Scenario #1

Partial Work Period
Required Work Hours Not Met

Partial work period due to transfer, promotion, etc., effective 11/2/04, to a non-7k position, or a 7k position with different work hour requirements

Work periods 9/27/04 – 10/24/04 (complete); 10/25/04 – 11/1/04 (partial)

Includes:

- September & October 2004 CDC 998-A
- PPAS CDC 998-A
- Full-Time 7k Worksheet – Correctional Officer
- Full-Time 7k Worksheet – Partial Work Period

Scenario #1

STATE OF CALIFORNIA

EMPLOYEE'S ATTENDANCE RECORD AND PALS WORKSHEET

CDC 998-A (12/92) ***THIS FORM IS DUE TO YOUR SUPERVISOR ON OR BEFORE PAYDA Y***

DEPARTMENT OF CORRECTIONS

EMPLOYEE: Short Hours

SOCIAL SECURITY NUMBER	POSITION NUMBER	CBID	FRACTIONAL TIME BASE	MONTH/YEAR
121-22-2121	076-203-9662-001	R06	Full-Time	Sep-04

HOURS FROM PREVIOUS MONTH TO COMPLETE 40 HOUR WORK WEEK FOR OT CALCULATION = C/O= 8 hours

DAY	DATE	*REASON FOR ABSENCE OR SCHEDULE	IN	OUT	MEAL BREAK	IN	OUT	IN	OUT	# OF REG. HOURS WORKED	+ OR - OTHER LEAVE	OVERTIME HOURS	SUPV INIT
MONDAY													
TUESDAY													
WEDNESDAY	Sep-01		6:00 AM	2:00 PM						8.00			
THURSDAY	Sep-02		6:00 AM	2:00 PM						8.00			
FRIDAY	Sep-03		6:00 AM	2:00 PM						8.00			32
SATURDAY	Sep-04		6:00 AM	2:00 PM						8.00	8 SWKN		
SUNDAY	Sep-05	RDO											
											(TOTAL OTHER)	0.00	0.00
MONDAY	Sep-06	Holiday - RDO											
TUESDAY	Sep-07		6:00 AM	2:00 PM									
WEDNESDAY	Sep-08		6:00 AM	2:00 PM									
THURSDAY	Sep-09		6:00 AM	2:00 PM									
FRIDAY	Sep-10		6:00 AM	2:00 PM									
SATURDAY	Sep-11		6:00 AM	2:00 PM									
SUNDAY	Sep-12	RDO											
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)	8.00	0.00
MONDAY	Sep-13	RDO											
TUESDAY	Sep-14		6:00 AM	2:00 PM						8.00			
WEDNESDAY	Sep-15		6:00 AM	2:00 PM						8.00			
THURSDAY	Sep-16		6:00 AM	2:00 PM						8.00			
FRIDAY	Sep-17		6:00 AM	2:00 PM						8.00			
SATURDAY	Sep-18		6:00 AM	2:00 PM						8.00	8 SWKN		
SUNDAY	Sep-19	RDO											
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)	0.00	0.00
MONDAY	Sep-20	RDO											
TUESDAY	Sep-21		6:00 AM	2:00 PM						8.00			
WEDNESDAY	Sep-22		6:00 AM	2:00 PM						8.00			
THURSDAY	Sep-23		6:00 AM	2:00 PM						8.00			
FRIDAY	Sep-24		6:00 AM	2:00 PM						8.00			
SATURDAY	Sep-25		6:00 AM	2:00 PM						8.00	8 SWKN		
SUNDAY	Sep-26	RDO											
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)		
MONDAY	Sep-27	RDO											
TUESDAY	Sep-28		6:00 AM	2:00 PM						8.00			
WEDNESDAY	Sep-29		6:00 AM	2:00 PM						8.00			
THURSDAY	Sep-30		6:00 AM	2:00 PM						8.00			
FRIDAY													
SATURDAY													
SUNDAY													
									(TOTAL HOURS FOR WORKWEEK)	24.00	(TOTAL OTHER)	0.00	0.00
MONDAY													
TUESDAY													
									(TOTAL HOURS FOR WORKWEEK)	0.00	(TOTAL OTHER)	0.00	0.00

TOTAL HOURS TO BE PAID FOR THE PAY PERIOD EXCLUDING HOURS FROM PREVIOUS MONTH AND OT: 32 SWKN ; HCD5 8

TOTAL HOURS REQUIRED FOR PAY PERIOD (168/176)

TO BALANCE PAY PERIOD: + WE, - TE, HCT, V, TO

HOURS CARRIED FORWARD TO NEXT PAY PERIOD: C/O= 24 hours

(*Additional space to post reason for absence or time worked is available on reverse side.) *I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate in full compliance with legal requirements.*

EMPLOYEE'S SIGNATURE

X Short Hours

DATE 9/30/04

ALL SICK LEAVE ABSENCES ARE SUBJECT TO SUPERVISOR'S APPROVAL. SUBSTANTIATION MAY REQUIRE A DOCTOR'S STATEMENT.

For sick leave absences show, I have verified that: ☐ *Requirements for sick leave have been met.* ☐ *Doctors statement is attached.*

I have reviewed and approved employee's attendance.

SUPERVISOR'S SIGNATURE

X Supervisor

DATE 10/1/04

JUL - 2004

DEPARTMENT OF CORRECTIONS

Short Hours

MONTH/YEAR

Oct-04

DAY					OVERTIME HOURS	SUPV INIT
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY	Oct-01	6:00 AM	2:00 PM	8.00		
SATURDAY	Oct-02	6:00 AM	2:00 PM	8.00 8 8WKN		
SUNDAY	Oct-03 RDO			(TOTAL OTHER)	0.00	0.00
MONDAY	Oct-04 RDO					
TUESDAY	Oct-05	6:00 AM	2:00 PM	8.00		
WEDNESDAY	Oct-06	6:00 AM	2:00 PM	8.00		
THURSDAY	Oct-07	6:00 AM	2:00 PM	8.00		
FRIDAY	Oct-08	6:00 AM	2:00 PM	8.00		
SATURDAY	Oct-09	6:00 AM	2:00 PM	8.00 8 8WKN		
SUNDAY	Oct-10 RDO			40.00 (TOTAL OTHER)	0.00	0.00
MONDAY	Oct-11					
TUESDAY	Oct-12	6:00		HC05 8.00		
WEDNESDAY	Oct-13	6:00		8.00		
THURSDAY	Oct-14	6:00		8.00		
FRIDAY	Oct-15	6:00		8.00		
SATURDAY	Oct-16	6:00		8.00		
SUNDAY	Oct-17 RDO			8.00 8 8WKN		
			(TOTAL HOURS FOR WORKWEEK)	40.00 (TOTAL OTHER)	8.00	0.00
MONDAY	Oct-18 RDO					
TUESDAY	Oct-19	6:00 AM	2:00 PM			
WEDNESDAY	Oct-20	6:00 AM	2:00 PM			
THURSDAY	Oct-21	6:00 AM	2:00 PM			
FRIDAY	Oct-22	6:00 AM	2:00 PM			
SATURDAY	Oct-23	6:00 AM	2:00 PM			
SUNDAY	Oct-24 RDO					
			(TOTAL HOURS FOR WORKWEEK)	40.00 (TOTAL OTHER)		
MONDAY	RDO					
TUESDAY	Oct-26	6:00	2:00 PM			
WEDNESDAY	Oct-27	6:00	2:00 PM	8.00		
THURSDAY	Oct-28	6:00	2:00 PM	8.00		
FRIDAY	Oct-29	6:00	2:00 PM	8.00		
SATURDAY	Oct-30	6:00	2:00 PM	8.00		
SUNDAY	Oct-31 RDO			8.00 8 8WKN		
			(TOTAL HOURS FOR WORKWEEK)	40.00 (TOTAL OTHER)	0.00	0.00
MONDAY	Nov-01 RDO					
TUESDAY						
			(TOTAL HOURS FOR WORKWEEK)	0.00 (TOTAL OTHER)	0.00	0.00

TOTAL HOURS TO BE PAID FOR THE PAY PERIOD EXCLUDING HOURS FROM PREVIOUS MONTH AND OT

TOTAL HOURS REQUIRED FOR PAY PERIOD (168/176) 40 8WKN; HC05 8

TO BALANCE PAY PERIOD: + WE, - TE, HCT, V, TO

HOURS CARRIED FORWARD TO NEXT PAY PERIOD 40 = Ø (Partial)

(*Additional space to post reason for absence or time worked is available on reverse side.) *I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate in full compliance with legal requirements.*

EMPLOYEE'S SIGNATURE

X Short Hours

DATE 10/31/04

ALL SICK LEAVE ABSENCES ARE SUBJECT TO SUPERVISOR'S APPROVAL. SUBSTANTIATION MAY REQUIRE A DOCTOR'S STATEMENT.

For sick leave absences show, I have verified that:
I have reviewed and approved employee's attendance. [ ] *Requirements for sick leave have been met.* [ ] *Doctors statement is attached.*

SUPERVISOR'S SIGNATURE

X d Supervisor

DATE 11/1/04

JUL -

Scenario #1

INSTITUTION NAME: Mule Creek State Prison - Main Division

TIME SHEET FOR: 09/27/2004 to 11/07/2004 UNIT: 203 PRINTED: 06/17/2004

EMPLOYEE:HOURS, SHORT

ID: 1242 CBID: R06 WWG: 2 TY ULAR

SSN: 121-22-2121
PAY NUMBER: 076-203-9662-001
EFFECTIVE: 05/05/2003

DATE	QUALIFIER - CODE		HOURS	SHIFT	POST
09/27/2004	A - RDO	00	0:00	2	2004
09/28/2004	W - X	00	8:00	2	2004
09/29/2004	W - X	00	8:00	2	2004
09/30/2004	W - X	00	8:00	2	2004
10/01/2004	W - X	00	8:00	2	2004
10/02/2004	W - X	00	8:00	2	2004
10/03/2004	A - RDO	00	0:00	2	2004
Week: 39		otal:	40:00		
10/04/2004	A - RDO	00	0:00	2	2004
10/05/2004	W - X	00	8:00	2	2004
10/06/2004	W - X	00	8:00	2	2004
10/07/2004	W - X	00	8:00	2	2004
10/08/2004	W - X	00	8:00	2	2004
10/09/2004	W - X	00	8:00	2	2004
10/10/2004	A - RDO	00	0:00	2	2004
Week: 40		otal:	40:00		
10/11/2004	A - RDO	00	0:00	2	2004
10/11/2004	* P - HCE	00	8:00	2	2004
10/12/2004	W - X	00	8:00	2	2004
10/13/2004	W - X	00	8:00	2	2004
10/14/2004	W - X	00	8:00	2	2004
10/15/2004	W - X	00	8:00	2	2004
10/16/2004	W - X	00	8:00	2	2004
10/17/2004	A - RDO	00	0:00	2	2004
Week: 41		otal:	48:00		
10/18/2004	A - RDO	00	0:00	2	2004
10/19/2004	W - X	00	8:00	2	2004
10/20/2004	W - X	00	8:00	2	2004
10/21/2004	W - X	00	8:00	2	2004
10/22/2004	W - X	00	8:00	2	2004
10/23/2004	W - X	00	8:00	2	2004
10/24/2004	A - RDO	00	0:00	2	2004
Week: 42		otal:	40:00		
10/25/2004	A - RDO	00	0:00	2	2004
10/26/2004	W - X	00	8:00	2	2004
10/27/2004	W - X	00	8:00	2	2004
10/28/2004	W - X	00	8:00	2	2004
10/29/2004	W - X	00	8:00	2	2004
10/30/2004	W - X	00	8:00	2	2004
10/31/2004	A - RDO	00	0:00	2	2004
Week: 43		otal:	40:00		
11/01/2004	A - RDO	00	0:00	2	2004
Week: 44		otal:	0:00		

OVER TIME HOURS		SHIFT HOURS		HOURS TAKEN		HOURS WORKED	
1st	: 0:00	Shift Hrs.:	0:00	T.O.	: 0:00	Wk Per 1 :	164:00
2nd	: 0:00	8WK Hrs. :	0:00	Sick	: 0:00	Wk Per 2 :	0:00
3rd	: 0:00	8WKN Hrs. :	40:00	Vac/AL	: 0:00	WP CO :	40:00
Total OT:	0:00	Hol Credit:	8:00	Military:	0:00		
Dead Hrs:	0:00	Hol Paid :	0:00	S.S.T.	: 0:00	Hrs. Taken:	0:00
Dock Hrs:	0:00	RDO Days :	10	Other	: 0:00		
OT Shift:	0:00			Hol Taken:	0:00		
WO Hours:	0:00						
8WK Hrs :	0 00						
8WKN Hrs:	0 00						

JUL - 2004

Scenario #1

INSTITUTION NAME: Mule Creek State Prison - Main Division

TIME AND ATTENDANCE 06/17/2004 11:37:40

AGY 076 RU 203 PAY PERIOD 10/04 ROLL CD 3 REPORT PAGE 1 BATCH ID

OK ERN	DY	SSN HOURS	RATE	AF	NAME ERN	DY	HOURS	CLASS RATE	SERIAL AF	ERN	DY	HOURS	RATE	AF
	121 - 22 - 2121				S	HOURS		9662	001					
8WKN		40.00												

Page Totals: Hours = 40.00 Rates = 0.00 Alternate Funding AF = A

I hereby certify under penalty of perjury that Attendance, Payroll, and Leave Benefit data stated herein is correct, complete and in accordance with all laws and regulations.

SIGNATURE PHONE DATE

JUL - 2004

Scenario #1

INSTITUTION NAME: Mule Creek State Prison - Main Division

TIME SHEET FOR: 10/25/2004 to 12/05/2004 UNIT: 203 PRINTED: 06/18/2004

EMPLOYEE:HOURS, SHORT
ID: 1242 CBID: R06 WWG: 2 TYPE: REGULAR

SSN: 121-22-2121
PAY NUMBER: 076-203-9662-001
EFFECTIVE: 05/05/2003

DATE	QUALIFIER	IN-OUT	HOURS	SHIFT	POST
10/25/2004	A - RDO	06:00-14:00	0:00	2	2004
10/26/2004	W - X	06:00-14:00	8:00	2	2004
10/27/2004	W - X	06:00-14:00	8:00	2	2004
10/28/2004	W - X	06:00-14:00	8:00	2	2004
10/29/2004	W - X	06:00-14:00	8:00	2	2004
10/30/2004	W - X	06:00-14:00	8:00	2	2004
10/31/2004	A - RDO	06:00-14:00	0:00	2	2004
Week: 43		Subtotal:	40:00		
11/01/2004	A - RDO	06:00-14:00	0:00	2	2004
Week: 44		Subtotal:	0:00		

OVER TIME HOURS		SHIFT HOURS		HOURS TAKEN		HOURS WORKED	
1st	0:00	Shift Hrs.:	0:00	T.O.	0:00	Wk Per 1	42 ~~44:00~~
2nd	0:00	8WK Hrs.	0:00	Sick	0:00	Wk Per 2	0:00
3rd	0:00	8WKN Hrs.	0:00	Vac/AL	0:00	WP CO	0:00
Total OT	0:00	Hol Credit:	0:00	Military:	0:00		
Dead Hrs	0:00	Hol Paid	0:00	S.S.T.	0:00	Hrs. Taken:	0:00
Dock Hrs	120:00	RDO Days	0	Other	0:00		
OT Shift	0:00			Hol Taken:	0:00		
WO Hours	0:00						
8WK Hrs	0:00						
8WKN Hrs	0:00						

PRO-RATED PPWA

PARTIAL WORK PERIOD

JUL - 2004

INSTITUTION NAME: Mule Creek State Prison - Main Division Scenario #1

TIME AND ATTENDANCE 06/07/2004 15:51:05

AGY 076 RU 203 PAY PERIOD 11/04 ROLL CD 3 REPORT PAGE 1 BATCH ID

OK ERN	DY	SSN HOURS	RATE	AF	NAME ERN	DY	HOURS	CLASS RATE	SERIAL AF	ERN	DY	HOURS	RATE	AF
	121 - 22 - 2121	S	HOURS					9662	001					
No extra pay or recalculate FLSA														

Page Totals: Hours = 0.00 Rates = 0.00 Alternate Funding AF = A

I hereby certify under penalty of perjury that Attendance, Payroll, and Leave Benefit data stated herein is correct, complete and in accordance with all laws and regulations.

