

OHIO DEPARTMENT OF ALCOHOL AND DRUG ADDICTION SERVICES**EMPLOYEE BIWEEKLY WORK HOURS RECORD****A. PURPOSE**

To establish a policy to provide guidance on the Biweekly Employee Work Hours Record formally known as Time Sheet process in order to ensure accountability for all ODADAS employees.

B. POLICY

Each employee is required to submit biweekly Employee Work Hours Record accurately reflecting his/her daily work hours and leave hours used and/or accrued.

C. PROCEDURE**Employee Work Hours Record**

1. Each employee can access the Employee Work Hours Record excel spreadsheet from the shared public human resources folder S:\PUBLIC\HR\Forms\Employee Work Hours Record.
2. Using the excel Employee Work Hours Record, at the end of each two-week pay period (COB Friday of pay week), each employee must:
 - Submit all applicable leave used and overtime/compensatory time accrued via OAKS Self Service. Overtime/compensatory time accrued must have paper approval form in addition to OAKS Self Service entry. If an employee is out of the office and unable to submit the request for leave in OAKS Self Service by the cut off deadline, the employee must submit an approved paper request for leave with his/her Employee Work Hours Record.
 - Record accurate pay period start and end dates, time of arrival, time out and time in for lunch, and out time for end of shift. All applicable leave used and accrued must be recorded on the employee work hours record.
 - Attach corresponding paperwork to his/her Employee Work Hours Record (i.e., itinerary, request for training, applicable leave documentation, approved authorization for overtime or compensatory forms, etc).
 - Submit signed and dated Employee Work Hours Record to the employee's Supervisor or Division Chief in case of Supervisor's absence.

It is the employees' responsibility for submitting an accurate Employee Work Hours Record to his/her Supervisor or Division Chief each pay period by 10:00 AM payday Friday. It is the Supervisor or Division Chief's responsibility to ensure the employee's Employee Work Hours Record is verified to be accurate and submitted to payroll by close of business payday Friday.

D. IMPLEMENTATION

This policy becomes effective immediately, and rescinds previous memoranda, directives or policies on the subject.



Orman Hall, Director

2-4-11

Signature Date

Effective Date: August 13, 1990

Revised Date: February 4, 2011

Department of Alcohol and Drug Addiction Services
Employee Work Hours Record

Name John Q. Employee Area/Unit _____ Division _____

PAY PERIOD: Beginning 1/2/2011 Ending 1/15/2011

Week 1 of Pay Period

Day	Date	Time In	Time Out	Time In	Time Out	Hours Worked	Leave/Holiday		Daily Total	Leave Hours or Holiday Pay
							# of Hours	Type Taken		
Sunday	01/02/11									
Monday	01/03/11									
Tuesday	01/04/11									
Wednesday	01/05/11									
Thursday	01/06/11									
Friday	01/07/11									
Saturday	01/08/11									
										Total Hours

Leave Type: S = sick; V = vacation; P = personal; C = comp time; B = bereavement; J = jury duty; M = military; H = holiday; O = other

Week 2 of Pay Period

Day	Date	Time In	Time Out	Time In	Time Out	Hours Worked	Leave/Holiday		Daily Total	Comp Time (Must have been Pre-Approved)
							# of Hours	Type Taken		
Sunday	01/09/11									
Monday	01/10/11									
Tuesday	01/11/11									
Wednesday	01/12/11									
Thursday	01/13/11									
Friday	01/14/11									
Saturday	01/15/11									

Leave Type: S = sick; V = vacation; P = personal; C = comp time; B = bereavement; J = jury duty; M = military; H = holiday; O = other

A compressed workweek must have prior approval by the Chief of Human Resources. Supervisors may disapprove flextime based on operational needs. I certify the above to be a true and accurate accounting of hours worked. I am _____ am not _____ working a compressed schedule.

Employee Signature: _____ Date _____

Supervisor Signature: _____ Date _____

HR Chief Signature: _____ Date _____

OHIO DEPARTMENT OF ALCOHOL AND DRUG ADDICTION SERVICES

WORK SCHEDULES, MEAL AND BREAK PERIODS

A. PURPOSE

ODADAS is responsible for serving the needs of internal and external stakeholders, especially during established core business hours. For purposes of this policy, core business hours are defined as the hours between 8:00 a.m. and 5:00 p.m., Monday through Friday.

It is the Division Chief's responsibility to ensure adequate service coverage during the aforementioned core hours, excluding recognized state holidays. Therefore, based upon the aforementioned adequate service coverage requirements, not every employee will receive the same schedule options listed below.

B. POLICY

It shall be the Department's policy to provide a standard work week and an unpaid meal break along with two (2) paid fifteen (15) minute breaks to all full-time employees. Hours of work are established according to the operational needs of the Department.

