3P-11P
Lori	3P-11P	OFF	OFF	3P-11P	3P-11P	3P-11P	3P-11P
Brittany	OFF	3P-11P	3P-11P	3P-11P	3P-11P	3P-11P	OFF
Lisa	3P-11P	3P-11P	3P-11P	3P-11P	OFF	OFF	3P-11P
Adrian	OFF	3P-11P	3P-11P	3P-11P	3P-11P	3P-11P	OFF
Night Shift							
Sgt. April	OFF	11P-7A	11P-7A	11P-7A	11P-7A	11P-7A	OFF
Heather	11P-7A	11P-7A	11P-7A	OFF	OFF	11P-7A	11P-7A
Keith	OFF	11P-7A	11P-7A	11P-7A	11P-7A	11P-7A	OFF
Donald	11P-7A	OFF	OFF	11P-7A	11P-7A	11P-7A	11P-7A
Logan	11P-7A	OFF	OFF	11A-7P	7A-3P	11A-7P	11P-7A
Fill In							
Kurt	OFF	OFF	OFF	OFF	OFF	OFF	OFF

5.3 Monthly Schedule

Navigate to your calendar by clicking on the [Monthly Schedule](#) link in the main navigation menu. Here you will get an overview of who is working for the entire month.

Filtering capabilities to see the bureau, shifts, and particular employees

The screenshot shows a web-based calendar interface for November 2014. At the top, there are filters for 'Police - Patrol', '2 Selected Shifts', and '13 Selected Employees'. The calendar grid shows days of the month with corresponding work status codes for various employees. The employees listed on the left include Tyler, Patrick, Kyle, Sgt. Ronald, Joshua, Matthew, Sgt. Robert, Jerry, Sgt. Neil, and a group of employees for the second half of the month including Sgt. Ronald, Michael, Whitney, Anthony, Jeremy, and James. The status codes used are X (Off), W (Working Day), OT (Overtime Day), TR (Training Day), and V (Vacation Day).

A few examples of codes you may see in this view:

C = COMP DAY
OT = OVERTIME DAY
TR = TRAINING DAY
V = VACATION DAY
W = WORKING DAY
X = OFF

6.0 Leave Bank Report

Navigate to your leave bank report by clicking on the **Leave Bank** link in the main navigation menu.

To determine your available leave bank balances for any date (including future dates), enter that date and click the Calculate button

Total balances that you have on the given date. These values represent the balances at the start of the given date, prior to any leave on that day.

Detailed description of any transaction that adds or subtracts from a given bank.

You can display balances for any day, not just today.

DANIEL

Baseline : 12/23/2012

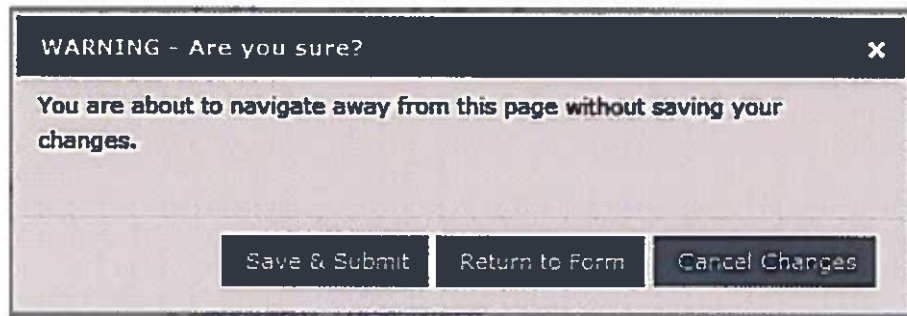
Balances as of: 2/5/2013 **Calculate**

Bank	Balance 2/5/2013
Sick	925.96
Vacation	147.46
Personal	8

Summary values represented at start of day prior to leave taken

Sick

Date	Transaction	Balance	Timesheet Status	Notes
12/23/2012	912.16	912.16	Baseline	
1/6/2013	4.6	916.76	Approved	Accrual
1/20/2013	4.6	921.36	Approved	Accrual
2/3/2013	4.6	925.96	Approved	Accrual
2/5/2013	0	925.96	-	Current balance on morning of 2/5/2013
2/17/2013	4.6	930.56	Approved	Accrual
3/3/2013	4.6	935.16	Approved	TIMESHEET ERROR - NOT APPROVED
3/17/2013	4.6	939.76	Approved	Accrual
3/22/2013	0	939.76	-	Current balance as of this morning
3/31/2013	4.6	944.36	Approved	Accrual
4/14/2013	4.6	948.96	Approved	Accrual
4/28/2013	4.6	953.56	Approved	Accrual
5/12/2013	4.6	958.16	Approved	Accrual
5/26/2013	4.6	962.76	Approved	Accrual
6/9/2013	4.6	967.36	Approved	Accrual
6/23/2013	4.6	971.96	Approved	Accrual
7/7/2013	4.6	976.56	Approved	Accrual



WARNING: DO NOT CLICK THROUGH THIS MESSAGE WITHOUT READING IT.

This message displays to inform you that you have attempted to leave a screen without saving your changes. To save and submit a form WITH the changes you made, click the Submit & Close button. If you would like to continue editing your form before saving and submitting, click the Return to Form button. To discard your changes and return to your forms list, click the Cancel Changes button.