SIGNATURE PHONE DATE

JUL 2004

Scenario#1

FULL-TIME 7K WORKSHEET

Correctional Officers, Medical Technical Assistants, and Fire Captains (Not Subject to MOU Section 17.02)

EMPLOYEE NAME: Short Hours PPAS ID: 2121

WORK PERIOD DATES: 9/27/04 - 10/24/04 PAY PERIOD: 10/04

WORK PERIOD OVERTIME **$ Hourly Rate**

1. Total WORK PERIOD hours reported (Include Holiday, Paid Leave, & Training – if applicable) 160
2. Add PPWA + 4
3. Subtotal (Total WORK PERIOD hours) = 164
4. Subtract required WORK PERIOD hours - 164
5. Total Work Period Overtime hours **(OF6)** = Ø **$_____
   (**IF NEGATIVE** – Leave credits must be posted for negative hours. If absence is unapproved or leave is not available, post as Dock)

WORK PERIOD SHIFT (COMPLETE FOR OVERTIME PURPOSES ONLY)

6. Total 1st & 3rd Regular Shift hours worked in the **work period** (SRN) X.50 = $
7. Total 1st & 3rd Overtime Shift hours worked in the **work period** (S5N) X.50 = $
8. Weekend Shift 1st & 3rd Watch hours worked in the **work period** (8WK) X.15 = $
9. Weekend Shift 2nd Watch hours worked in the **work period** (8WKN) X.65 = $
10. **TOTAL WORK PERIOD SHIFT FOR FLSA 7k FORMULA** $

PAY PERIOD HOLIDAY PAY

11. Hours of Holiday Paid Straight **(HG5)** **$
    (As determined on 7k FLSA Calculation Worksheet)

PAY PERIOD SHIFT

12. Total 1st & 3rd Regular Shift hours worked in the **pay period** (SRN) _____
13. Total 1st & 3rd Overtime Shift hours worked in the **pay period** (S5N) _____ **
14. Weekend Shift 1st & 3rd Watch hours worked in the **pay period** (8WK) _____ **
15. Weekend Shift 2nd Watch hours worked in the **pay period** (8WKN) 40 **

**** POST ON 671/672**

7k SICK LEAVE EXCLUSION TRACKING

16. Total Overtime hours in work period (line 5) _____
17. Total sick leave hours used in work period **(Include any leave type used for sick leave purposes)** _____
18. Total sick leave hours which would have been excluded and paid at straight time prior to 11/1/99 (**Not to exceed Overtime hours on line 16)** _____
19. FLSA OT Rate of Pay $ _____
20. Straight Time Rate of Pay (Based on Salary ÷ 177.67) - $ _____
21. Salary Rate Difference = $ _____
22. **TOTAL SALARY RATE DIFFERENCE** $ _____ (Line 21) X _____ (Line 18) = $ _____

Scenario #1

FULL-TIME 7k WORKSHEET
PARTIAL WORK PERIOD
All 7k Employees (Not Subject to MOU Section 17.02)

EMPLOYEE NAME: Short Hours PPAS ID/SSN: 2121

WORK PERIOD DATES: 10/25/04 - 11/1/04 PAY PERIOD: 10/04

WORK PERIOD OVERTIME

$ Hourly Rate

1. Total WORK PERIOD hours reported (Include Holiday, Paid Leave, & Training – if applicable) 40
2. Prorated PPWA (If applicable)
3. Subtotal (Total WORK PERIOD hours)
4. Subtract **REQUIRED** WORK PERIOD hours (Work period **CALENDAR** days 8 X 5.86 hours per day = 46.88) - 46.88
5. Total Work Period Overtime **(OF6)** = <4.88> **$ _____
   (**IF NEGATIVE** – Leave credits must be posted for negative hours. If absence is unapproved or leave is not available, post as Dock) HC01 4.88

WORK PERIOD SHIFT (COMPLETE FOR OVERTIME PURPOSES ONLY)

6. Total 1st & 3rd Regular Shift hours worked in the **work period** (SRN) _____ X.50 = $ _____
7. Total 1st & 3rd Overtime Shift hours worked in the **work period** (S5N) _____ X.50 = $ _____
8. Weekend Shift 1st & 3rd Watch hours worked in the **work period** (8WK) _____ X.15 = $ _____
9. Weekend Shift 2nd Watch hours worked in the **work period** (8WKN) _____ X.65 = $ _____
10. **TOTAL WORK PERIOD SHIFT FOR FLSA 7k FORMULA** $ _____

PAY PERIOD HOLIDAY PAY

11. Hours of Holiday Paid Straight **(HG5)** _____ **$ _____
    (As determined on 7k FLSA Calculation Worksheet)

PAY PERIOD SHIFT

12. Total 1st & 3rd Regular Shift hours worked in the **pay period** (SRN) _____
13. Total 1st & 3rd Overtime Shift hours worked in the **pay period** (S5N) _____ **
14. Weekend Shift 1st & 3rd Watch hours worked in the **pay period** (8WK) _____ **
15. Weekend Shift 2nd Watch hours worked in the **pay period** (8WKN) _____ **

**** POST ON 671/672**

7k SICK LEAVE EXCLUSION TRACKING

16. Total Overtime hours in work period (line 5) _____
17. Total sick leave hours used in work period **(Include any leave type used for sick leave purposes)** _____
18. Total sick leave hours which would have been excluded and paid at straight time prior to 11/1/99 (**Not to exceed Overtime hours on line 16)** _____
19. FLSA OT Rate of Pay $ _____
20. Straight Time Rate of Pay (Based on Salary ÷ 177.67) - $ _____
21. Salary Rate Difference = $ _____
22. **TOTAL SALARY RATE DIFFERENCE** $ _____ (Line 21) X _____ (Line 18) = $ _____

Revised 07/04

JUL - 2004

Scenario #2

Partial Work Period
Required Work Hours Exceeded

Partial work period due to transfer, promotion, etc., effective 11/2/04, to a non-7k position, or a 7k position with different work hour requirements

Work periods 9/27/04 – 10/24/04 (complete); 10/25/04 – 11/1/04 (partial)

Includes:

- September & October 2004 CDC 998-A
- PPAS CDC 998-A
- Full-Time 7k Worksheet – Correctional Officer
- 7k FLSA Calculation Worksheet
- Full-Time 7k Worksheet – Partial Work Period
- 7k FLSA Calculation Worksheet

Scenario#2

STATE OF CALIFORNIA

EMPLOYEE'S ATTENDANCE RECORD AND PALS WORKSHEET

CDC 998-A (12/92) ***THIS FORM IS DUE TO YOUR SUPERVISOR ON OR BEFORE PAYDA Y***

DEPARTMENT OF CORRECTIONS

EMPLOYEE

More Hours

SOCIAL SECURITY NUMBER	POSITION NUMBER	CBID	FRACTIONAL TIME BASE	MONTH/YEAR
232-33-3232	099-601-9662-002	R06	Full-Time	Sep-04

HOURS FROM PREVIOUS MONTH TO COMPLETE 40 HOUR WORK WEEK FOR OT CALCULATION = C/O = 16 hours; 16 SRN

DAY	DATE	*REASON FOR ABSENCE OR SCHEDULE	IN	OUT	MEAL BREAK	IN	OUT	IN	OUT	# OF REG. HOURS WORKED	+ OR - OTHER LEAVE	OVERTIME HOURS	SUPV INIT
MONDAY													
TUESDAY													
WEDNESDAY	Sep-01		10:00 PM	6:00 AM						8.00	8 SRN		
THURSDAY	Sep-02		10:00 PM	6:00 AM						8.00	8 SRN		
FRIDAY	Sep-03	RDO											
SATURDAY	Sep-04	RDO											
SUNDAY	Sep-05		10:00 PM	6:00 AM						8.00	8 SRN 8 8WK		
											(TOTAL OTHER)	0.00	0.00
MONDAY	Sep-06	Holiday	10:00 PM	6:00 AM						8.00	HC05 8.00 HPS 4.00 8 SRN		
TUESDAY	Sep-07		10:00 PM	6:00 AM						8.00	8 SRN		
WEDNESDAY	Sep-08		10:00 PM	6:00 AM						8.00	8 SRN		
THURSDAY	Sep-09		10:00 PM	6:00 AM						8.00	8 SRN		
FRIDAY	Sep-10	RDO											
SATURDAY	Sep-11	RDO											
SUNDAY	Sep-12		10:00 PM	6:00 AM						8.00	8 SRN 8 8WK		
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)	12.00	0.00
MONDAY	Sep-13		10:00 PM	6:00 AM						8.00	8 SRN		
TUESDAY	Sep-14		10:00 PM	6:00 AM						8.00	8 SRN		
WEDNESDAY	Sep-15		10:00 PM	6:00 AM						8.00	8 SRN		
THURSDAY	Sep-16		10:00 PM	6:00 AM						8.00	8 SRN		
FRIDAY	Sep-17	RDO											
SATURDAY	Sep-18	RDO											
SUNDAY	Sep-19		10:00 PM	6:00 AM						8.00	8 SRN 8 8WK		
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)	0.00	0.00
MONDAY	Sep-20		10:00 PM	6:00 AM						8.00	8 SRN		
TUESDAY	Sep-21		10:00 PM	6:00 AM						8.00	8 SRN		
WEDNESDAY	Sep-22		10:00 PM	6:00 AM						8.00	8 SRN		
THURSDAY	Sep-23		10:00 PM	6:00 AM						8.00	8 SRN		
FRIDAY	Sep-24	RDO											
SATURDAY	Sep-25	RDO											
SUNDAY	Sep-26		10:00 PM	6:00 AM						8.00	8 SRN 8 8WK		
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)	0.00	
MONDAY	Sep-27		10:00 PM	6:00 AM						8.00			
TUESDAY	Sep-28		10:00 PM	6:00 AM						8.00	8 SRN		
WEDNESDAY	Sep-29		10:00 PM	6:00 AM						8.00	8 SRN		
THURSDAY	Sep-30		10:00 PM	6:00 AM						8.00	8 SRN		
FRIDAY													
SATURDAY													
SUNDAY													
									(TOTAL HOURS FOR WORKWEEK)	32.00	(TOTAL OTHER)	0.00	0.00
MONDAY													
TUESDAY													
									(TOTAL HOURS FOR WORKWEEK)	0.00	(TOTAL OTHER)	0.00	0.00

TOTAL HOURS TO BE PAID FOR THE PAY PERIOD EXCLUDING HOURS FROM PREVIOUS MONTH AND OT: 176 SRN; 32 8WK; HC05 8; HPS 4

TOTAL HOURS REQUIRED FOR PAY PERIOD (168/176)

TO BALANCE PAY PERIOD: + WE, - TE, HCT, V, TO

HOURS CARRIED FORWARD TO NEXT PAY PERIOD: C/O = 32 hours; 32 SRN

(*Additional space to post reason for absence or time worked is available on reverse side.) *I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate in full compliance with legal requirements.*

EMPLOYEE'S SIGNATURE

X More Hours

DATE 9/30/04

ALL SICK LEAVE ABSENCES ARE SUBJECT TO SUPERVISOR'S APPROVAL. SUBSTANTIATION MAY REQUIRE A DOCTOR'S STATEMENT.

For sick leave absences show, I have verified that: ☐ *Requirements for sick leave have been met.* ☐ *Doctors statement is attached.*

I have reviewed and approved employee's attendance.

SUPERVISOR'S SIGNATURE

X d Supervisor

DATE 10/1/04

JUL -

Scenario #2

STATE OF CALIFORNIA

EMPLOYEE'S ATTENDANCE RECORD AND PALS WORKSHEET

CDC 998-A (12/92) ***THIS FORM IS DUE TO YOUR SUPERVISOR ON OR BEFORE PAYDA Y***

EMPLOYEE

DEPARTMENT OF CORRECTIONS

More Hours

SOCIAL SECURITY NUMBER	POSITION NUMBER	CBID	FRACTIONAL TIME BASE	MONTH/YEAR
232-33-3232	099-601-9662-002	R06	Full-Time	Oct-04

HOURS FROM PREVIOUS MONTH TO COMPLETE 40 HOUR WORK WEEK FOR OT CALCULATION = 40 - 32 hours 32 SRA

DAY	DATE	*REASON FOR ABSENCE OR SCHEDULE	MEAL BREAK	OUT	# OF REG. HOURS WORKED	+ OR - OTHER LEAVE	OVERTIME HOURS	SUPV INIT
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY	Oct-01 RDO							
SATURDAY	Oct-02 RDO							
SUNDAY	Oct-03		10:00 PM	6:00 AM				
					8.00	8 SRN 8 8WK		
					(TOTAL OTHER)	0.00	0.00	
MONDAY	Oct-04		10:00 PM	6:00 AM	8.00	8 SRN		
TUESDAY	Oct-05		10:00 PM	6:00 AM	8.00	8 SRN		
WEDNESDAY	Oct-06		10:00 PM	6:00 AM	8.00	8 SRN		
THURSDAY	Oct-07		10:00 PM	6:00 AM	8.00	8 SRN		
FRIDAY	Oct-08 RDO				8.00	8 SRN		
SATURDAY	Oct-09 RDO							
SUNDAY	Oct-10		10:00 PM	6:00 AM				
					8.00	8 SRN 8 8WK		
				(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)	0.00	0.00
MONDAY	Oct-11 Holiday		10:00 PM	6:00 AM	8.00	HC05 8.00 HPS 4.00 8 SRN		
TUESDAY	Oct-12		10:00 PM	6:00 AM	8.00	8 SRN		
WEDNESDAY	Oct-13		10:00 PM	6:00 AM	8.00	8 SRN		
THURSDAY	Oct-14		10:00 PM	6:00 AM	8.00	8 SRN		
FRIDAY	Oct-15 RDO				8.00	8 SRN		
SATURDAY	Oct-16 RDO							
SUNDAY	Oct-17		10:00 PM	6:00 AM				
					8.00	8 SRN 8 8WK		
				(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)	12.00	0.00
MONDAY	Oct-18		10:00 PM	6:00 AM	8.00	8 SRN		
TUESDAY	Oct-19		10:00 PM	6:00 AM	8.00	8 SRN		
WEDNESDAY	Oct-20		10:00 PM	6:00 AM	8.00	8 SRN		
THURSDAY	Oct-21		10:00 PM	6:00 AM	8.00	8 SRN		
FRIDAY	Oct-22 RDO				8.00	8 SRN		
SATURDAY	Oct-23 RDO							
SUNDAY	Oct-24		10:00 PM	6:00 AM				
					8.00	8 SRN 8 8WK		
				(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)	0.00	
MONDAY			10:00 PM	6:00 AM	8.00	8 SRN		
TUESDAY	Oct-26		10:00 PM	6:00 AM	8.00	8 SRN		
WEDNESDAY	Oct-27		10:00 PM	6:00 AM	8.00	8 SRN		
THURSDAY	Oct-28		10:00 PM	6:00 AM	8.00	8 SRN		
FRIDAY	Oct-29 RDO							
SATURDAY	Oct-30 RDO							
SUNDAY	Oct-31		10:00 PM	6:00 AM				
					8.00	8 SRN 8 8WK		
				(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)	0.00	0.00
MONDAY	Nov-01		10:00 PM	6:00 AM				
TUESDAY						8 SRN		8
				(TOTAL HOURS FOR WORKWEEK)	8.00	(TOTAL OTHER)	0.00	0.00

TOTAL HOURS TO BE PAID FOR THE PAY PERIOD EXCLUDING HOURS FROM PREVIOUS MONTH AND OT

TOTAL HOURS REQUIRED FOR PAY PERIOD (168/176) 176 SRN ; 40 8WK

TO BALANCE PAY PERIOD: + WE, - TE, HCT, V, TO HCO5 8 ; HPS 4

HOURS CARRIED FORWARD TO NEXT PAY PERIOD

(*Additional space to post reason for absence or time worked is available on reverse side.) *I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate in full compliance with legal requirements.* 40 Ø (Par 1a

EMPLOYEE'S SIGNATURE

X More Hours

DATE 10/4

ALL SICK LEAVE ABSENCES ARE SUBJECT TO SUPERVISOR'S APPROVAL. SUBSTANTIATION MAY REQUIRE A DOCTOR'S STATEMENT.

For sick leave absences show, I have verified that: [ ] *Requirements for sick leave have been met.* [ ] *Doctors statement is attached.*

I have reviewed and approved employee's attendance.

SUPERVISOR'S SIGNATURE

X -) Supervise

DATE 12/04

JUL -

Scenario #2

INSTITUTION NAME: Mule Creek State Prison - Main Division

TIME SHEET FOR: 09/27/2004 to 11/07/2004 UNIT: 601 PRINTED: 06/17/2004

EMPLOYEE:HOURS, MORE
ID: 1243 CBID: R06 WWG: 2 TYPE: REGULAR

SSN: 232-33-3232
PAY NUMBER: 099-601-9662-002
EFFECTIVE: 04/25/2003

DATE	QUALIFIER - CODE	IN-OUT	HOURS	SHIFT	POST
09/27/2004	W - X	22:00-06:00	8:00	1	1004
09/28/2004	W - X	22:00-06:00	8:00	1	1004
09/29/2004	W - X	22:00-06:00	8:00	1	1004
09/30/2004	W - X	22:00-06:00	8:00	1	1004
10/01/2004	A - RDO	22:00-06:00	0:00	1	1004
10/02/2004	A - RDO	22:00-06:00	0:00	1	1004
10/03/2004	W - X	22:00-06:00	8:00	1	1004
Week: 39		Subtotal:	40:00		
10/04/2004	W - X	22:00-06:00	8:00	1	1004
10/05/2004	W - X	22:00-06:00	8:00	1	1004
10/06/2004	W - X	22:00-06:00	8:00	1	1004
10/07/2004	W - X	22:00-06:00	8:00	1	1004
10/08/2004	A - RDO	22:00-06:00	0:00	1	1004
10/09/2004	A - RDO	22:00-06:00	0:00	1	1004
10/10/2004	W - X	22:00-06:00	8:00	1	1004
Week: 40		Subtotal:	40:00		
10/11/2004	W - X	22:00-06:00	8:00	1	1004
10/11/2004	* P - HCE	22:00-06:00	8:00	0	1004
10/11/2004	* P - HPS	22:00-06:00	4:00	0	1004
10/12/2004	W - X	22:00-06:00	8:00	1	1004
10/13/2004	W - X	22:00-06:00	8:00	1	1004
10/14/2004	W - X	22:00-06:00	8:00	1	1004
10/15/2004	A - RDO	22:00-06:00	0:00	1	1004
10/16/2004	A - RDO	22:00-06:00	0:00	1	1004
10/17/2004	W - X	22:00-06:00	8:00	1	1004
Week: 41		Subtotal:	52:00		
10/18/2004	W - X	22:00-06:00	8:00	1	1004
10/19/2004	W - X	22:00-06:00	8:00	1	1004
10/20/2004	W - X	22:00-06:00	8:00	1	1004
10/21/2004	W - X	22:00-06:00	8:00	1	1004
10/22/2004	A - RDO	22:00-06:00	0:00	1	1004
10/23/2004	A - RDO	22:00-06:00	0:00	1	1004
10/24/2004	W - X	22:00-06:00	8:00	1	1004
Week: 42		Subtotal:	40:00		
10/25/2004	W - X	22:00-06:00	8:00	1	1004
10/26/2004	W - X	22:00-06:00	8:00	1	1004
10/27/2004	W - X	22:00-06:00	8:00	1	1004
10/28/2004	W - X	22:00-06:00	8:00	1	1004
10/29/2004	A - RDO	22:00-06:00	0:00	1	1004
10/30/2004	A - RDO	22:00-06:00	0:00	1	1004
10/31/2004	W - X	22:00-06:00	8:00	1	1004
Week: 43		Subtotal:	40:00		
11/01/2004	W - X	22:00-06:00	8:00	1	1004
Week: 44		Subtotal:	8:00		

OVER TIME HOURS	SHIFT HOURS	HOURS TAKEN	HOURS WORKED
1st : 0:00	Shift Hrs.:176:00	T.O. : 0:00	Wk Per 1 : 164:00
2nd : 0:00	8WK Hrs. : 40:00	Sick : 0:00	Wk Per 2 : 0:00
3rd : 0:00	8WKN Hrs. : 0:00	Vac/AL : 0:00	WP CO : 48:00
Total OT: 0:00	Hol Credit: 8:00	Military: 0:00	
Dead Hrs: 0:00	Hol Paid : 4:00	S.S.T. : 0:00	Hrs. Taken: 0:00
Dock Hrs: 0:00	RDO Days : 10	Other : 0:00	
OT Shift: 0:00		Hol Taken: 0:00	
WO Hours: 0:00			
8WK Hrs : 0:00			
8WKN Hrs: 0:00			

JUL -7 2004

INSTITUTION NAME: Mule Creek State Prison - Main Division Scenario #2

TIME AND ATTENDANCE 06/17/2004 11:37:02

AGY 099 RU 601 PAY PERIOD 10/04 ROLL CD 3 REPORT PAGE 1 BATCH ID

OK ERN	DY	SSN HOURS	RATE	AF	NAME ERN	DY	HOURS	CLASS RATE	SERIAL AF	ERN	DY	HOURS	RATE	AF
	232 - 33 - 3232				M	HOURS		9662	002					
HG5		4.00	27.49		SRN		176.00			8WK		40.00		

Page Totals: Hours = 220.00 Rates = 27.49 Alternate Funding AF = A

I hereby certify under penalty of perjury that Attendance, Payroll, and Leave Benefit data stated herein is correct, complete and in accordance with all laws and regulations.