The standard work week for all employees shall be forty (40) hours exclusive of the time allotted for meal periods. The Department's standard operating hours are 8:00 a.m. to 5:00 p.m., Monday through Friday.

1. No employee shall begin work prior to his or her scheduled standard work hours or continue to work after his or her scheduled work hours or during a scheduled lunch period, without prior approval from the employee's supervisor. Same day requests will not be approved.
2. All employees of the Department shall be at their work sites or "report in" locations, ready to commence work, promptly at their starting time. Failure of compliance with this aspect of this policy may result in disciplinary action and/or loss of pay for that portion of the workday not worked.
3. Employees are required to notify their immediate supervisor or designee according to the call-off policy if they are going to be late, use sick leave or for any reason have an unplanned or unauthorized absence. If such notification is not made, the absence may be charged as unapproved leave without pay, counted as an absent day and/or followed with disciplinary action.
4. When employees attend required training by the Department, employees will adopt the training schedule of the day.

C. PROCEDURE

Employees will have the following scheduling options:

1. One-half hour (1/2) flexible starting time

An employee working a flexible starting time work schedule shall work five (5) consecutive eight (8) hour work days for a total of forty (40) hours a week. Management may suspend, modify or cancel an established flexible starting time work schedule based on operational need and may modify a flex schedule to meet the needs of any employee training or required business meetings.

An employee shall work a five (5) day, eight (8) hour schedule with flexible starting times with one-half (½) hour increments as follows:

6:30 a.m. – 7:00 a.m.	7:00 a.m. – 7:30 a.m.	7:30 a.m. – 8:00 a.m.
8:00 a.m. – 8:30 a.m.	8:30 a.m. – 9:00 a.m.	

An employee shall choose one of the one-half (½) hour flexible starting times and begin the workday anytime during the approved one-half (½) hour increment. **Selection of flexible start times will be by Division, in order of seniority, for all bargaining unit employees.** All Classified/Exempt employee selections will be approved based on the division operational need. An employee shall not commence work before 6:30 a.m. or after 9:00 a.m. **Employees shall work eight (8) hours each day.** An employee reporting off work must call-off within one-half (½) hour of the selected flexible starting time.

2. Standard 8-hour Workday

An employee shall work a standard eight (8) hour workday with a fixed starting time starting at 8:00 a.m. and must choose either a thirty (30) minute or sixty (60) minute lunch break. An employee reporting off work must call-off within one-half (½) hour of selected start time.

3. Compressed Work Week Schedules

Compressed work week schedules are defined as four (4) ten (10) hour work days or four (4) nine (9) hour work days with a four (4) hour work day. Compressed work week schedules are permitted at ODADAS **only for specific, business processes or purpose.** Compressed work week schedules will begin no earlier than 7:00 a.m. and end no later than 6:00 p.m. Compressed work week schedules require the approval of the Division Chief, HR Chief and Deputy Director **prior to implementation.**

Employees are paid for a forty (40) hour work week. To satisfy this obligation, employees must change his or her schedule to five (5) eight (8) hour work days during the week of a holiday, jury duty, training, conferences and seminars.

An employee unwilling to alter a compressed work week schedule during the week of a holiday, jury duty, training, conferences and seminars shall forfeit the privilege to continue to work a compressed work week schedule.

ODADAS employees interested in obtaining the approval for compressed work week schedules shall submit a rationale clearly demonstrating the aforementioned business purpose of the request to the Division Chief, HR Chief and Deputy Director.

The following two (2) schedule options are available:

- **Option A - Fixed four (4) ten (10) hour Workdays** *(will be approved for specific business processes or purposes only)*

An employee working this schedule shall have a fixed starting time. An employee reporting off work must call-off within one-half (½) hour of the scheduled start time.

- **Option B - Fixed four (4) nine (9) hour Workdays and one (1) four (4) hour Workday** *(will be approved for specific business process or purposes only)*

An employee working this schedule shall have a fixed starting time. An employee reporting off work must call-off within one-half (½) hour of the scheduled start time.

D. MEALS AND BREAKS

Every employee ***must*** take at least a thirty (30) minute (not more than sixty (60) minutes) lunch break near the midway point of their scheduled work day. Every employee is entitled to two (2) fifteen (15) minute paid work break periods per day.

E. SCHEDULE MODIFICATIONS

Exempt employees shall have the opportunity to change flex time/compressed work week schedules or make subsequent requests for flex time/compressed work week schedules, with prior written approval of the ODADAS Division Chief, HR Chief and Deputy Director. Management shall review the submitted requests and permit the implementation where operationally feasible.