SIGNATURE PHONE DATE

JUL - 2004

Scenario #2

INSTITUTION NAME: Mule Creek State Prison - Main Division

TIME SHEET FOR: 10/25/2004 to 12/05/2004 UNIT: 601 PRINTED: 05/27/2004

EMPLOYEE:HOURS, MORE
ID: 1243 CBID: R06 WWG: 2 TYPE: REGULAR

SSN: 232-33-3232
PAY NUMBER: 099-601-9662-002
EFFECTIVE: 04/25/2003

DATE	QUALIFIER - CODE	IN-OUT	HOURS	SHIFT	POST
10/25/2004	W - X	22:00-06:00	8:00	1	1004
10/26/2004	W - X	22:00-06:00	8:00	1	1004
10/27/2004	W - X	22:00-06:00	8:00	1	1004
10/28/2004	W - X	22:00-06:00	8:00	1	1004
10/29/2004	A - RDO	22:00-06:00	0:00	1	1004
10/30/2004	A - RDO	22:00-06:00	0:00	1	1004
10/31/2004	W - X	22:00-06:00	8:00	1	1004
Week: 43		Subtotal:	40:00		
11/01/2004	W - X	22:00-06:00	8:00	1	1004
Week: 44		Subtotal:	8:00		

OVER TIME HOURS		SHIFT HOURS		HOURS TAKEN		HOURS WORKED	
1st	0:00	Shift Hrs.	0:00	T.O.	0:00	Wk Per 1	50 ~~52:00~~
2nd	0:00	8WK Hrs.	0:00	Sick	0:00	Wk Per 2	0:00
3rd	0:00	8WKN Hrs.	0:00	Vac/AL	0:00	WP CO	0:00
Total OT	0:00	Hol Credit	0:00	Military	0:00		
Dead Hrs	0:00	Hol Paid	0:00	S.S.T.	0:00	Hrs. Taken	0:00
Dock Hrs	112:00	RDO Days	0	Other	0:00		
OT Shift	0:00			Hol Taken	0:00		
WO Hours	0:00						
8WK Hrs	0:00						
8WKN Hrs	0:00						

PRO-RATED PPWA

PARTIAL WORK PERIOD

JUL - 2004

INSTITUTION NAME: Mule Creek State Prison - Main Division Scenar o# 2

TIME AND ATTENDANCE 06/07/2004 15:46:20

AGY 099 RU 601 PAY PERIOD ~~11/04~~ 10/04 ROLL CD 3 REPORT PAGE BATCH ID

OK	SSN	NAME	CLASS	SERIAL
___	232 - 33 - 3232	M	9662	002

ERN	DY	HOURS	RATE	AF	ERN	DY	HOURS	RATE	AF	ERN	DY	HOURS	RATE
		HOURS											
No extra pay or recalculate FLSA ___					OF6		3.12	42.57					

Page Totals: Hours = 0.00 Rates = 0.00 Alternate Funding AF = A

I hereby certify under penalty of perjury that Attendance, Payroll, and Leave Benefit data stated herein is correct, complete and in accordance with all laws and regulations.

SIGNATURE PHONE DATE

JUL 2004

Scenario #2

FULL-TIME 7K WORKSHEET

Correctional Officers, Medical Technical Assistants, and Fire Captains (Not Subject to MOU Section 17.02)

EMPLOYEE NAME: More Hours PPAS ID: 3232

WORK PERIOD DATES: 9/27/04-10/24/04 PAY PERIOD 10/04

WORK PERIOD OVERTIME **$ Hourly Rate**

1. Total WORK PERIOD hours reported (Include Holiday, Paid Leave, & Training – if applicable) 160
2. Add PPWA + 4
3. Subtotal (Total WORK PERIOD hours) = 164
4. Subtract required WORK PERIOD hours - 164
5. Total Work Period Overtime hours **(OF6)** = Ø **$
   (**IF NEGATIVE** – Leave credits must be posted for negative hours. If absence is unapproved or leave is not available, post as Dock)

WORK PERIOD SHIFT (COMPLETE FOR OVERTIME PURPOSES ONLY)

6. Total 1st & 3rd Regular Shift hours worked in the **work period** (SRN) X.50 = $
7. Total 1st & 3rd Overtime Shift hours worked in the **work period** (S5N) X.50 = $
8. Weekend Shift 1st & 3rd Watch hours worked in the **work period** (8WK) X.15 = $
9. Weekend Shift 2nd Watch hours worked in the **work period** (8WKN) X.65 = $
10. **TOTAL WORK PERIOD SHIFT FOR FLSA 7k FORMULA** $

PAY PERIOD HOLIDAY PAY

11. Hours of Holiday Paid Straight **(HG5)** 4 **$ 27.49
    (As determined on 7k FLSA Calculation Worksheet)

PAY PERIOD SHIFT

12. Total 1st & 3rd Regular Shift hours worked in the **pay period** (SRN) 176 **
13. Total 1st & 3rd Overtime Shift hours worked in the **pay period** (S5N) **
14. Weekend Shift 1st & 3rd Watch hours worked in the **pay period** (8WK) 40 **
15. Weekend Shift 2nd Watch hours worked in the **pay period** (8WKN) **

**** POST ON 671/672**

7k SICK LEAVE EXCLUSION TRACKING

16. Total Overtime hours in work period (line 5)
17. Total sick leave hours used in work period **(Include any leave type used for sick leave purposes)**
18. Total sick leave hours which would have been excluded and paid at straight time prior to 11/1/99 (**Not to exceed Overtime hours on line 16)**
19. FLSA OT Rate of Pay $
20. Straight Time Rate of Pay (Based on Salary ÷ 177.67) - $
21. Salary Rate Difference = $
22. **TOTAL SALARY RATE DIFFERENCE** $ _____ (Line 21) X _____ (Line 18) = $

Revised 07/04

JUL - 2004

7k FLSA CALCULATION WORKSHEET

STRAIGHT TIME/HOLIDAY PAID STRAIGHT (HG5) FORMULA

$ 4885 (Based on Salary) ÷ 177.67 = $ 27.49 (Straight Time/Holiday Paid Straight Rate of Pay (HG5))

7k FLSA FORMULA

$ _____ (Based on Salary) + $ _____ (Total Monthly Pay Differentials) = $ _____ (Total Monthly Salary) x 12 = $ _____ (Annual Salary) ÷ 13 = $ _____ (7k Work Period Salary) + $ _____ (Total Work Period Shift Differential)

+ $ _____ (Gross Earnings Additional Positions) = $ _____ (Total Work Period Earnings) ÷ (_____) (164 Hours (+) Hours Worked In Additional Positions) = $ _____ (Avg. FLSA Rate of Pay) x 1.5 = $ _____ (FLSA OT Rate of Pay (OF6))

MONTHLY PAY DIFFERENTIALS

Bilingual	$100.00	$ _____
Education		$ _____
Flight Time		$ _____
Housing	$175.00	$ _____
Out-of-Class		$ _____
Physical Fitness	$65.00	$ _____
Physical Fitness	$130.00	$ 130
Senior Peace Officer		$ _____
Van Pool		$ _____
Other		$ _____
	TOTAL	$ 130

SELF HELP SPONSOR (SHS) / PART TIME FIRE CAPTAIN

_____ (Hours Worked SHS / Fire Captain) x $ _____ (Hourly Rate) = $ _____ (SHS / Fire Captain Gross Earnings)

ADJUSTMENT

$ _____ (Avg. FLSA Rate of Pay) ÷ 2 = $ _____ (Adjusted Rate (OF)) (x _____ hours) (SHS / Fire Captain OT Hours Worked Keyed at OF Rate) = $ _____ (SHS / Fire Captain Adjustment)

OTHER 7k ADDITIONAL POSITION (DO NOT USE FOR NON-7k POSITIONS)

_____ (Hours Worked 2nd Position) x $ _____ (Hourly Rate) = $ _____ (2nd Position Gross Earnings)

ADJUSTMENT

$ _____ (Avg. FLSA Rate of Pay) ÷ 2 = $ _____ (Adjusted Rate (OF)) (x _____ hours) (2nd Position OT Hours Worked Keyed at OF Rate) = $ _____ (2nd Position Adjustment)

Revised 07/04

Scenario #2

JUL - 2004

Scenario #2

FULL-TIME 7k WORKSHEET
PARTIAL WORK PERIOD
All 7k Employees (Not Subject to MOU Section 17.02)

EMPLOYEE NAME: More Hours PPAS ID/SSN: 3232

WORK PERIOD DATES: 10/25/04 - 11/1/04 PAY PERIOD: 10/04

WORK PERIOD OVERTIME

			$ Hourly Rate
1	Total WORK PERIOD hours reported (Include Holiday, Paid Leave, & Training – if applicable)	48	
2	Prorated PPWA (If applicable)		
3	Subtotal (Total WORK PERIOD hours)	50	
4.	Subtract **REQUIRED** WORK PERIOD hours (Work period **CALENDAR** days 8 X 5.86 hours per day = 46.88)	46.88	
5.	Total Work Period Overtime **(OF6)** (**IF NEGATIVE** – Leave credits must be posted for negative hours. If absence is unapproved or leave is not available, post as Dock)	3.12 **$	42.57

WORK PERIOD SHIFT (COMPLETE FOR OVERTIME PURPOSES ONLY)

6.	Total 1st & 3rd Regular Shift hours worked in the **work period** (SRN)	48	X.50 = $	24.00
7.	Total 1st & 3rd Overtime Shift hours worked in the **work period** (S5N)		X.50 = $	
8.	Weekend Shift 1st & 3rd Watch hours worked in the **work period** (8WK)	8	X.15 = $	1.20
9.	Weekend Shift 2nd Watch hours worked in the **work period** (8WKN)		X.65 = $	
10.	**TOTAL WORK PERIOD SHIFT FOR FLSA 7k FORMULA**		$	25.20

PAY PERIOD HOLIDAY PAY

11. Hours of Holiday Paid Straight **(HG5)** (As determined on 7k FLSA Calculation Worksheet) **$

PAY PERIOD SHIFT

12. Total 1st & 3rd Regular Shift hours worked in the **pay period** (SRN) _____ **
13. Total 1st & 3rd Overtime Shift hours worked in the **pay period** (S5N) _____ **
14. Weekend Shift 1st & 3rd Watch hours worked in the **pay period** (8WK) _____ **
15. Weekend Shift 2nd Watch hours worked in the **pay period** (8WKN) _____ **

**** POST ON 671/672**

7k SICK LEAVE EXCLUSION TRACKING

16. Total Overtime hours in work period (line 5) _____
17. Total sick leave hours used in work period **(Include any leave type used for sick leave purposes)** _____
18. Total sick leave hours which would have been excluded and paid at straight time prior to 11/1/99 (**Not to exceed Overtime hours on line 16)** _____
19. FLSA OT Rate of Pay $ _____
20. Straight Time Rate of Pay (Based on Salary ÷ 177.67) - $ _____
21. Salary Rate Difference = $ _____
22. **TOTAL SALARY RATE DIFFERENCE** $ _____ (Line 21) X _____ (Line 18) = $ _____

Revised 07/04

JUL - 2004

Scenario #3

Resignation, Retirement, etc.
Lump Sum Calculation

Resignation of a Correctional Officer
Effective 5/31/04 (COB)

Work period 5/10/04 – 5/31/04 (partial)

Includes:

- May 2004 CDC 998-A
- PPAS CDC 998-A
- Full-Time 7k Worksheet – Partial Work Period
- Lump Sum Calendar
- 7k SCO Hour Conversion Worksheet
- Personnel Action Request (PAR)

7k FLSA CALCULATION WORKSHEET

STRAIGHT TIME/HOLIDAY PAID STRAIGHT (HG5) FORMULA

$ 4885 (Based on Salary) ÷ 177.67 = $ 27.49 (Straight Time/Holiday Paid Straight Rate of Pay (HG5))

7k FLSA FORMULA

$ _____ (Based on Salary) + $ _____ (Total Monthly Pay Differentials) = $ _____ (Total Monthly Salary) x 12 = $ _____ (Annual Salary) ÷ 13 = $ _____ (7k Work Period Salary) + $ _____ (Total Work Period Shift Differential)

+ $ _____ (Gross Earnings Additional Positions) = $ _____ (Total Work Period Earnings) ÷ (_____) (164 Hours (+) Hours Worked In Additional Positions) = $ _____ (Avg. FLSA Rate of Pay) x 1.5 = $ _____ (FLSA OT Rate of Pay (OF6))

MONTHLY PAY DIFFERENTIALS

Bilingual	$100.00	$ _____
Education		$ _____
Flight Time		$ _____
Housing	$175.00	$ _____
Out-of-Class		$ _____
Physical Fitness	$65.00	$ _____
Physical Fitness	$130.00	$ 130
Senior Peace Officer		$ _____
Van Pool		$ _____
Other		$ _____
	TOTAL	$ 130

SELF HELP SPONSOR (SHS) / PART TIME FIRE CAPTAIN

_____ (Hours Worked SHS / Fire Captain) x $ _____ (Hourly Rate) = $ _____ (SHS / Fire Captain Gross Earnings)

ADJUSTMENT

$ _____ (Avg. FLSA Rate of Pay) ÷ 2 = $ _____ (Adjusted Rate (OF)) (x_____ hours) (SHS / Fire Captain OT Hours Worked Keyed at OF Rate) = $ _____ (SHS / Fire Captain Adjustment)

OTHER 7k ADDITIONAL POSITION (DO NOT USE FOR NON-7k POSITIONS)

_____ (Hours Worked 2nd Position) x $ _____ (Hourly Rate) = $ _____ (2nd Position Gross Earnings)

ADJUSTMENT

$ _____ (Avg. FLSA Rate of Pay) ÷ 2 = $ _____ (Adjusted Rate (OF)) (x_____ hours) (2nd Position OT Hours Worked Keyed at OF Rate) = $ _____ (2nd Position Adjustment)

Scenario #2

Revised 07/04

JUL - 2004

Scenario #3

STATE OF CALIFORNIA

EMPLOYEE'S ATTENDANCE RECORD AND PALS WORKSHEET

CDC 998-A (12/92) ***THIS FORM IS DUE TO YOUR SUPERVISOR ON OR BEFORE PAYDAY***

DEPARTMENT OF CORRECTIONS

EMPLOYEE: Outta Here

SOCIAL SECURITY NUMBER: 343-33-4343

POSITION NUMBER: 095-201-9662-003

CBID: R06

FRACTIONAL TIME BASE: Full-Time

MONTH/YEAR: May-04

HOURS FROM PREVIOUS MONTH TO COMPLETE 40 HOUR WORK WEEK FOR OT CALCULATION = C/O = 112 hours; 104 SRN; 32 8WK

DAY	DATE	*REASON FOR ABSENCE OR SCHEDULE	IN	OUT	MEAL BREAK	IN	OUT	IN	OUT	# OF REG. HOURS WORKED	+ OR - OTHER LEAVE	OVERTIME HOURS	SUPV INIT
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY	May-01		2:00 PM	10:00 PM						8.00	8 SRN 8 8WK		16
SUNDAY	May-02		2:00 PM	10:00 PM						8.00	8 SRN 8 8WK		
									(TOTAL HOURS FOR WORKWEEK)	16.00	(TOTAL OTHER)	0.00	0.00
MONDAY	May-03	RDO											
TUESDAY	May-04	RDO											
WEDNESDAY	May-05		2:00 PM	10:00 PM						8.00	8 SRN		
THURSDAY	May-06		2:00 PM	10:00 PM						8.00	8 SRN		
FRIDAY	May-07		2:00 PM	10:00 PM						8.00	8 SRN		40
SATURDAY	May-08		2:00 PM	10:00 PM						8.00	8 SRN 8 8WK		
SUNDAY	May-09		2:00 PM	10:00 PM						8.00	8 SRN		
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)		
MONDAY	May-10	RDO											
TUESDAY	May-11	RDO											
WEDNESDAY	May-12		2:00 PM	10:00 PM						8.00	8 SRN		
THURSDAY	May-13		2:00 PM	10:00 PM						8.00	8 SRN		
FRIDAY	May-14		2:00 PM	10:00 PM						8.00	8 SRN		40
SATURDAY	May-15		2:00 PM	10:00 PM						8.00	8 SRN 8 8WK		
SUNDAY	May-16		2:00 PM	10:00 PM						8.00	8 SRN 8 8WK		
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)	0.00	0.00
MONDAY	May-17	RDO											
TUESDAY	May-18	RDO											
WEDNESDAY	May-19		2:00 PM	10:00 PM						8.00	8 SRN		
THURSDAY	May-20		2:00 PM	10:00 PM						8.00	8 SRN		
FRIDAY	May-21		2:00 PM	10:00 PM						8.00	8 SRN		40
SATURDAY	May-22		2:00 PM	10:00 PM						8.00	8 SRN 8 8WK		
SUNDAY	May-23		2:00 PM	10:00 PM						8.00	8 SRN 8 8WK		
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)	0.00	0.00
MONDAY	May-24	RDO											
TUESDAY	May-25	RDO											
WEDNESDAY	May-26		2:00 PM	10:00 PM						8.00	8 SRN		
THURSDAY	May-27		2:00 PM	10:00 PM						8.00	8 SRN		
FRIDAY	May-28		2:00 PM	10:00 PM						8.00	8 SRN		40
SATURDAY	May-29		2:00 PM	10:00 PM						8.00	8 SRN 8 8WK		
SUNDAY	May-30		2:00 PM	10:00 PM						8.00	8 SRN 8 8WK		
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)	0.00	0.00
MONDAY	May-31	Holiday - RDO											
TUESDAY													
									(TOTAL HOURS FOR WORKWEEK)	0.00	(TOTAL OTHER)	8.00	0.00

HC05 8.00

TOTAL HOURS TO BE PAID FOR THE PAY PERIOD EXCLUDING HOURS FROM PREVIOUS MONTH AND OT: 176 SRN; 80 8WK; HC05 8

TOTAL HOURS REQUIRED FOR PAY PERIOD (168/176)

TO BALANCE PAY PERIOD: + WE, - TE, HCT, V, TO

HOURS CARRIED FORWARD TO NEXT PAY PERIOD: C/O = Ø (Separation)

(*Additional space to post reason for absence or time worked is available on reverse side.) *I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate in full compliance with legal requirements.*

EMPLOYEE'S SIGNATURE: X Outta Here

DATE: 5/30/04

ALL SICK LEAVE ABSENCES ARE SUBJECT TO SUPERVISOR'S APPROVAL. SUBSTANTIATION MAY REQUIRE A DOCTOR'S STATEMENT.

For sick leave absences show, I have verified that: ☐ *Requirements for sick leave have been met.* ☐ *Doctors statement is attached.*

I have reviewed and approved employee's attendance.

SUPERVISOR'S SIGNATURE: X I Supervise

DATE: 5/31/04

JUL - 2004

Scenario #3

INSTITUTION NAME: Mule Creek State Prison - Main Division

TIME SHEET FOR: 04/12/2004 to 06/06/2004 UNIT: 201 PRINTED: 06/17/2004

EMPLOYEE:OUTTA, HERE

ID: 1244 CBID: R06 WWG: 2 TYPE: REGULAR

SSN: 343-33-4343
PAY NUMBER: 095-201-9662-003
EFFECTIVE: 05/30/2001

DATE	QUALIFIER - CODE	IN-OUT	HOURS	SHIFT	POST
05/01/2004	W - X	14:00-22:00	8:00	3	3001
05/02/2004	W - X	14:00-22:00	8:00	3	3001
Week: 17		Subtotal:	16:00		
05/03/2004	A - RDO	14:00-22:00	0:00	3	3001
05/04/2004	A - RDO	14:00-22:00	0:00	3	3001
05/05/2004	W - X	14:00-22:00	8:00	3	3001
05/06/2004	W - X	14:00-22:00	8:00	3	3001
05/07/2004	W - X	14:00-22:00	8:00	3	3001
05/08/2004	W - X	14:00-22:00	8:00	3	3001
05/09/2004	W - X	14:00-22:00	8:00	3	3001
Week: 18		Subtotal:	40:00		
05/10/2004	A - RDO	14:00-22:00	0:00	3	3001
05/11/2004	A - RDO	14:00-22:00	0:00	3	3001
05/12/2004	W - X	14:00-22:00	8:00	3	3001
05/13/2004	W - X	14:00-22:00	8:00	3	3001
05/14/2004	W - X	14:00-22:00	8:00	3	3001
05/15/2004	W - X	14:00-22:00	8:00	3	3001
05/16/2004	W - X	14:00-22:00	8:00	3	3001
Week: 19		Subtotal:	40:00		
05/17/2004	A - RDO	14:00-22:00	0:00	3	3001
05/18/2004	A - RDO	14:00-22:00	0:00	3	3001
05/19/2004	W - X	14:00-22:00	8:00	3	3001
05/20/2004	W - X	14:00-22:00	8:00	3	3001
05/21/2004	W - X	14:00-22:00	8:00	3	3001
05/22/2004	W - X	14:00-22:00	8:00	3	3001
05/23/2004	W - X	14:00-22:00	8:00	3	3001
Week: 20		Subtotal:	40:00		
05/24/2004	A - RDO	14:00-22:00	0:00	3	3001
05/25/2004	A - RDO	14:00-22:00	0:00	3	3001
05/26/2004	W - X	14:00-22:00	8:00	3	3001
05/27/2004	W - X	14:00-22:00	8:00	3	3001
05/28/2004	W - X	14:00-22:00	8:00	3	3001
05/29/2004	W - X	14:00-22:00	8:00	3	3001
05/30/2004	W - X	14:00-22:00	8:00	3	3001
Week: 21		Subtotal:	40:00		
05/31/2004	A - RDO	14:00-22:00	0:00	3	3001
05/31/2004	* P - HCE	14:00-22:00	8:00	0	3001
Week: 22		Subtotal:	8:00		

OVER TIME HOURS	SHIFT HOURS	HOURS TAKEN	HOURS WORKED
1st : 0:00	Shift Hrs.:176:00	T.O. : 0:00	Wk Per 1 :124 ~~60:00~~
2nd : 0:00	8WK Hrs. : 80:00	Sick : 0:00	Wk Per 2 : 0:00
3rd : 0:00	8WKN Hrs. : 0:00	Vac/AL : 0:00	WP CO : ~~120:00~~
Total OT: 0:00	Hol Credit: 8:00	Military: 0:00	
Dead Hrs: 0:00	Hol Paid : 0:00	S.S.T. : 0:00	Hrs. Taken: 0:00
Dock Hrs:108:00	RDO Days : 9	Other : 0:00	
OT Shift: 0:00		Hol Taken: 0:00	
WO Hours: 0:00			
8WK Hrs : 0:00			
8WKN Hrs: 0:00			

PRO-RATED PPWA

PARTIAL WORK PERIOD

JUL 2004

INSTITUTION NAME: Mule Creek State Prison - Main Division Scenario #3

TIME AND ATTENDANCE 06/17/2004 10:15:01

AGY 095 RU 201 PAY PERIOD 05/04 ROLL CD 3 REPORT PAGE 1 BATCH ID

OK ERN	SSN DY	HOURS	RATE	AF	NAME ERN	DY	HOURS	CLASS RATE	SERIAL AF	ERN	DY	HOURS	RATE	AF
	343 - 33 - 4343		H	OUTTA				9662	003					
SRN		176.00			8WK		80.00							

Page Totals: Hours = 256.00 Rates = 0.00 Alternate Funding AF = A

I hereby certify under penalty of perjury that Attendance, Payroll, and Leave Benefit data stated herein is correct, complete and in accordance with all laws and regulations.

SIGNATURE PHONE DATE

JUL -1 2004

INSTITUTION NAME: Mule Creek State Prison - Main Division Scenario #3

TIME AND ATTENDANCE 06/17/2004 09:08:20

AGY 095 RU 201 PAY PERIOD 06/04 ROLL CD 3 REPORT PAGE 1 BATCH ID

OK ERN	DY	SSN HOURS	RATE	AF	NAME ERN	DY	HOURS	CLASS RATE	SERIAL AF	ERN	DY	HOURS	RATE	AF
	343 - 33 - 4343		H	OUTTA				9662	003					

No extra pay or recalculate FLSA

Page Totals: Hours = 0.00 Rates = 0.00 Alternate Funding AF = A

I hereby certify under penalty of perjury that Attendance, Payroll, and Leave Benefit data stated herein is correct, complete and in accordance with all laws and regulations.

SIGNATURE PHONE DATE

JUL -1 2004

Scenario #3

FULL-TIME 7k WORKSHEET
PARTIAL WORK PERIOD
All 7k Employees (Not Subject to MOU Section 17.02)

EMPLOYEE NAME: Outta Here PPAS ID/SSN: 4343

WORK PERIOD DATES: 5/10/04 - 5/31/04 PAY PERIOD: 05/04

WORK PERIOD OVERTIME

		$ Hourly Rate
1. Total WORK PERIOD hours reported (Include Holiday, Paid Leave, & Training – if applicable)	120	
2. Prorated PPWA (If applicable)	4	
3. Subtotal (Total WORK PERIOD hours)	124	
4. Subtract **REQUIRED** WORK PERIOD hours (Work period **CALENDAR** days 22 X 6 hours per day = 132)	- 132	
5. Total Work Period Overtime **(OF6)** (**IF NEGATIVE** – Leave credits must be posted for negative hours. If absence is unapproved or leave is not available, post as Dock)	= (8)	**$

H C01 8

WORK PERIOD SHIFT (COMPLETE FOR OVERTIME PURPOSES ONLY)

6. Total 1st & 3rd Regular Shift hours worked in the **work period** (SRN) _____ X.50 = $.
7. Total 1st & 3rd Overtime Shift hours worked in the **work period** (S5N) _____ X.50 = $.
8. Weekend Shift 1st & 3rd Watch hours worked in the **work period** (8WK) _____ X.15 = $.
9. Weekend Shift 2nd Watch hours worked in the **work period** (8WKN) _____ X.65 = $.
10. **TOTAL WORK PERIOD SHIFT FOR FLSA 7k FORMULA** $.

PAY PERIOD HOLIDAY PAY

11. Hours of Holiday Paid Straight **(HG5)** (As determined on 7k FLSA Calculation Worksheet) _____ **$ _____

PAY PERIOD SHIFT

12. Total 1st & 3rd Regular Shift hours worked in the **pay period** (SRN) 176 **
13. Total 1st & 3rd Overtime Shift hours worked in the **pay period** (S5N) _____ **
14. Weekend Shift – 1st & 3rd Watch hours worked in the **pay period** (8WK) _____ **
15. Weekend Shift – 2nd Watch hours worked in the **pay period** (8WKN) 80 **

**** POST ON 671/672**

7k SICK LEAVE EXCLUSION TRACKING

16. Total Overtime hours in work period (line 5) _____
17. Total sick leave hours used in work period **(Include any leave type used for sick leave purposes)** _____
18. Total sick leave hours which would have been excluded and paid at straight time prior to 11/1/99 (**Not to exceed Overtime hours on line 16)** _____
19. FLSA OT Rate of Pay $ _____
20. Straight Time Rate of Pay (Based on Salary ÷ 182) - $ _____
21. Salary Rate Difference = $ _____
22. **TOTAL SALARY RATE DIFFERENCE** $ _____ (Line 21) X _____ (Line 18) = $ _____

Revised 02/03

JUL - 2004

Scenario #3

STATE OF CALIFORNIA

EMPLOYEE ATTENDANCE SUMMARY

STD. 640 (REV. 9/2002)

1. EMPLOYEE'S NAME: Outta Here

2. SUPERVISOR'S NAME

3. DEPARTMENT, DIVISION, UNIT

4. RECORD OF ABSENCES: Sick Leave - *Red* Vacation - *Blue* Off Payroll - *Green* Holiday - *Brown* Personal Holiday - *Purple*

STATE PAY PERIOD CALENDAR FOR 2004

NOTE: Holidays and pay periods after July 1, 1999, are subject to collective bargaining agreements negotiated in Fiscal Year 1999–2000 or thereafter. Hours for each pay period **INCLUDE** the holidays.

JANUARY — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

FEBRUARY — 21 DAYS 168 HRS.

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	1					

MARCH — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Begin leave balances include May accruals.

AL = 289
HC = 76 - 36 = 40
PLP = 144 - 144 = Ø

APRIL — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

AL = 308 - 126.22 = 181.78
HC = 40 + 8(PH) - 48 = Ø

MAY — 21 DAYS 168 HRS.

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

AL = 200.78 - 181.66 = 19.12

JUNE — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
		6	6	6	6	6
6	6	8	8	8	8	8
8	8	8	8	8	8	8
8	8	8	8	8	8	8
8	8	8	8			

160 hrs leave

Q+19

AL = 38.12 (+8H = Convert 46.12)

JULY — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
				6	6	4
4 *	5.86	5.86	5.86	5.86	5.86	5.86
5.86	5.86	5.86	5.86	5.86	5.86	5.86
5.86	5.86	5.86	5.86	5.86	5.86	5.86
5.86	5.86	5.86	5.86	5.86	5.86	5.86

171.22 hrs leave

Q+19

AUGUST — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
5.86	5.86	5.86	5.86	5.86	5.86	5.86
5.86	5.86	5.86	5.86	5.86	5.86	5.86
5.86	5.86	5.86	5.86	5.86	5.86	5.86
5.86	5.86	5.86	5.86	5.86	5.86	5.86
5.86	5.86	5.86				

181.66 hrs leave

Q+19

SEPTEMBER — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
			5.86	5.86	5.86	5.86
3.72	4	5.86	5.81	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Converted = 46.6 hours

OCTOBER — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1					

NOVEMBER — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1			

DECEMBER — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
		2	3	4		
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

ANALYSIS OF ABSENCE RECORD FROM _____ to _____

5. PERSONAL HOLIDAY
Number of Hours _____

6. VACATION
A. Number of Days _____ Number of Hours _____
B. Number of Different Times

7. SICK LEAVE — *This Employee* / *Average Other Employees*
A. Number of Days _____ Number of Hours _____
B. Number of Different Times
C. Present Sick Leave Balance: Days _____ Hrs. _____

8. ABSENCE WITHOUT PAY
A. Number of Days _____ Number of Hours _____
B. Number of Different Times

9. TOTAL ABSENCES
A. Number of Days _____ Number of Hours _____
B. Number of Different Times

10. NUMBER OF WORKING DAYS IN THE PERIOD
NUMBER OF WORKING HOURS IN THE PERIOD

11. PERCENTAGE OF WORKING DAYS ABSENT
PERCENTAGE OF WORKING HOURS ABSENT

(OVER FOR 2003 SUMMARY)

* Work period changes effective 7/5/04 to 164 hours.

7k SCO HOUR CONVERSION WORKSHEET

EMPLOYEE NAME: Outta Here PPAS ID/SSN: 4343 PAY PERIOD: 09/04

Based on Salary: $ 4885 Monthly Pay Differentials: $ 297.40 (Physical Fitness not included in lump sum) Hours to be Converted: 46.12 Dock, Lump Sum, Buy-Back, etc.

AVG. FLSA RATE OF PAY

$ 4885 (Based on Salary 1st Position) + $ 297.40 (Total Monthly Pay Differentials) = $ 5182.40 (Total Monthly Salary) x 12 = $ 62188.80 (Annual Salary) ÷ 13 = $ 4783.75 (7k Work Period Salary) + $ 91.60 (Total Work Period Shift Differential)

+ $ Ø (Gross Earnings Additional Positions) = $ 4875.35 (Total Work Period Earnings) ÷ (164) (164 Hours (+) Hours Worked In Additional Positions) = $ 29.73 (Avg. FLSA Rate of Pay)

3rd watch = 164 SRN

Tues, Wed RDO's = 64 8WK

SCO HOURLY RATE OF PAY

$ 5182.40 (Salary Full (As indicated on PAR) (Less Physical Fitness)) ÷ 176 (168 – **OR** – 176 (168 for 21 day pay period; 176 for 22 day pay period)) = $ 29.45 (SCO Hourly Rate of pay)

DOLLAR AMOUNT TO BE COVERTED

46.12 (Hours to Convert Dock, Lump Sum, etc. (As determined on FLSA Worksheet)) x $ 29.73 (Avg. FLSA Rate of Pay) = $ 1371.15 (Dollar Amount To Be Converted)

SCO HOUR CONVERSION

$ 1371.15 (Dollar Amount To Be Converted) ÷ $ 29.45 (SCO Hourly Rate of pay) = 46.6 (SCO Hour Conversion) = 5 **Days** 6.6 **Hours** (SCO Days/Hours (Rounded to the nearest tenth))

Total Lump Sum to be Paid (on PAR) = 574.6 hours = 71 days, 6.6 hours
Item 620 (AL+PLP) = 490 hours = 61 days, 2 hours
Item 625 (Other) = 84.6 hours = 10 days, 4.6 hours

Scenario #3

JUL - 2004

Revised 07/04

STATE OF CALIFORNIA

PERSONNEL ACTION REQUEST

SCO-680(REV-02) 03/25/04 PRINT CLEARLY – MAKE NO ENTRIES IN SHADED AREAS

005 SEQUENCE NUMBER | OF
DOCUMENT PROCESSING NUMBER 010 0047 | ROUTE TO DEPARTMENT OF: 015 CORR 095

	FROM:												
1	TO:	343-33-4343 SOCIAL SECURITY # 105	HERE EMPLOYEE LAST NAME 110	OUTTA FIRST NAME AND MIDDLE INITIAL 111	095 AGENCY 120	201 POSITION NUMBER UNIT 121	9662 CLASS 122	003 SERIAL 123	001 DEPT CODE 124	R06 CB ID 126	36 COUNTY CODE 130	OTHER POSITION 136	12/07/46 BIRTH DATE 140 MM/DD/YY	MAX ANNIV. DATE 145 MM/YY

	FROM:						
2	TO:	TRANSACTION CODE 206 S70	*03/02/04 EFFECTIVE DATE AND HOURS 210 05/31/04 MM/DD/YY	EMPLOYMENT HISTORY REMARKS 215	*L 8SP4 L 8E6 L 8PF1 ESTABLISHED EARNINGS IND ID IND ID IND ID 361	ESTABLISHED EARNINGS IND ID IND ID 362

	FROM:																
3	TO:	4885.00 305 ACTUAL RATE * 5312.40 306 TOTAL SALARY	M SALARY PER 310	M PAY FREQ. 315	4885.00 BASED ON SALARY 320	GSI CODE 321	PLUS SALARY 325	EXPIRATION DATE OF PLUS SALARY MM/DD/YY	MAX ANNIVERSARY DATE 330 MM/YY	K ALTERNATE RANGE 335	PAYROLL STATUS 340	SHIFT DIFF 345	SPECIAL PAY 350	2 WWG 355	PAY LETTER # 356	PAY LETTER EXPIRATION DATE MM/DD/YY

	FROM:																	
4	TO:	FT TIME BASE 405	P APPT. TENURE 410	# MOS. 415	APPOINTMENT EXPIRATION DATE 416	HOURS	CERT # 425	TYPE OF LIST OR EXMT STAT. 426	N PROBATIONARY PERIOD CODE 430	ENDING DATE MM/DD/YY	1 MCR APPROVAL CODE 435	FORM	DATE MM/DD/YY	M SEX 440	4 ETHNIC ORIGIN 445	PRIOR STATE SERVICE 450	DISABILITY CODE 455

	FROM:																
5	TO:	37 ACCOUNT CODE 505		POF SAFETY MEMBER 515	YES SURVIVORS BENEFITS 520	NO SS/MED 525	8.00 RETIREMENT RATE (%) 530	EXEMPT AUTHORITY 535	540	X OATH 545	NON-CITIZEN	03/12/84 MEDICAL CLEARANCE 550 MM/DD/YY	03/12/84 FINGERPRINT 555 MM/DD/YY	1 PROFESSIONAL LICENSE TYPE 560	12/07/87 EXPIRATION DATE MM/DD/YY	JOB INCURRED INJURY CODE 565	INJURY DATE WCTD/DL DATE MM/DD/YY

	FROM:																
6	TO:	REASON FOR SEPARATION 603	PAY PERIOD 605 MM/YY	TIME TO BE PAID (NEW) 606 DAS HOURS HDTH	21,000.00	TIME TO BE PAID (OLD) 607 DAS HOURS HDTH	PAY IMMED. 615	LUMP SUM TO PAID (SIL) (VAC) 620 DAS HOURS HDTH	61,002.00	LUMP SUM EXTRA HOURS 625 DAS HOURS HDTH	10,004.60	LUMP SUM PAYMENT CODE 630	3	LUMP SUM UNIT 635 SERIAL 636	912	SEPARATION EXPIRATION DATE 645 MM/DD/YY HOURS	FIX MAINTENANCE FIRST / FINAL DED. MONTHLY DED. 655

	FROM:																
7	TO:	MOS. 705	TOTAL STATE SERVICE HOURS	AS OF MM/DD/YY	INTERMITTENT DATES AND HOURS 1) / / THRU / / 2) / / THRU / / 3) MM DD YY THRU MM DD YY 710	HOURS	TNTH	SERVICE PAY PERIOD 715 MM/YY	SPECIAL PLUS 720	REEMPLOYMENT LIST CLASS 725	726	REEMPLOY LIST ELIG. 730	735	740