Management shall not arbitrarily and/or capriciously alter a flex time/compressed work week schedule. If it becomes necessary to alter an employee's schedule, the affected employee will be given notice in accordance with the applicable collective bargaining agreement.

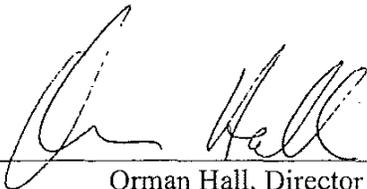
F. NON STANDARD WORK SCHEDULES

The nature of certain positions within ODADAS requires the use of non-standard work schedules; thus, schedules outside of the established core hours. Non-standard work schedules are based on operational need and Division Chiefs shall submit these schedules to the HR Chief and Deputy Director for approval.

Employees assigned to the OASIS program at the Ohio Department of Rehabilitation and Correction (ODRC), Pickaway Correctional Facility must follow the prescribed schedules set forth by the operational needs of the program (i.e. straight eight hour work days and shift work).

G. IMPLEMENTATION

This policy becomes effective immediately and rescinds all previous memoranda, directives or policies on the subject.



Orman Hall, Director

12-27-11

Signature Date

Revised Date: December 27, 2011
Revised Date: December 14, 2011
Effective Date: January 15, 2012

Attachment: Flexible Starting Time/Compressed Work Week Schedule Request



Department of Alcohol &
Drug Addiction Services

Instructions:

Please choose options below
according to preference and return
the form to your supervisor.

**Flexible Starting
Time/Compressed Work Week
Schedule Request**

Name (please print or type)		Division/Unit
Classification	<input type="checkbox"/> Exempt <input type="checkbox"/> 1199 <input type="checkbox"/> OCSEA	Supervisor Name

Flexible Starting Time

_____ **One-half (1/2) hour flexible starting time -- Rank by Preference**

_____ 6:30 a.m. - 7:00 a.m. _____ 7:00 a.m. - 7:30 a.m. _____ 7:30 a.m. - 8:00 a.m.
 _____ 8:00 a.m. - 8:30 a.m. _____ 8:30 a.m. - 9:00 a.m.

Standard Starting Time

_____ **Standard 8-hour workday -- Indicate Preferred 8-hour Schedule**

_____ 1st Preference - 8:00 a.m. - 4:30 p.m. with 1/2 hour lunch
 _____ 2nd Preference - 8:00 a.m. - 5:00 p.m. with 1 hour lunch

Compressed Work Week (will be approved for specific business processes or purposes only)

_____ **OPTION A Fixed four (4) 10-hour workdays**

Fixed Start time - 1st Preference _____ Fixed Start time - 2nd Preference _____
 Day off request - 1st Preference _____ Day off request - 2nd Preference _____

_____ **OPTION B Fixed four (4) 9-hour workdays and one 4-hour workday**

Fixed Start time - 1st Preference _____ Fixed Start time - 2nd Preference _____
 4-hour workday - 1st Preference _____ 4-hour workday - 2nd Preference _____

Lunch Break **Indicate lunch period length, in minutes -- At least 30 minutes, not more than 60 minutes**

_____ 1st Preference - 30 min _____ 2nd Preference - 60 min

Employee Signature	Date
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To be completed by Supervisor

Recommend Approval Please list the employee's work schedule including days and hours.

Recommend Disapproval Please explain:

To be completed for final approval

Division Chief Signature	Date	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>
Deputy Director Signature	Date	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>
HR Chief Signature	Date	Effective Date (beginning of pay period)	



Department of Alcohol & Drug Addiction Services

Instructions:

Please choose options below according to preference and return the form to your supervisor.

Flexible Starting Time/Compressed Work Week Schedule Request

(please print or type) Charity Martin-Vine Division/Unit ADA - Legal

Classification Exempt 1199 Supervisor Name Jim Lapczynski

OCSEA

Flexible Starting Time

One-half (1/2) hour flexible starting time -- Rank by Preference

_____ 6:30 a.m. - 7:00 a.m. 7:00 a.m. - 7:30 a.m. _____ 7:30 a.m. - 8:00 a.m.

_____ 8:00 a.m. - 8:30 a.m. 8:30 a.m. - 9:00 a.m.

Standard Starting Time

JAN 12 '12 PM 1:42

_____ Standard 8-hour workday -- Indicate Preferred 8-hour Schedule

_____ 1st Preference - 8:00 a.m. - 4:30 p.m. with 1/2 hour lunch

_____ 2nd Preference - 8:00 a.m. - 5:00 p.m. with 1 hour lunch

Compressed Work Week (will be approved for specific business processes or purposes only)

_____ OPTION A Fixed four (4) 10-hour workdays

Fixed Start time - 1st Preference _____ Fixed Start time - 2nd Preference _____

Day off request - 1st Preference _____ Day off request - 2nd Preference _____

_____ OPTION B Fixed four (4) 9-hour workdays and one 4-hour workday

Fixed Start time - 1st Preference _____ Fixed Start time - 2nd Preference _____

4-hour workday - 1st Preference _____ 4-hour workday - 2nd Preference _____

Lunch Break

Indicate lunch period length, in minutes -- At least 30 minutes, not more than 60 minutes

1st Preference - 30 min _____ 2nd Preference - 60 min

Employee Signature Date 1-12-2011

To be completed by Supervisor

Recommend Approval Please list the employee's work schedule including days and hours.