	FROM:								
8	TO:	888 0721 805	810	815	820	825	830	835	

	FROM:			ESTABLISHED EARNINGS						
9	TO:	962 05281.64-2-61-002.0 805	810	IND L	ID 8SP4	AMOUNT 195.40	IND L	ID 8E6	AMOUNT 102.00	IND L ID 8PF1 AMOUNT 130.00

10

BACKUP INFORMATION

☐ ON FILE FOR AUDIT

☐ SUBSTANTIATION IN REMARKS OR SEE ATTACHED

REMARKS

Item 962 Salary = $ 4885.00 Base Salary
297.40 Applicable Pay Differentials
88.84 SRN (3rd Watch)
10.40 8WK (Saturday AND Sunday)
$ 5281.64

KEYED BY INITIALS | DATE MM/DD/YY

FOR THE APPOINTING POWER

For Agencies in State Payroll System: The foregoing additions to, deletions from, or change in the original payroll roster of the herein named state agency are true, correct, and in

CONCURRING APPOINTING POWER SIGNATURE(S):

Scenario # 3

JUL - 2004

Scenario #4

Required Work Hours Not Met

Employee on dock status

Work periods 6/7/04 – 7/4/04;
7/5/04 – 8/1/04; 8/2/04 – 8/29/04

Includes:

June, July, & August 2004 CDC 998-A
PPAS CDC 998-A
Full-Time 7k Worksheets – Correctional Officer
Dock Calendar
7k SCO Hour Conversion Worksheet – June
7k SCO Hour Conversion Worksheet – July
7k SCO Hour Conversion Worksheet – August
674 A/R – June
674 A/R – July
603 – August

Scenario #4

STATE OF CALIFORNIA

EMPLOYEE'S ATTENDANCE RECORD AND PALS WORKSHEET

CDC 998-A (12/92) ***THIS FORM IS DUE TO YOUR SUPERVISOR ON OR BEFORE PAYDAY***

DEPARTMENT OF CORRECTIONS

EMPLOYEE: Gone A Lot

SOCIAL SECURITY NUMBER: 343-44-5454

POSITION NUMBER: 180-206-9662-004

CBID: R06

FRACTIONAL TIME BASE: Full-Time

MONTH/YEAR: Jun-04

HOURS FROM PREVIOUS MONTH TO COMPLETE 40 HOUR WORK WEEK FOR OT CALCULATION = C/O = 124 hours; 120 SRN; 24 8WK

DAY	DATE	*REASON FOR ABSENCE OR SCHEDULE	IN	OUT	MEAL BREAK	IN	OUT	IN	OUT	# OF REG. HOURS WORKED	+ OR - OTHER LEAVE	OVERTIME HOURS	SUPV INIT
MONDAY													
TUESDAY	Jun-01		2:00 PM	10:00 PM						8.00	8 SRN		
WEDNESDAY	Jun-02		2:00 PM	10:00 PM						8.00	8 SRN		
THURSDAY	Jun-03		2:00 PM	10:00 PM						8.00	8 SRN		
FRIDAY	Jun-04		2:00 PM	10:00 PM						8.00	8 SRN		40
SATURDAY	Jun-05		2:00 PM	10:00 PM						8.00	8 SRN 8 8WK		
SUNDAY	Jun-06	RDO											
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)	0.00	0.00
MONDAY	Jun-07	RDO											
TUESDAY	Jun-08		2:00 PM	10:00 PM						8.00	8 SRN		
WEDNESDAY	Jun-09		2:00 PM	10:00 PM						8.00	8 SRN		
THURSDAY	Jun-10		2:00 PM	10:00 PM						8.00	8 SRN		
FRIDAY	Jun-11		2:00 PM	10:00 PM						8.00	8 SRN		40
SATURDAY	Jun-12		2:00 PM	10:00 PM						8.00	8 SRN 8 8WK		
SUNDAY	Jun-13	RDO											
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)	0.00	0.00
MONDAY	Jun-14	RDO											
TUESDAY	Jun-15	Sick - Son									SL02 8.00 FM01 8.00	8 SRN	
WEDNESDAY	Jun-16	Sick - Son									VA71 8.00 FM01 8.00	8 SRN	
THURSDAY	Jun-17	Sick - Son									VA71 2.00 DK01 6.00	FM01 8.00	
FRIDAY	Jun-18	Sick - Son									DK01 8.00 FM01 8.00		22
SATURDAY	Jun-19	Sick - Son	6:00 PM	10:00 PM						4.00	DK01 4.00 FM01 4.00	4 SRN 4 8WK	
SUNDAY	Jun-20	RDO											
									(TOTAL HOURS FOR WORKWEEK)	4.00	(TOTAL OTHER)	64.00	
MONDAY	Jun-21	RDO											
TUESDAY	Jun-22	Sick - Son	6:00 PM	10:00 PM						4.00	DK01 4.00 FM01 4.00	4 SRN	
WEDNESDAY	Jun-23	Sick - Son	6:00 PM	10:00 PM						4.00	DK01 4.00 FM01 4.00	4 SRN	
THURSDAY	Jun-24	Sick - Son	6:00 PM	10:00 PM						4.00	DK01 4.00 FM01 4.00	4 SRN	28
FRIDAY	Jun-25		2:00 PM	10:00 PM						8.00	8 SRN		
SATURDAY	Jun-26		2:00 PM	10:00 PM						8.00	8 SRN 8 8WK		
SUNDAY	Jun-27	RDO											
									(TOTAL HOURS FOR WORKWEEK)	28.00	(TOTAL OTHER)	24.00	0.00
MONDAY	Jun-28	RDO											
TUESDAY	Jun-29		2:00 PM	10:00 PM						8.00	8 SRN		
WEDNESDAY	Jun-30		2:00 PM	10:00 PM						8.00	8 SRN		16
THURSDAY													
FRIDAY													
SATURDAY													
SUNDAY													
									(TOTAL HOURS FOR WORKWEEK)	16.00	(TOTAL OTHER)	0.00	0.00
MONDAY													
TUESDAY													
									(TOTAL HOURS FOR WORKWEEK)	0.00	(TOTAL OTHER)	0.00	0.00

TOTAL HOURS TO BE PAID FOR THE PAY PERIOD EXCLUDING HOURS FROM PREVIOUS MONTH AND OT: 144 SRN; 28 8WK

TOTAL HOURS REQUIRED FOR PAY PERIOD (168/176)

TO BALANCE PAY PERIOD: + WE, - TE, HCT, V, TO

HOURS CARRIED FORWARD TO NEXT PAY PERIOD: C/O = 106 hours; 104 SRN; 20 8WK

(*Additional space to post reason for absence or time worked is available on reverse side.) *I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate in full compliance with legal requirements.*

EMPLOYEE'S SIGNATURE: X Gone a Lot

DATE: 6/30/04

ALL SICK LEAVE ABSENCES ARE SUBJECT TO SUPERVISOR'S APPROVAL. SUBSTANTIATION MAY REQUIRE A DOCTOR'S STATEMENT.

For sick leave absences show, I have verified that. I have reviewed and approved employee's attendance. ☐ *Requirements for sick leave have been met.* ☐ *Doctors statement is attached.*

SUPERVISOR'S SIGNATURE: X I Supervise

DATE: 7/1/04

Scenario #4

STATE OF CALIFORNIA

EMPLOYEE'S ATTENDANCE RECORD AND PALS WORKSHEET

CDC 998-A (12/92) ***THIS FORM IS DUE TO YOUR SUPERVISOR ON OR BEFORE PAYDAY***

EMPLOYEE: Gone A Lot

DEPARTMENT OF CORRECTIONS

SOCIAL SECURITY NUMBER	POSITION NUMBER	CBID	FRACTIONAL TIME BASE	MONTH/YEAR
343-44-5454	180-206-9662-004	R06	Full-Time	Jul-04

HOURS FROM PREVIOUS MONTH TO COMPLETE 40 HOUR WORK WEEK FOR OT CALCULATION = 40 = 106 hours', 104 SRN', 20 8WK

DAY	DATE	*REASON FOR ABSENCE OR SCHEDULE	IN	OUT	MEAL BREAK	IN	OUT	IN	OUT	# OF REG. HOURS WORKED	+ OR - OTHER LEAVE	OVERTIME HOURS	SUPV INIT
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY	Jul-01		2:00 PM	10:00 PM						8.00	8 SRN		
FRIDAY	Jul-02		2:00 PM	10:00 PM						8.00	8 SRN		
SATURDAY	Jul-03		2:00 PM	10:00 PM						8.00	8 SRN 8 8WK		
SUNDAY	Jul-04	Holiday - RDO									HC05 8.00		
									(TOTAL HOURS FOR WORKWEEK)	24.00	(TOTAL OTHER)	8.00	
MONDAY													
TUESDAY	Jul-06		2:00 PM	10:00 PM						8.00	8 SRN		
WEDNESDAY	Jul-07		2:00 PM	10:00 PM						8.00	8 SRN		
THURSDAY	Jul-08		2:00 PM	10:00 PM						8.00	8 SRN		
FRIDAY	Jul-09		2:00 PM	10:00 PM						8.00	8 SRN		40
SATURDAY	Jul-10		2:00 PM	10:00 PM						8.00	8 SRN 8 8WK		
SUNDAY	Jul-11	RDO											
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)	0.00	0.00
MONDAY	Jul-12	RDO											
TUESDAY	Jul-13		2:00 PM	10:00 PM						8.00	8 SRN		
WEDNESDAY	Jul-14		2:00 PM	10:00 PM						8.00	8 SRN		
THURSDAY	Jul-15		2:00 PM	10:00 PM						8.00	8 SRN		40
FRIDAY	Jul-16		2:00 PM	10:00 PM						8.00	8 SRN		
SATURDAY	Jul-17		2:00 PM	10:00 PM						8.00	8 SRN 8 8WK		
SUNDAY	Jul-18	RDO											
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)	0.00	0.00
MONDAY	Jul-19	RDO											
TUESDAY	Jul-20		2:00 PM	10:00 PM						8.00	8 SRN		
WEDNESDAY	Jul-21		2:00 PM	10:00 PM						8.00	8 SRN		
THURSDAY	Jul-22		2:00 PM	10:00 PM						8.00	8 SRN		40
FRIDAY	Jul-23		2:00 PM	10:00 PM						8.00	8 SRN		
SATURDAY	Jul-24	Sick - Son									SL02 8.00 FM01 8.00 8 SRN 8 8WK		
SUNDAY	Jul-25	RDO											
									(TOTAL HOURS FOR WORKWEEK)	32.00	(TOTAL OTHER)	16.00	0.00
MONDAY	Jul-26	RDO											
TUESDAY	Jul-27	Sick - Son									HC01 8.00 FM01 8.00 8 SRN		
WEDNESDAY	Jul-28	Sick - Son									VA71 8.00 FM01 8.00 8 SRN		
THURSDAY	Jul-29	Sick - Son									VA71 3.00 DK01 5.00 FM01 8.00		19
FRIDAY	Jul-30	Sick - Son									DK01 8.00 FM01 8.00		
SATURDAY	Jul-31	Sick - Son									DK01 8.00 FM01 8.00		
SUNDAY													
									(TOTAL HOURS FOR WORKWEEK)	0.00	(TOTAL OTHER)	72.00	
MONDAY													
TUESDAY													
									(TOTAL HOURS FOR WORKWEEK)	0.00	(TOTAL OTHER)	0.00	0.00

TOTAL HOURS TO BE PAID FOR THE PAY PERIOD EXCLUDING HOURS FROM PREVIOUS MONTH AND OT: 160 SRN', 32 8WK', HC05 8

TOTAL HOURS REQUIRED FOR PAY PERIOD (168/176)

TO BALANCE PAY PERIOD: + WE, - TE, HCT, V, TO

HOURS CARRIED FORWARD TO NEXT PAY PERIOD: 40 = 139 hours', 136 SRN', 24 8WK

(*Additional space to post reason for absence or time worked is available on reverse side.) *I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate in full compliance with legal requirements.*

EMPLOYEE'S SIGNATURE: X Gone A Lot

DATE: 7/31/04

ALL SICK LEAVE ABSENCES ARE SUBJECT TO SUPERVISOR'S APPROVAL. SUBSTANTIATION MAY REQUIRE A DOCTOR'S STATEMENT.

For sick leave absences show, I have verified that: ☐ *Requirements for sick leave have been met.* ☐ *Doctors statement is attached.*

I have reviewed and approved employee's attendance.

SUPERVISOR'S SIGNATURE: X A Supervisor

DATE: 8/1/04

JUL - 2004

Scenario #4

STATE OF CALIFORNIA

EMPLOYEE'S ATTENDANCE RECORD AND PALS WORKSHEET

CDC 998-A (12/92) ***THIS FORM IS DUE TO YOUR SUPERVISOR ON OR BEFORE PAYDA Y***

DEPARTMENT OF CORRECTIONS

EMPLOYEE	SOCIAL SECURITY NUMBER	POSITION NUMBER	CBID	FRACTIONAL TIME BASE	MONTH/YEAR
Gone A Lot	343-44-5454	180-206-9662-004	R06	Full-Time	Aug-04

HOURS FROM PREVIOUS MONTH TO COMPLETE 40 HOUR WORK WEEK FOR OT CALCULATION = 40 = 139 hours', 136 SRN', 24 8WK

DAY	DATE	*REASON FOR ABSENCE OR SCHEDULE	IN	OUT	MEAL BREAK	IN	OUT	IN	OUT	# OF REG. HOURS WORKED	+ OR - OTHER LEAVE	OVERTIME HOURS	SUPV INIT
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY													
SUNDAY	Aug-01	RDO											
											(TOTAL OTHER)		
MONDAY	Aug-02	RDO											
TUESDAY	Aug-03	Sick - Son	6:00 PM	10:00 PM						4.00	SL02 4.00 FM01 4.00 8 SRN		
WEDNESDAY	Aug-04	Sick - Son	6:00 PM	10:00 PM						4.00	SL02 4.00 FM01 4.00 8 SRN		
THURSDAY	Aug-05		2:00 PM	10:00 PM						8.00	8 SRN		40
FRIDAY	Aug-06		2:00 PM	10:00 PM						8.00	8 SRN		
SATURDAY	Aug-07		2:00 PM	10:00 PM						8.00	8 SRN 8 8WK		
SUNDAY	Aug-08	RDO											
									(TOTAL HOURS FOR WORKWEEK)	32.00	(TOTAL OTHER)	16.00	0.00
MONDAY	Aug-09	RDO											
TUESDAY	Aug-10		2:00 PM	10:00 PM						8.00	8 SRN		
WEDNESDAY	Aug-11		2:00 PM	10:00 PM						8.00	8 SRN		
THURSDAY	Aug-12		2:00 PM	10:00 PM						8.00	8 SRN		40
FRIDAY	Aug-13		2:00 PM	10:00 PM						8.00	8 SRN		
SATURDAY	Aug-14		2:00 PM	10:00 PM						8.00	8 SRN 8 8WK		
SUNDAY	Aug-15	RDO											
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)	0.00	0.00
MONDAY	Aug-16	RDO											
TUESDAY	Aug-17		2:00 PM	10:00 PM						8.00	8 SRN		
WEDNESDAY	Aug-18		2:00 PM	10:00 PM						8.00	8 SRN		
THURSDAY	Aug-19	Sick - Son									VA71 8.00 FM01 8.00 8 SRN		40
FRIDAY	Aug-20		2:00 PM	10:00 PM						8.00	8 SRN		
SATURDAY	Aug-21		2:00 PM	10:00 PM						8.00	8 SRN 8 8WK		
SUNDAY	Aug-22	RDO											
									(TOTAL HOURS FOR WORKWEEK)	32.00	(TOTAL OTHER)	16.00	0.00
MONDAY	Aug-23	RDO											
TUESDAY	Aug-24		2:00 1	10:00 PM						8.00	8 SRN		
WEDNESDAY	Aug-25		2:00 1	10:00 PM						8.00	8 SRN		
THURSDAY	Aug-26		2:00 1	10:00 PM						8.00	8 SRN		
FRIDAY	Aug-27		2:00 1	10:00 PM						8.00	8 SRN		
SATURDAY	Aug-28		2:00 1	10:00 PM						8.00	8 SRN 8 8WK		
SUNDAY	Aug-29	RDO											
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)	0.00	
MONDAY													
TUESDAY	Aug-31		2:00 PM	10:00 PM						8.00	8 SRN		
									(TOTAL HOURS FOR WORKWEEK)	8.00	(TOTAL OTHER)	0.00	0.00

TOTAL HOURS TO BE PAID FOR THE PAY PERIOD EXCLUDING HOURS FROM PREVIOUS MONTH AND OT — 168 SRN', 32 8WK

TOTAL HOURS REQUIRED FOR PAY PERIOD (168/176)

TO BALANCE PAY PERIOD: + WE, - TE, HCT, V, TO

HOURS CARRIED FORWARD TO NEXT PAY PERIOD — C/O = 8 hours', 8 SRN

(*Additional space to post reason for absence or time worked is available on reverse side.) *I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate in full compliance with legal requirements.*

EMPLOYEE'S SIGNATURE — DATE

X Gone A Lot — 8/31/04

ALL SICK LEAVE ABSENCES ARE SUBJECT TO SUPERVISOR'S APPROVAL. SUBSTANTIATION MAY REQUIRE A DOCTOR'S STATEMENT.

For sick leave absences show, I have verified that: ☐ *Requirements for sick leave have been met.* ☐ *Doctors statement is attached.*

I have reviewed and approved employee's attendance.

SUPERVISOR'S SIGNATURE — DATE

X J Supervisor — 9/1/04

JUL - 2004

Scenario #4

INSTITUTION NAME: Mule Creek State Prison - Main Division

TIME SHEET FOR: 06/07/2004 to 08/01/2004 UNIT: 206 PRINTED: 06/17/2004

EMPLOYEE:LOT, GONE A
ID: 1119 CBID: R06 WWG: 2 TYPE: REGULAR

SSN: 343-44-5454
PAY NUMBER: 180-206-9662-004
EFFECTIVE: 05/25/1999

DATE	QUALIFIER - CODE	IN-OUT	HOURS	SHIFT	POST
06/07/2004	A - RDO	14:00-22:00	0:00	3	RO-305
06/08/2004	W - X	14:00-22:00	8:00	3	3203
06/09/2004	W - X	14:00-22:00	8:00	3	3203
06/10/2004	W - X	14:00-22:00	8:00	3	3203
06/11/2004	W - X	14:00-22:00	8:00	3	3203
06/12/2004	W - X	14:00-22:00	8:00	3	3203
06/13/2004	A - RDO	14:00-22:00	0:00	3	RO-305
Week: 23		Subtotal:	40:00		
06/14/2004	A - RDO	14:00-22:00	0:00	3	RO-305
06/15/2004	A - SMS	14:00-22:00	8:00	3	3203
06/16/2004	A - SMV	14:00-22:00	8:00	3	3203
06/17/2004	A - SMV	14:00-16:00	2:00	3	3203
06/17/2004	A - SML	16:00-22:00	6:00	3	3203
06/18/2004	A - SML	14:00-22:00	8:00	3	3203
06/19/2004	A - SML	14:00-18:00	4:00	3	3203
06/19/2004	W - X	18:00-22:00	4:00	3	3203
06/20/2004	A - RDO	14:00-22:00	0:00	3	RO-305
Week: 24		Subtotal:	22:00		
06/21/2004	A - RDO	14:00-22:00	0:00	3	RO-305
06/22/2004	A - SML	14:00-18:00	4:00	3	3203
06/22/2004	W - X	18:00-22:00	4:00	3	3203
06/23/2004	A - SML	14:00-18:00	4:00	3	3203
06/23/2004	W - X	18:00-22:00	4:00	3	3203
06/24/2004	A - SML	14:00-18:00	4:00	3	3203
06/24/2004	W - X	18:00-22:00	4:00	3	3203
06/25/2004	W - X	14:00-22:00	8:00	3	3203
06/26/2004	W - X	14:00-22:00	8:00	3	3203
06/27/2004	A - RDO	14:00-22:00	0:00	3	RO-305
Week: 25		Subtotal:	28:00		
06/28/2004	A - RDO	14:00-22:00	0:00	3	RO-305
06/29/2004	W - X	14:00-22:00	8:00	3	3203
06/30/2004	W - X	14:00-22:00	8:00	3	3203
07/01/2004	W - X	14:00-22:00	8:00	3	3203
07/02/2004	W - X	14:00-22:00	8:00	3	3203
07/03/2004	W - X	14:00-22:00	8:00	3	3203
07/04/2004	A - RDO	14:00-22:00	0:00	3	RO-305
07/04/2004	* P - HCE	14:00-22:00	8:00	3	RO-305
Week: 26		Subtotal:	48:00		
07/05/2004	A - RDO	14:00-22:00	0:00	3	RO-305
07/06/2004	W - X	14:00-22:00	8:00	3	3203
07/07/2004	W - X	14:00-22:00	8:00	3	3203
07/08/2004	W - X	14:00-22:00	8:00	3	3203
07/09/2004	W - X	14:00-22:00	8:00	3	3203
07/10/2004	W - X	14:00-22:00	8:00	3	3203
07/11/2004	A - RDO	14:00-22:00	0:00	3	RO-305
Week: 27		Subtotal:	40:00		
07/12/2004	A - RDO	14:00-22:00	0:00	3	RO-305
07/13/2004	W - X	14:00-22:00	8:00	3	3203
07/14/2004	W - X	14:00-22:00	8:00	3	3203
07/15/2004	W - X	14:00-22:00	8:00	3	3203
07/16/2004	W - X	14:00-22:00	8:00	3	3203
07/17/2004	W - X	14:00-22:00	8:00	3	3203
07/18/2004	A - RDO	14:00-22:00	0:00	3	RO-305
Week: 28		Subtotal:	40:00		
07/19/2004	A - RDO	14:00-22	0:00	3	RO-305
07/20/2004	W - X	14:00-22	8:00	3	3203

CONTINUED ON NEXT PAGE

JUL - 2004

Scenario #4

INSTITUTION NAME: Mule Creek State Prison - Main Division

TIME SHEET FOR: 06/07/2004 to 08/01/2004 UNIT: 206 PRINTED: 06/17/2004

EMPLOYEE:LOT, GONE A
ID: 1119 CBID: R06 WWG: 2 TYPE: REGULAR

SSN: 343-44-5454
PAY NUMBER: 180-206-9662-004
EFFECTIVE: 05/25/1999

DATE	QUALIFIER - CODE	IN-OUT	HOURS	SHIFT	POST
CONTINUED FROM PREVIOUS PAGE					
07/21/2004	W - X	14:00-22:00	8:00	3	3203
07/22/2004	W - X	14:00-22:00	8:00	3	3203
07/23/2004	W - X	14:00-22:00	8:00	3	3203
07/24/2004	A - SMS	14:00-22:00	8:00	3	3203
07/25/2004	A - RDO	14:00-22:00	0:00	3	RO-305
Week: 29		Subtotal:	40:00		
07/26/2004	A - RDO	14:00-22:00	0:00	3	RO-305
07/27/2004	A - SMH	14:00-22:00	8:00	3	3203
07/28/2004	A - SMV	14:00-22:00	8:00	3	3203
07/29/2004	A - SMV	14:00-17:00	3:00	3	3203
07/29/2004	A - SML	17:00-22:00	5:00	3	3203
07/30/2004	A - SML	14:00-22:00	8:00	3	3203
07/31/2004	A - SML	14:00-22:00	8:00	3	3203
08/01/2004	A - RDO	14:00-22:00	0:00	3	RO-305
Week: 30		Subtotal:	19:00		

OVER TIME HOURS	SHIFT HOURS	HOURS TAKEN	HOURS WORKED
1st : 0:00	Shift Hrs.:160:00	T.O. : 0:00	Wk Per 1 : 134:00
2nd : 0:00	8WK Hrs. : 32:00	Sick : 8:00	Wk Per 2 : 0:00
3rd : 0:00	8WKN Hrs. : 0:00	Vac/AL : 11:00	WP CO : 139:00
Total OT: 0:00	Hol Credit: 8:00	Military: 0:00	
Dead Hrs: 0:00	Hol Paid : 0:00	S.S.T. : 0:00	Hrs. Taken: 27:00
Dock Hrs:34:00	RDO Days : 8	Other : 0:00	
OT Shift: 0:00		Hol Taken: 8:00	
WO Hours: 0:00			
8WK Hrs : 0:00			
8WKN Hrs: 0:00			

JUL - 2004

INSTITUTION NAME: Mule Creek State Prison - Main Division Scenario #4

TIME AND ATTENDANCE 06/17/2004 08:49:27

AGY 180 RU 206 PAY PERIOD 07/04 ROLL CD 3 REPORT PAGE 1 BATCH ID

OK ERN	DY	SSN HOURS	RATE	AF	NAME ERN	DY	HOURS	CLASS RATE	SERIAL AF	ERN	DY	HOURS	RATE	AF
	343 - 44 - 5454		GA	LOT				9662	004					
SRN		160.00			8WK		32.00							

Page Totals: Hours = 195.00 Rates = 0.00 Alternate Funding AF = A

I hereby certify under penalty of perjury that Attendance, Payroll, and Leave Benefit data stated herein is correct, complete and in accordance with all laws and regulations.

SIGNATURE PHONE DATE

JUL 2004

Scenario #4

INSTITUTION NAME: Mule Creek State Prison - Main Division

TIME SHEET FOR: 07/05/2004 to 09/05/2004 UNIT: 205 PRINTED: 06/09/2004

EMPLOYEE:LOT, GONE A
ID: 1119 CBID: R06 WWG: 2 TYPE: REGULAR

SSN: 343-44-5454
PAY NUMBER: 076-205-9662-074
EFFECTIVE: 05/25/1999

DATE	QUALIFIER - CODE	IN-OUT	HOURS	SHIFT	POST
07/05/2004	A - RDO	14:00-22:00	0:00	3	RO-305
07/06/2004	W - X	14:00-22:00	8:00	3	3203
07/07/2004	W - X	14:00-22:00	8:00	3	3203
07/08/2004	W - X	14:00-22:00	8:00	3	3203
07/09/2004	W - X	14:00-22:00	8:00	3	3203
07/10/2004	W - X	14:00-22:00	8:00	3	3203
07/11/2004	A - RDO	14:00-22:00	0:00	3	RO-305
Week: 27		Subtotal:	40:00		
07/12/2004	A - RDO	14:00-22:00	0:00	3	RO-305
07/13/2004	W - X	14:00-22:00	8:00	3	3203
07/14/2004	W - X	14:00-22:00	8:00	3	3203
07/15/2004	W - X	14:00-22:00	8:00	3	3203
07/16/2004	W - X	14:00-22:00	8:00	3	3203
07/17/2004	W - X	14:00-22:00	8:00	3	3203
07/18/2004	A - RDO	14:00-22:00	0:00	3	RO-305
Week: 28		Subtotal:	40:00		
07/19/2004	A - RDO	14:00-22:00	0:00	3	RO-305
07/20/2004	W - X	14:00-22:00	8:00	3	3203
07/21/2004	W - X	14:00-22:00	8:00	3	3203
07/22/2004	W - X	14:00-22:00	8:00	3	3203
07/23/2004	W - X	14:00-22:00	8:00	3	3203
07/24/2004	A - SMS	14:00-22:00	8:00	3	3203
07/25/2004	A - RDO	14:00-22:00	0:00	3	RO-305
Week: 29		Subtotal:	40:00		
07/26/2004	A - RDO	14:00-22:00	0:00	3	RO-305
07/27/2004	A - SMH	14:00-22:00	8:00	3	3203
07/28/2004	A - SMV	14:00-22:00	8:00	3	3203
07/29/2004	A - SMV	14:00-17:00	3:00	3	3203
07/29/2004	A - SML	17:00-22:00	5:00	3	3203
07/30/2004	A - SML	14:00-22:00	8:00	3	3203
07/31/2004	A - SML	14:00-22:00	8:00	3	3203
08/01/2004	A - RDO	14:00-22:00	0:00	3	RO-305
Week: 30		Subtotal:	19:00		
08/02/2004	A - RDO	14:00-22:00	0:00	3	RO-305
08/03/2004	A - SMS	14:00-18:00	4:00	3	3203
08/03/2004	W - X	18:00-22:00	4:00	3	3203
08/04/2004	A - SMS	14:00-18:00	4:00	3	3203
08/04/2004	W - X	18:00-22:00	4:00	3	3203
08/05/2004	W - X	14:00-22:00	8:00	3	3203
08/06/2004	W - X	14:00-22:00	8:00	3	3203
08/07/2004	W - X	14:00-22:00	8:00	3	3203
08/08/2004	A - RDO	14:00-22:00	0:00	3	RO-305
Week: 31		Subtotal:	40:00		
08/09/2004	A - RDO	14:00-22:00	0:00	3	RO-305
08/10/2004	W - X	14:00-22:00	8:00	3	3203
08/11/2004	W - X	14:00-22:00	8:00	3	3203
08/12/2004	W - X	14:00-22:00	8:00	3	3203
08/13/2004	W - X	14:00-22:00	8:00	3	3203
08/14/2004	W - X	14:00-22:00	8:00	3	3203
08/15/2004	A - RDO	14:00-22:00	0:00	3	RO-305
Week: 32		Subtotal:	40:00		
08/16/2004	A - RDO	14:00-22:00	0:00	3	RO-305
08/17/2004	W - X	14:00-22:00	8:00	3	3203
08/18/2004	W - X	14:00-22:00	8:00	3	3203
08/19/2004	A - SMV	14:00-22:00	8:00	3	3203
08/20/2004	W - X	14:00-22:00	8:00	3	3203

CONTINUED ON NEXT PAGE

JUL - 2004

Scenario #4

INSTITUTION NAME: Mule Creek State Prison - Main Division

TIME SHEET FOR: 07/05/2004 to 09/05/2004 UNIT: 205 PRINTED: 06/09/2004

EMPLOYEE: LOT, GONE A
ID: 1119 CBID: R06 WWG: 2 TYPE: REGULAR

SSN: 343-44-5454
PAY NUMBER: 076-205-9662-074
EFFECTIVE: 05/25/1999

DATE	QUALIFIER - CODE	IN-OUT	HOURS	SHIFT	POST

CONTINUED FROM PREVIOUS PAGE

08/21/2004	W - X	14:00-22:00	8:00	3	3203
08/22/2004	A - RDO	14:00-22:00	0:00	3	RO-305
Week: 33		Subtotal:	40:00		
08/23/2004	A - RDO	14:00-22:00	0:00	3	RO-305
08/24/2004	W - X	14:00-22:00	8:00	3	3203
08/25/2004	W - X	14:00-22:00	8:00	3	3203
08/26/2004	W - X	14:00-22:00	8:00	3	3203
08/27/2004	W - X	14:00-22:00	8:00	3	3203
08/28/2004	W - X	14:00-22:00	8:00	3	3203
08/29/2004	A - RDO	14:00-22:00	0:00	3	RO-305
Week: 34		Subtotal:	40:00		
08/30/2004	A - RDO	14:00-22:00	0:00	3	RO-305
08/31/2004	W - X	14:00-22:00	8:00	3	3203
09/01/2004	W - X	14:00-22:00	8:00	3	3203
09/02/2004	W - X	14:00-22:00	8:00	3	3203
09/03/2004	W - X	14:00-22:00	8:00	3	3203
09/04/2004	W - X	14:00-22:00	8:00	3	3203
09/05/2004	A - RDO	14:00-22:00	0:00	3	RO-305
Week: 35		Subtotal:	40:00		

OVER TIME HOURS		SHIFT HOURS		HOURS TAKEN		HOURS WORKED	
1st	0:00	Shift Hrs.	168:00	T.O.	0:00	Wk Per 1	143:00
2nd	0 00	8WK Hrs.	32:00	Sick	8:00	Wk Per 2	164:00
3rd	0 00	8WKN Hrs.	0:00	Vac/AL	8:00	WP CO	40:00
Total OT	0 00	Hol Credit	0:00	Military	0:00		
Dead Hrs	0 00	Hol Paid	0:00	S.S.T.	0:00	Hrs. Taken	16:00
Dock Hrs	21 00	RDO Days	10	Other	0:00		
OT Shift	0 00			Hol Taken	0:00		
WO Hours	0 00						
8WK Hrs	0 00						
8WKN Hrs	0 00						

JUL 2004

Scenario #4

FULL-TIME 7K WORKSHEET

Correctional Officers, Medical Technical Assistants, and Fire Captains (Not Subject to MOU Section 17.02)

EMPLOYEE NAME: Gone A Lot PPAS ID: 5454

WORK PERIOD DATES: 6/7/04 - 7/4/04 PAY PERIOD: 07/04

WORK PERIOD OVERTIME **$ Hourly Rate**

1. Total WORK PERIOD hours reported (Include Holiday, Paid Leave, & Training – if applicable) 130
2. Add PPWA + 4
3. Subtotal (Total WORK PERIOD hours) = 134
4. Subtract required WORK PERIOD hours - 168
5. Total Work Period Overtime hours **(OF6)** = (34) **$ _____
   (**IF NEGATIVE** – Leave credits must be posted for negative hours. If absence is unapproved or leave is not available, post as Dock) Dock = 34 hours

WORK PERIOD SHIFT (COMPLETE FOR OVERTIME PURPOSES ONLY)

6. Total 1st & 3rd Regular Shift hours worked in the **work period** (SRN) 128 X.50 = $ 64.00
7. Total 1st & 3rd Overtime Shift hours worked in the **work period** (S5N) _____ X.50 = $ _____
8. Weekend Shift 1st & 3rd Watch hours worked in the **work period** (8WK) 28 X.15 = $ 4.20
9. Weekend Shift 2nd Watch hours worked in the **work period** (8WKN) _____ X.65 = $ _____
10. **TOTAL WORK PERIOD SHIFT FOR FLSA 7k FORMULA** $ 68.20

PAY PERIOD HOLIDAY PAY

11. Hours of Holiday Paid Straight **(HG5)** _____ **$ _____
    (As determined on 7k FLSA Calculation Worksheet)

PAY PERIOD SHIFT

12. Total 1st & 3rd Regular Shift hours worked in the **pay period** (SRN) 144 **
13. Total 1st & 3rd Overtime Shift hours worked in the **pay period** (S5N) _____ **
14. Weekend Shift – 1st & 3rd Watch hours worked in the **pay period** (8WK) 28 **
15. Weekend Shift – 2nd Watch hours worked in the **pay period** (8WKN) _____ **

**** POST ON 671/672**

7k SICK LEAVE EXCLUSION TRACKING

16. Total Overtime hours in work period (line 5) _____
17. Total sick leave hours used in work period **(Include any leave type used for sick leave purposes)** _____
18. Total sick leave hours which would have been excluded and paid at straight time prior to 11/1/99 (**Not to exceed Overtime hours on line 16)** _____
19. FLSA OT Rate of Pay $ _____
20. Straight Time Rate of Pay (Based on Salary ÷ 182) - $ _____
21. Salary Rate Difference = $ _____
22. **TOTAL SALARY RATE DIFFERENCE** $ _____ (Line 21) X _____ (Line 18) = $ _____

Revised 02/03

JUL - 2004

Scenario #4

FULL-TIME 7K WORKSHEET

Correctional Officers, Medical Technical Assistants, and Fire Captains (Not Subject to MOU Section 17.02)

EMPLOYEE NAME: Gone A Lot PPAS ID: 5454

WORK PERIOD DATES: 7/5/04 - 8/1/04 PAY PERIOD: 08/04

WORK PERIOD OVERTIME **$ Hourly Rate**

1. Total WORK PERIOD hours reported (Include Holiday, Paid Leave, & Training – if applicable) 139
2. Add PPWA + 4
3. Subtotal (Total WORK PERIOD hours) = 143
4. Subtract required WORK PERIOD hours - 164
5. Total Work Period Overtime hours **(OF6)** = <21> **$
   (**IF NEGATIVE** – Leave credits must be posted for negative hours. If absence is unapproved or leave is not available, post as Dock) Dock = 21 hours

WORK PERIOD SHIFT (COMPLETE FOR OVERTIME PURPOSES ONLY)

6. Total 1st & 3rd Regular Shift hours worked in the **work period** (SRN) 136 X.50 = $ 68.00
7. Total 1st & 3rd Overtime Shift hours worked in the **work period** (S5N) ____ X.50 = $ ____
8. Weekend Shift 1st & 3rd Watch hours worked in the **work period** (8WK) 24 X.15 = $ 3.60
9. Weekend Shift 2nd Watch hours worked in the **work period** (8WKN) ____ X.65 = $ ____
10. **TOTAL WORK PERIOD SHIFT FOR FLSA 7k FORMULA** $ 71.60

PAY PERIOD HOLIDAY PAY

11. Hours of Holiday Paid Straight **(HG5)** **$
    (As determined on 7k FLSA Calculation Worksheet)

PAY PERIOD SHIFT

12. Total 1st & 3rd Regular Shift hours worked in the **pay period** (SRN) 160 **
13. Total 1st & 3rd Overtime Shift hours worked in the **pay period** (S5N) ____ **
14. Weekend Shift 1st & 3rd Watch hours worked in the **pay period** (8WK) 32 **
15. Weekend Shift 2nd Watch hours worked in the **pay period** (8WKN) ____ **