Recommend Disapproval Please explain: 1/12/12

To be completed for final approval

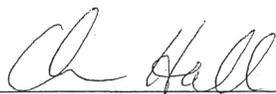
Division Chief Signature	Date	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>
Supervisor Signature	Date <u>1-12-12</u>	Approved <input checked="" type="checkbox"/>	Not Approved <input type="checkbox"/>
Director Signature	Date <u>1-12-12</u>	Effective Date (beginning of pay period) <u>1-15-12</u>	

OHIO DEPARTMENT OF ALCOHOL AND DRUG ADDICTION SERVICES

EMPLOYMENT OUTSIDE ODADAS POLICY

I. Outside Employment

- A. Purpose: To provide clarification to the “Code of Ethics and Prohibition Against Conflicts of Interest” policy. Under section D.6. it states that “Employees shall not accept anything of value from any person or entity which is doing business with or seeking to do business with the Department, interested in matters before the Department, or funded by and/or subject to regulation by the Department.”
- B. Before obtaining employment outside of ODADAS, employees must obtain written permission from the Chief Legal Counsel, the Office of Human Resources, their direct supervisors and other ODADAS leadership (see attached form). The “*Employment Outside of ODADAS*” form must be submitted for approval before accepting any offer of outside employment.
- C. In addition to the restrictions listed above, prohibitions that apply to public employees engaged in a private business include, but are not limited to:
- Using any public resources in a private business;
 - Using one’s title while conducting private business activities;
 - Using relationships with other public employees to benefit the private business;
 - Using the authority of one’s ODADAS employment to benefit one’s private business;
 - Receiving payment for services on projects recommended in one’s capacity as an employee of ODADAS;
 - Using one’s authority as an ODADAS employee to affect one’s private business competitors; or
 - Otherwise using one’s position at ODADAS to benefit one’s private business interests.
- D. Employees must abide by the conflict of interest provisions in Ohio law and ODADAS policy. The completed form shall be submitted to the Chief Legal Counsel, who will notify employees and their supervisors of the outcome in writing.
- E. Implementation: This policy becomes effective immediately, and all prior approvals for outside employment are subject to re-determination based on this clarification.
- F. Failure to comply with this Policy will result in disciplinary action, up to and including termination of employment.**



Orman Hall, Director

2-4-11

Signature Date

Effective Date: March 7, 2008

Revised Date: February 4, 2011

EMPLOYMENT OUTSIDE OF ODADAS

Name: _____

Position classification: _____

Division: _____

Name of potential employer: _____

Funding source of potential employer: _____

Certification bodies of potential employer: _____

Duties of potential employment: _____

***. By submitting this form for approval to participate in employment outside of ODADAS, I agree to notify Human Resources immediately if there is any change to Name or Funding source of the potential employer, as well as a change in duties to be performed for them.**

NOTIFICATION:

Immediate Supervisor: _____
Name Date

Division Chief: _____
Name Date

Deputy Director: _____
Name Date

RECOMMENDATION:

Chief of Human Resources: _____
Name Date Yes
No

Chief Legal Counsel: _____
Name Date Yes
No

APPROVAL:

Director: _____
Name Date Yes
No

Policy Manual Rece

This is to certify that I have received a copy of the Policies and Procedures identified below and to also acknowledge that it is my responsibility to read the Policies and Procedures and maintain them in accordance with provisions outlined in the Introduction.

Signature

Print Name

Date

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2	Code of Ethics	28(d)	Tuition Assistance Exempt Request
3	Work Standards	28(e)	Tuition Assistance OCSEA
4	Discipline	29(a)	MIS - General Information
5	Employee of the Quarter	29(b)	MIS - Electronic Mail
6	Drug-Free Workplace	29(c)	MIS - New Application & Network Accts
7	Smoking	29(d)	MIS - System & Application Security
8	Work Schedules, Meals and Break Periods	29(e)	MIS - Network User ID/Password
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9(b)	Time Sheet	29(g)	MIS - Adverse Event Procedure
10(a)	Call-off Procedure	29(h)	MIS - Computer Policy Violations
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