**** POST ON 671/672**

7k SICK LEAVE EXCLUSION TRACKING

16. Total Overtime hours in work period (line 5) ____
17. Total sick leave hours used in work period **(Include any leave type used for sick leave purposes)** ____
18. Total sick leave hours which would have been excluded and paid at straight time prior to 11/1/99 (**Not to exceed Overtime hours on line 16)** ____
19. FLSA OT Rate of Pay $ ____
20. Straight Time Rate of Pay (Based on Salary ÷ 177.67) - $ ____
21. Salary Rate Difference = $ ____
22. **TOTAL SALARY RATE DIFFERENCE** $ ____ (Line 21) X ____ (Line 18) = $ ____

Revised 07/04

JUL - 2004

Scenario #4

FULL-TIME 7K WORKSHEET

Correctional Officers, Medical Technical Assistants, and Fire Captains (Not Subject to MOU Section 17.02)

EMPLOYEE NAME: Gone A Lot PPAS ID: 5454

WORK PERIOD DATES: 8/2/04- 8/29/04 PAY PERIOD: 08/04

WORK PERIOD OVERTIME

$ Hourly Rate

1. Total WORK PERIOD hours reported (Include Holiday, Paid Leave, & Training – if applicable) 160
2. Add PPWA + 4
3. Subtotal (Total WORK PERIOD hours) = 164
4. Subtract required WORK PERIOD hours - 164
5. Total Work Period Overtime hours **(OF6)** = Ø **$_____
   (**IF NEGATIVE** – Leave credits must be posted for negative hours. If absence is unapproved or leave is not available, post as Dock)

WORK PERIOD SHIFT (COMPLETE FOR OVERTIME PURPOSES ONLY)

6. Total 1st & 3rd Regular Shift hours worked in the **work period** (SRN) _____ X.50 = $
7. Total 1st & 3rd Overtime Shift hours worked in the **work period** (S5N) _____ X.50 = $
8. Weekend Shift 1st & 3rd Watch hours worked in the **work period** (8WK) _____ X.15 = $
9. Weekend Shift 2nd Watch hours worked in the **work period** (8WKN) _____ X.65 = $
10. **TOTAL WORK PERIOD SHIFT FOR FLSA 7k FORMULA** $

PAY PERIOD HOLIDAY PAY

11. Hours of Holiday Paid Straight **(HG5)** _____ **$_____
    (As determined on 7k FLSA Calculation Worksheet)

PAY PERIOD SHIFT

12. Total 1st & 3rd Regular Shift hours worked in the **pay period** (SRN) _____ **
13. Total 1st & 3rd Overtime Shift hours worked in the **pay period** (S5N) _____ **
14. Weekend Shift 1st & 3rd Watch hours worked in the **pay period** (8WK) _____ **
15. Weekend Shift 2nd Watch hours worked in the **pay period** (8WKN) _____ **

**** POST ON 671/672**

7k SICK LEAVE EXCLUSION TRACKING

16. Total Overtime hours in work period (line 5) _____
17. Total sick leave hours used in work period **(Include any leave type used for sick leave purposes)** _____
18. Total sick leave hours which would have been excluded and paid at straight time prior to 11/1/99 (**Not to exceed Overtime hours on line 16)** _____
19. FLSA OT Rate of Pay $ _____
20. Straight Time Rate of Pay (Based on Salary ÷ 177.67) - $ _____
21. Salary Rate Difference = $ _____
22. **TOTAL SALARY RATE DIFFERENCE** $ _____ (Line 21) X _____ (Line 18) = $ _____

Revised 07/04

JUL - 2004

Scenario #4

STATE OF CALIFORNIA

EMPLOYEE ATTENDANCE SUMMARY

STD. 640 (REV. 9/2002)

1. EMPLOYEE'S NAME: Gone A Lot

2. SUPERVISOR'S NAME

3. DEPARTMENT, DIVISION, UNIT

4. RECORD OF ABSENCES: Sick Leave - *Red* Vacation - *Blue* Off Payroll - *Green* Holiday - *Brown* Personal Holiday - *Purple*

STATE PAY PERIOD CALENDAR FOR 2004

NOTE: Holidays and pay periods after July 1, 1999, are subject to collective bargaining agreements negotiated in Fiscal Year 1999–2000 or thereafter. Hours for each pay period **INCLUDE** the holidays.

JANUARY — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

FEBRUARY — 21 DAYS 168 HRS.

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	1					

MARCH — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
		2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

APRIL — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

MAY — 21 DAYS 168 HRS.

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

JUNE — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	~~29~~ 4	~~30~~ 6			

Dock = 10 hours
Converts to 9.8 hours

JULY — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
				6	6	6
6	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	3.42	5.86	5.86

Dock = 39.14 hours
Converts to 39.3 hours

AUGUST — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
5.86	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Dock = 5.86 hours
Converts to 5.9 hours

SEPTEMBER — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
		1	2	3	4	
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

OCTOBER — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1					

NOVEMBER — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1			

DECEMBER — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
				2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

ANALYSIS OF ABSENCE RECORD FROM _____ to _____

5. PERSONAL HOLIDAY
Number of Hours _____

6. VACATION
A. Number of Days _____ Number of Hours _____
B. Number of Different Times _____

7. SICK LEAVE — *This Employee* / *Average Other Employees*
A. Number of Days _____ Number of Hours _____
B. Number of Different Times _____
C. Present Sick Leave Balance: Days _____ Hrs. _____

8. ABSENCE WITHOUT PAY
A. Number of Days _____ Number of Hours _____
B. Number of Different Times _____

9. TOTAL ABSENCES
A. Number of Days _____ Number of Hours _____
B. Number of Different Times _____

10. NUMBER OF WORKING DAYS IN THE PERIOD _____
NUMBER OF WORKING HOURS IN THE PERIOD _____

11. PERCENTAGE OF WORKING DAYS ABSENT _____
PERCENTAGE OF WORKING HOURS ABSENT _____

(OVER FOR 2003 SUMMARY)

JUL - 2004

7k SCO HOUR CONVERSION WORKSHEET

EMPLOYEE NAME: Gone A Lot PPAS ID/SSN: 5454 PAY PERIOD: 06/04

Based on Salary: $ 4885.00 Monthly Pay Differentials: $ 232.00 Hours to be Converted: 10
Dock, Lump Sum, Buy-Back, etc.

AVG. FLSA RATE OF PAY

$ 4885 (Based on Salary 1st Position) + $ 232 (Total Monthly Pay Differentials) = $ 5117 (Total Monthly Salary) x 12 = $ 61404 (Annual Salary) ÷ 13 = $ 4723.38 (7k Work Period Salary) + $ 68.20 (Total Work Period Shift Differential)

+ $ Ø (Gross Earnings Additional Positions) = $ 4791.58 (Total Work Period Earnings) ÷ (168) (168 Hours (+) Hours Worked In Additional Positions) = $ 28.52 (Avg. FLSA Rate of Pay)

SCO HOURLY RATE OF PAY

$ 5117 (Salary Full (As indicated on PAR)) ÷ 176 (168 – **OR** – 176 (168 for 21 day pay period; 176 for 22 day pay period)) = $ 29.07 (SCO Hourly Rate of pay)

DOLLAR AMOUNT TO BE COVERTED

10 (Hours to Convert Dock, Lump Sum, etc. (As determined on FLSA Worksheet)) x $ 28.52 (Avg. FLSA Rate of Pay) = $ 285.20 (Dollar Amount To Be Converted)

SCO HOUR CONVERSION

$ 285.20 (Dollar Amount To Be Converted) ÷ $ 29.07 (SCO Hourly Rate of pay) = 9.8 (SCO Hour Conversion) = 1 **Days** 1.8 **Hours** (SCO Days/Hours (Rounded to the nearest tenth))

Scenario #4

New 12/02

7k SCO HOUR CONVERSION WORKSHEET

EMPLOYEE NAME: Gone A Lot PPAS ID/SSN: 5454 PAY PERIOD: 07/04

Based on Salary: $ 4885 Monthly Pay Differentials: $ 232 Hours to be Converted: 39.14
Dock, Lump Sum, Buy-Back, etc.

AVG. FLSA RATE OF PAY

$ 4885 (Based on Salary 1st Position) + $ 232 (Total Monthly Pay Differentials) = $ 5117 (Total Monthly Salary) x 12 = $ 61404 (Annual Salary) ÷ 13 = $ 4723.38 (7k Work Period Salary) + $ 68.20 (Total Work Period Shift Differential)

+ $ Ø (Gross Earnings Additional Positions) = $ 4791.58 (Total Work Period Earnings) ÷ (164) (164 Hours (+) Hours Worked In Additional Positions) = $ 29.22 (Avg. FLSA Rate of Pay)

SCO HOURLY RATE OF PAY

$ 5117 (Salary Full (As indicated on PAR)) ÷ 176 (168 – **OR** – 176 (168 for 21 day pay period; 176 for 22 day pay period)) = $ 29.07 (SCO Hourly Rate of pay)

DOLLAR AMOUNT TO BE COVERTED

39.14 (Hours to Convert Dock, Lump Sum, etc. (As determined on FLSA Worksheet)) x $ 29.22 (Avg. FLSA Rate of Pay) = $ 1143.67 (Dollar Amount To Be Converted)

SCO HOUR CONVERSION

$ 1143.67 (Dollar Amount To Be Converted) ÷ $ 29.07 (SCO Hourly Rate of pay) = 39.3 (SCO Hour Conversion) = 4 **Days** 7.3 **Hours** (SCO Days/Hours (Rounded to the nearest tenth))

Scenario #5

JUL - 2004

Revised 07/04

7k SCO HOUR CONVERSION WORKSHEET

EMPLOYEE NAME: Gone A Lot PPAS ID/SSN: 5454 PAY PERIOD: 08/04

Based on Salary: $ 4885 Monthly Pay Differentials: $ 232 Hours to be Converted: 5.86
Dock, Lump Sum, Buy-Back, etc.

AVG. FLSA RATE OF PAY

$ 4885 (Based on Salary 1st Position) + $ 232 (Total Monthly Pay Differentials) = $ 5117 (Total Monthly Salary) x 12 = $ 61404 (Annual Salary) ÷ 13 = $ 4723.38 (7k Work Period Salary) + $ 71.60 (Total Work Period Shift Differential)

+ $ Ø (Gross Earnings Additional Positions) = $ 4794.98 (Total Work Period Earnings) ÷ (164) (164 Hours (+) Hours Worked In Additional Positions) = $ 29.24 (Avg. FLSA Rate of Pay)

SCO HOURLY RATE OF PAY

$ 5117 (Salary Full (As indicated on PAR)) ÷ 176 (168 – **OR** – 176 (168 for 21 day pay period; 176 for 22 day pay period)) = $ 29.07 (SCO Hourly Rate of pay)

DOLLAR AMOUNT TO BE COVERTED

5.86 (Hours to Convert Dock, Lump Sum, etc. (As determined on FLSA Worksheet)) x $ 29.24 (Avg. FLSA Rate of Pay) = $ 171.35 (Dollar Amount To Be Converted)

SCO HOUR CONVERSION

$ 171.35 (Dollar Amount To Be Converted) ÷ $ 29.07 (SCO Hourly Rate of pay) = 5.9 (SCO Hour Conversion) = Ø Days 5.9 Hours (SCO Days/Hours (Rounded to the nearest tenth))

Scenario #4

JUL - 2004

Revised 07/04

PAYROLL ADJUSTMENT NOTICE—ACCOUNTS RECEIVABLE (A/R)

STD. 674 A/R (REV. 5-99c)

DOCUMENT NUMBER

(1) TO STATE CONTROLLER'S OFFICE:

- [ ] ADMIN. & DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- [x] PAYROLL
- [ ] BENEFITS
- [ ] DISABILITY
- [ ] W-2/Non USPS
- [ ] RETIREMENT
- [ ] DEDUCTIONS

(2) SOCIAL SECURITY NUMBER: 343-44-5454

(3) NAME: Gone A Lot

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1	180	206	9662	004
2				

CHANGE METHOD OF COLLECTION

- [ ] FROM AGENCY COLLECTION TO PAYROLL DEDUCTION - *BALANCE TO BE COLLECTED* $ _____ NET
- [ ] FROM PAYROLL DEDUCTION TO AGENCY COLLECTION - *BALANCE TO BE COLLECTED* $ _____ NET
- [ ] REVERSE PAYROLL DEDUCTION A/R
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] OVER-COLLECTION OF PAYROLL DEDUCTION A/R - PAY PERIODS OF DEDUCTION _____
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] REVERSE AGENCY COLLECTION A/R

REMARKS: Employee on 7k schedule

(5) ESTABLISH/CORRECT/ADJUST AS INDICATED BELOW:

- [x] ACCOUNTS RECEIVABLE
- [ ] REDEPOSIT WITH A/R
- [ ] TRANSFER OF FUNDS WITH A/R

DATES/HOURS ON DOCK: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 — 3 8 6

(6)

	POSITION	ISSUE DATE MO.	ISSUE DATE DAY	ISSUE DATE YR.	PAY PERIOD T	PAY PERIOD MO.	PAY PERIOD YR.	SALARY TYPE	SALARY FULL	TIME WORKED STD.	TIME WORKED DAYS	TIME WORKED HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS I.D.	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
A PMT. PER SCO WRNT. REG.	1	06	30	04	0	06	04	1	5117.00	1				1	0		0			5117.00	4520.07	05-234567	X		
B PMT. S/B	1				0	06	04	1	5117.00		20	62		1	0		0								
C OVER-PMT.	1				0	06	04	1	5117.00		1	18		1	0		0								

Jeanne 10 #4

JUL 1 2004

OVERPAYMENT TO BE RECOVERED BY:

- [ ] AGENCY COLLECTION
- [x] PAYROLL DEDUCTION *(Specify type)*
  - [x] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
- [ ] ____ (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD _____
- [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674 A/R, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

Payroll information correct in accordance with B/C Rule 660.

(7) COMPLETED BY: Happy Specialist

TELEPHONE NUMBER AND EXTENSION: (666) 758-8400 x 1111

FROM (Agency Name): Wasco State Prison

AUTHORIZED SIGNATURE: Happy Specialist

DATE SIGNED: 8/3/04

PAYROLL ADJUSTMENT NOTICE—ACCOUNTS RECEIVABLE (A/R)

STD. 674 A/R (REV. 5-99c)

DOCUMENT NUMBER

(1) TO STATE CONTROLLER'S OFFICE:

- [ ] ADMIN. & DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- [x] PAYROLL
- [ ] BENEFITS
- [ ] DISABILITY
- [ ] W-2/Non USPS
- [ ] RETIREMENT
- [ ] DEDUCTIONS

(2) SOCIAL SECURITY NUMBER: 343-44-5454

(3) NAME: Gone A. Lot

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1	180	206	9662	004
2				

CHANGE METHOD OF COLLECTION

- [ ] FROM AGENCY COLLECTION TO PAYROLL DEDUCTION - *BALANCE TO BE COLLECTED* $ _____ NET
- [ ] FROM PAYROLL DEDUCTION TO AGENCY COLLECTION - *BALANCE TO BE COLLECTED* $ _____ NET
- [ ] REVERSE PAYROLL DEDUCTION A/R
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] OVER-COLLECTION OF PAYROLL DEDUCTION A/R - PAY PERIODS OF DEDUCTION _____
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] REVERSE AGENCY COLLECTION A/R

REMARKS: Employee on 7k schedule

(5) ESTABLISH/CORRECT/ADJUST AS INDICATED BELOW:

- [x] ACCOUNTS RECEIVABLE
- [ ] REDEPOSIT WITH A/R
- [ ] TRANSFER OF FUNDS WITH A/R

DATES/HOURS ON DOCK:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

6 6 6 6 28 29 30

(6)

	POSITION	ISSUE DATE MO.	ISSUE DATE DAY	ISSUE DATE YR.	PAY PERIOD T	PAY PERIOD MO.	PAY PERIOD YR.	SALARY TYPE	SALARY FULL	TIME WORKED STD.	TIME WORKED DAYS	TIME WORKED HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS I.D.	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
A PMT. PER SCO WRNT. REG.	1	07	31	04	0	07	04	1	5117.00	1				1	0		0			5117.00	4520.07	05-234567	X		
B PMT. S/B	1				0	07	04	1	5117.00		17	07		1	0		0								
C OVER-PMT.	1				0	07	04	1	5117.00		4	73		1	0		0								

OVERPAYMENT TO BE RECOVERED BY:

- [ ] AGENCY COLLECTION
- [x] PAYROLL DEDUCTION *(Specify type)*
  - [x] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
  - [ ] _____ (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD _____
  - [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674 A/R, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

Payroll information correct in accordance with B/C Rule 660.

(7) COMPLETED BY: Happy Specialist

TELEPHONE NUMBER AND EXTENSION: (dd) 758-8400 x 1111

FROM (Agency Name): Wasco State Prison

AUTHORIZED SIGNATURE: Happy Specialist

DATE SIGNED: 8/3/04

JUL - 2004

#4 Copy

Scenario #5

Partial Work Period
Permanent Intermittent to Full-Time

Permanent Intermittent Employee (PIE) appointed to full-time status effective 11/2/04, working more hours than required as full-time

Work periods 10/25/04 – 11/1/04 (partial); 11/2/04 – 11/21/04 (partial)

Includes:

- October & November 2004 CDC 998-A
- PPAS CDC 998-A
- 7k Worksheet – Permanent Intermittent & Retired Annuitant
- 7k Worksheet – Partial Work Period (Permanent Intermittent & Retired Annuitant)
- Full-Time 7k Worksheet – Partial Work Period
- 7k FLSA Calculation Worksheet

Scenario #5

STATE OF CALIFORNIA

EMPLOYEE'S ATTENDANCE RECORD AND PALS WORKSHEET

CDC 998-A (12/92) ***THIS FORM IS DUE TO YOUR SUPERVISOR ON OR BEFORE PAYDA Y***

DEPARTMENT OF CORRECTIONS

EMPLOYEE: Moving Mann

SOCIAL SECURITY NUMBER	POSITION NUMBER	CBID	FRACTIONAL TIME BASE	MONTH/YEAR
454-55-6565	045-203-9662-902	R06	Intermittent	Oct-04

HOURS FROM PREVIOUS MONTH TO COMPLETE 40 HOUR WORK WEEK FOR OT CALCULATION = 40 = 11 hours, 8 SRN

DAY	DATE	*REASON FOR ABSENCE OR SCHEDULE	IN	OUT	MEAL BREAK	IN	OUT	IN	OUT	# OF REG. HOURS WORKED	+ OR - OTHER LEAVE	OVERTIME HOURS	SUPV INIT
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY	Oct-01												16
SATURDAY	Oct-02		2:00 PM	10:00 PM						8.00	8 SRN 8 SWK		
SUNDAY	Oct-03		2:00 PM	10:00 PM						8.00	8 SRN 8 SWK		
									(TOTAL HOURS FOR WORKWEEK)	16.00	(TOTAL OTHER) 0.00	0.00	
MONDAY	Oct-04												
TUESDAY	Oct-05												
WEDNESDAY	Oct-06		2:00 PM	10:00 PM						8.00	8 SRN		
THURSDAY	Oct-07		2:00 PM	10:00 PM						8.00	8 SRN		24
FRIDAY	Oct-08												
SATURDAY	Oct-09												
SUNDAY	Oct-10		2:00 PM	10:00 PM						8.00	8 SRN 8 SWK		
									(TOTAL HOURS FOR WORKWEEK)	24.00	(TOTAL OTHER) 0.00	0.00	
MONDAY	Oct-11	Holiday									*6 HOL		
TUESDAY	Oct-12		2:00 PM	10:00 PM						8.00	8 SRN		
WEDNESDAY	Oct-13		2:00 PM	10:00 PM						8.00	8 SRN		24
THURSDAY	Oct-14		2:00 PM	10:00 PM						8.00	8 SRN		
FRIDAY	Oct-15												
SATURDAY	Oct-16												
SUNDAY	Oct-17												
									(TOTAL HOURS FOR WORKWEEK)	24.00	(TOTAL OTHER) 0.00	0.00	
MONDAY	Oct-18												
TUESDAY	Oct-19		2:00 PM	10:00 PM						8.00	8 SRN		
WEDNESDAY	Oct-20												
THURSDAY	Oct-21												24
FRIDAY	Oct-22		2:00 PM	10:00 PM						8.00	8 SRN		
SATURDAY	Oct-23		2:00 PM	10:00 PM						8.00	8 SRN 8 SWK		
SUNDAY	Oct-24												
									(TOTAL HOURS FOR WORKWEEK)	24.00	(TOTAL OTHER) 0.00	0.00	
MONDAY	Oct-25												
TUESDAY	Oct-26												
WEDNESDAY	Oct-27												
THURSDAY	Oct-28												
FRIDAY	Oct-29		2:00 PM	10:00 PM						8.00	8 SRN		24
SATURDAY	Oct-30		2:00 PM	10:00 PM						8.00	8 SRN 8 SWK		
SUNDAY	Oct-31		2:00 PM	10:00 PM						8.00	8 SRN 8 SWK		
									(TOTAL HOURS FOR WORKWEEK)	24.00	(TOTAL OTHER) 0.00	0.00	
MONDAY	Nov-01												
TUESDAY													
									(TOTAL HOURS FOR WORKWEEK)	0.00	(TOTAL OTHER) 0.00	0.00	

TOTAL HOURS TO BE PAID FOR THE PAY PERIOD EXCLUDING HOURS FROM PREVIOUS MONTH AND OT: 112 hours worked
TOTAL HOURS REQUIRED FOR PAY PERIOD (168/176): 3.5 hours PPWA
TO BALANCE PAY PERIOD: + WE, - TE, HCT, V, TO: * 6 hours Holiday Pay
HOURS CARRIED FORWARD TO NEXT PAY PERIOD: 121.5 hours / Pay Period

(*Additional space to post reason for absence or time worked is available on reverse side.) *I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate in full compliance with legal requirements.*

112 SRN; 48 SWK

EMPLOYEE'S SIGNATURE

X Moving Mann

DATE 11/1/04

ALL SICK LEAVE ABSENCES ARE SUBJECT TO SUPERVISOR'S APPROVAL. SUBSTANTIATION MAY REQUIRE A DOCTOR'S STATEMENT.

For sick leave absences show, I have verified that: ☐ *Requirements for sick leave have been met.* ☐ *Doctors statement is attached.*
I have reviewed and approved employee's attendance.

SUPERVISOR'S SIGNATURE

X Supervisor

DATE 11/2/04

JUL - 2004

Scenario #5

STATE OF CALIFORNIA

EMPLOYEE'S ATTENDANCE RECORD AND PALS WORKSHEET

CDC 998-A (12/92) ***THIS FORM IS DUE TO YOUR SUPERVISOR ON OR BEFORE PAYDA Y***

DEPARTMENT OF CORRECTIONS

EMPLOYEE: Moving Mann

SOCIAL SECURITY NUMBER: 454-55-6565

POSITION NUMBER: 045-202-9662-052

CBID: R06

FRACTIONAL TIME BASE: Full-Time

MONTH/YEAR: Nov-04

HOURS FROM PREVIOUS MONTH TO COMPLETE 40 HOUR WORK WEEK FOR OT CALCULATION = C/O = Ø (PARTIAL WORK PERIOD)

DAY	DATE	*REASON FOR ABSENCE OR SCHEDULE	IN	OUT	MEAL BREAK	IN	OUT	IN	OUT	# OF REG. HOURS WORKED	+ OR - OTHER LEAVE	OVERTIME HOURS	SUPV INIT
MONDAY													
TUESDAY	Nov-02		2:00 PM	10:00 PM						8.00	8 SRN		
WEDNESDAY	Nov-03		2:00 PM	10:00 PM						8.00	8 SRN		
THURSDAY	Nov-04		2:00 PM	10:00 PM						8.00	8 SRN		
FRIDAY	Nov-05		2:00 PM	10:00 PM						8.00	8 SRN		
SATURDAY	Nov-06		2:00 PM	10:00 PM						8.00	8 SRN	8 8WK	
SUNDAY	Nov-07												
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)	0.00	0.00
MONDAY	Nov-08												
TUESDAY	Nov-09		2:00 PM	10:00 PM						8.00	8 SRN		
WEDNESDAY	Nov-10		2:00 PM	10:00 PM						8.00	8 SRN		
THURSDAY	Nov-11	Holiday	2:00 PM	10:00 PM						8.00	HC05 8.00	HPS 4.00	8 SRN
FRIDAY	Nov-12		2:00 PM	10:00 PM						8.00	8 SRN		
SATURDAY	Nov-13		2:00 PM	10:00 PM						8.00	8 SRN	8 8WK	
SUNDAY	Nov-14												
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)	12.00	0.00
MONDAY	Nov-15												
TUESDAY	Nov-16		2:00 PM	10:00 PM						8.00	8 SRN		
WEDNESDAY	Nov-17		2:00 PM	10:00 PM						8.00	8 SRN		
THURSDAY	Nov-18		2:00 PM	10:00 PM						8.00	8 SRN		
FRIDAY	Nov-19		2:00 PM	10:00 PM						8.00	8 SRN		
SATURDAY	Nov-20		2:00 PM	10:00 PM						8.00	8 SRN	8 8WK	
SUNDAY	Nov-21												
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)		
MONDAY	Nov-22												
TUESDAY	Nov-23		2:00 PM	10:00 PM						8.00	8 SRN		
WEDNESDAY	Nov-24		2:00 PM	10:00 PM						8.00	8 SRN		
THURSDAY	Nov-25	Holiday	2:00 PM	10:00 PM						8.00	HC05 8.00	HPS 4.00	8 SRN
FRIDAY	Nov-26	Holiday	2:00 PM	10:00 PM						8.00	HC05 8.00	HPS 4.00	8 SRN
SATURDAY	Nov-27		2:00 PM	10:00 PM						8.00	8 SRN	8 8WK	
SUNDAY	Nov-28												
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)	24.00	0.00
MONDAY	Nov-29												
TUESDAY	Nov-30		2:00 PM	10:00 PM						8.00	8 SRN		
WEDNESDAY	Dec-01		2:00 PM	10:00 PM						8.00	8 SRN		
THURSDAY													
FRIDAY													
SATURDAY													
SUNDAY													
									(TOTAL HOURS FOR WORKWEEK)	16.00	(TOTAL OTHER)	0.00	0.00
MONDAY													
TUESDAY													
									(TOTAL HOURS FOR WORKWEEK)	0.00	(TOTAL OTHER)	0.00	0.00

40

16

TOTAL HOURS TO BE PAID FOR THE PAY PERIOD EXCLUDING HOURS FROM PREVIOUS MONTH AND OT: 176 SRN; 32 8WK; HC05 24; HPS 12

TOTAL HOURS REQUIRED FOR PAY PERIOD (168/176)

TO BALANCE PAY PERIOD: + WE, - TE, HCT, V, TO

HOURS CARRIED FORWARD TO NEXT PAY PERIOD: C/O = 56 hours; 56 SRN; 8 8WK

(*Additional space to post reason for absence or time worked is available on reverse side.) *I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate in full compliance with legal requirements.*

EMPLOYEE'S SIGNATURE: X Moving Mann — DATE: 12/1/04

ALL SICK LEAVE ABSENCES ARE SUBJECT TO SUPERVISOR'S APPROVAL. SUBSTANTIATION MAY REQUIRE A DOCTOR'S STATEMENT.

For sick leave absences show, I have verified that: ☐ *Requirements for sick leave have been met.* ☐ *Doctors statement is attached.*

I have reviewed and approved employee's attendance.

SUPERVISOR'S SIGNATURE: X Supervisor — DATE: 12/2/04

JUL - 2004

Scenario #5

INSTITUTION NAME: Mule Creek State Prison - Main Division

TIME SHEET FOR: 10/25/2004 to 12/05/2004 UNIT: 203 PRINTED: 07/09/2004

EMPLOYEE:MANN, MOVING
ID: 1080 CBID: R06 WWG: 2 TYPE: REGULAR

SSN: 454-55-6565
PAY NUMBER: 045-203-9662-052
EFFECTIVE: 12/15/2002

DATE	QUALIFIER - CODE	IN-OUT	HOURS	SHIFT	POST
10/29/2004	W - LTS	14:00-22:00	8:00	3	3051
10/30/2004	W - LTS	14:00-22:00	8:00	3	3051
10/31/2004	W - LTS	14:00-22:00	8:00	3	3051
Week: 43		Subtotal:	24:00		
11/01/2004	W - PWA	14:00-17:30	3:30	0	PPWA
11/02/2004	W - X	14:00-22:00	8:00	3	3051
11/03/2004	W - X	14:00-22:00	8:00	3	3051
11/04/2004	W - X	14:00-22:00	8:00	3	3051
11/05/2004	W - X	14:00-22:00	8:00	3	3051
11/06/2004	W - X	14:00-22:00	8:00	3	3051
11/07/2004	A - RDO	14:00-22:00	0:00	3	3051
Week: 44		Subtotal:	43:30		
11/08/2004	A - RDO	14:00-22:00	0:00	3	3051
11/09/2004	W - X	14:00-22:00	8:00	3	3051
11/10/2004	W - X	14:00-22:00	8:00	3	3051
11/11/2004	W - X	14:00-22:00	8:00	3	3051
11/11/2004	* P - HCE	14:00-22:00	8:00	3	3051
11/11/2004	* P - HPS	14:00-22:00	4:00	3	3051
11/12/2004	W - X	14:00-22:00	8:00	3	3051
11/13/2004	W - X	14:00-22:00	8:00	3	3051
11/14/2004	A - RDO	14:00-22:00	0:00	3	3051
Week: 45		Subtotal:	52:00		
11/15/2004	A - RDO	14:00-22:00	0:00	3	3051
11/16/2004	W - X	14:00-22:00	8:00	3	3051
11/17/2004	W - X	14:00-22:00	8:00	3	3051
11/18/2004	W - X	14:00-22:00	8:00	3	3051
11/19/2004	W - X	14:00-22:00	8:00	3	3051
11/20/2004	W - X	14:00-22:00	8:00	3	3051
11/21/2004	A - RDO	14:00-22:00	0:00	3	3051
Week: 46		Subtotal:	40:00		
11/22/2004	A - RDO	14:00-22:00	0:00	3	3051
11/23/2004	W - X	14:00-22:00	8:00	3	3051
11/24/2004	W - X	14:00-22:00	8:00	3	3051
11/25/2004	W - X	14:00-22:00	8:00	3	3051
11/25/2004	* P - HCE	14:00-22:00	8:00	3	3051
11/25/2004	* P - HPS	14:00-22:00	4:00	3	3051
11/26/2004	W - X	14:00-22:00	8:00	3	3051
11/26/2004	* P - HCE	14:00-22:00	8:00	3	3051
11/26/2004	* P - HPS	14:00-22:00	4:00	3	3051
11/27/2004	W - X	14:00-22:00	8:00	3	3051
11/28/2004	A - RDO	14:00-22:00	0:00	3	3051
Week: 47		Subtotal:	64:00		
11/29/2004	A - RDO	14:00-22:00	0:00	3	3051
11/30/2004	W - X	14:00-22:00	8:00	3	3051
12/01/2004	W - X	14:00-22:00	8:00	3	3051
12/02/2004	W - X	14:00-22:00	8:00	3	3051
12/03/2004	W - X	14:00-22:00	8:00	3	3051
12/04/2004	W - X	14:00-22:00	8:00	3	3051
12/05/2004	A - RDO	14:00-22:00	0:00	3	3051
Week: 48		Subtotal:	40:00		

OVER TIME HOURS		SHIFT HOURS		HOURS TAKEN		HOURS WORKED	
1st	0:00	Shift Hrs.	176:00	T.O.	0:00	Wk Per 1	123 ~~151:30~~
2nd	0:00	8WK Hrs.	32:00	Sick	0:00	Wk Per 2	0:00
3rd	0:00	8WKN Hrs.	0:00	Vac/AL	0:00	WP CO	~~80:00~~
Total OT	0:00	Hol Credit	24:00	Military	0:00		
Dead Hrs	0:00	Hol Paid	12:00	S.S.T.	0:00	Hrs. Taken	0:00
Dock Hrs	~~12:30~~	RDO Days	8	Other	0:00		
OT Shift	0:00			Hol Taken	0:00		
WO Hours	0:00						
8WK Hrs	0:00						
8WKN Hrs	0:00						

NOT DOCK
PARTIAL WORKPERIOD

PRO-RATED
PPWA

JUL - 2004

AGY 045 RU 203 PAY PERIOD 11/04 ROLL CD 3 REPORT PAGE 1 BATCH ID _____

OK ERN	DY	SSN HOURS	RATE	AF	NAME ERN	DY	HOURS	CLASS RATE	SERIAL AF	ERN	DY	HOURS	RATE	AF
___	454 - 55 - 6565		M	MANN				9662	052					
HG5		12.00	17.73	___	SRN		176.00		___	8WK		32.00		___
OFLo		5.8	27.72											

Page Totals: Hours = 220.00 Rates = 17.73 Alternate Funding AF = A

I hereby certify under penalty of perjury that Attendance, Payroll, and Leave Benefit data stated herein is correct, complete and in accordance with all laws and regulations.

SIGNATURE _____ PHONE _____ DATE _____

JUL - 2004

Scenario #5

7k WORKSHEET
PARTIAL WORK PERIOD
Permanent Intermittent & Retired Annuitant

EMPLOYEE NAME: Moving Mann PPAS ID 6565

WORK PERIOD DATES: 10/25/04-11/1/04 PAY PERIOD 10/04

WORK PERIOD OVERTIME — **$ Hourly Rate**

1. WORK PERIOD hours from **previous** PAY PERIOD (Include Holiday, PPWA, Paid Leave, & Training – if applicable) — Ø
2. WORK PERIOD Hours from **current** PAY PERIOD (Include Holiday, PPWA, Paid Leave, & Training – if applicable) — 27.5
3. Subtotal (Total WORK PERIOD Hours) — 27.5
4. **Subtract** required Work Period hours (Work period calendar days 8 X 5.86 hours per day = 46.88) — - 46.88
5. Total Work Period Overtime **(OF6)** — = (19.38) **$

DO NOT CONTINUE IF LINE 1 IS LESS THAN 164

NO OVERTIME DUE
NO DOCK CHARGED

6. If hours on line 1 exceed 164, subtract 164 from line 1. These hours are overtime hours that were previously paid as regular pay. **(A 674 must be processed to adjust funds from regular pay to overtime).**
7. Subtract line 6 from line 5 for **TOTAL Premium Overtime Hours (OF6)** **$

SHIFT (WORK PERIOD & PAY PERIOD)	**WORK PERIOD (For OT Rate)**	**PAY PERIOD**
8. Total 1st & 3rd Regular Shift hours	24 X.50 = $ 12.00	**(SRN)
9. Weekend Shift: 1st & 3rd Watch	16 X.15 = $ 2.40	**(8WK)
10. Weekend Shift: 2nd Watch	X.65 = $	**(8WKN)
11. **TOTAL FOR FLSA 7k FORMULA**	$ 14.40	

PAY PERIOD HOURS

12. **TOTAL** hours in PAY PERIOD
13. **SUBTRACT** TOTAL OVERTIME HOURS (from line 7) -
14. **REGULAR PAY (PAYMENT TYPE 0)** =

PAY PERIOD HOLIDAY PAY – RETIRED ANNUITANTS ONLY

15. Hours of Holiday Paid Straight **(HG5)** (As determined on 7k FLSA Calculation Worksheet) **$

**** POST ON 671/672**

CALCULATION OF 7k OVERTIME RATE

Hourly Rate (Per PAR Document)	X	Work Period Required Hours (Line 4)	+	Monthly Pay Differentials **(Diff. X 12 ÷ 13)**	+	Work Period Shift Differential	÷	Work Period Required Hours (Line 4)	=	Avg. FLSA Rate of Pay	X 1.5 =	FLSA OT Rate of Pay **(OF6)**

7k SICK LEAVE EXCLUSION TRACKING

16. Total Overtime hours in work period (line 5)
17. Total sick leave hours used in work period **(Include any leave type used for sick leave purposes)**
18. Total sick leave hours which would have been excluded and paid at straight time prior to 11/1/99 **(Not to exceed Overtime hours on line 16)**
19. FLSA OT Rate of Pay — $
20. Straight Time Rate of Pay (Based on Salary ÷ 177.67) — - $
21. Salary Rate Difference — = $
22. **TOTAL SALARY RATE DIFFERENCE** $ _____ (Line 21) X _____ (Line 18) = $

Revised 07/04

JUL - 2004

Scenario #5

FULL-TIME 7k WORKSHEET
PARTIAL WORK PERIOD
All 7k Employees (Not Subject to MOU Section 17.02)

EMPLOYEE NAME: Moving Mann PPAS ID/SSN: 65565

WORK PERIOD DATES: 11/2/04 - 11/21/04 PAY PERIOD: 11/04

WORK PERIOD OVERTIME

		$ Hourly Rate
1. Total WORK PERIOD hours reported (Include Holiday, Paid Leave, & Training – if applicable)	120	
2. Prorated PPWA (If applicable)	3	
3. Subtotal (Total WORK PERIOD hours)	123	
4. Subtract **REQUIRED** WORK PERIOD hours (Work period **CALENDAR** days 20 X 5.86 hours per day = 117.2)	117.2	
5. Total Work Period Overtime **(OF6)** (**IF NEGATIVE** – Leave credits must be posted for negative hours. If absence is unapproved or leave is not available, post as Dock)	= 5.8	**$ 27.72

WORK PERIOD SHIFT (COMPLETE FOR OVERTIME PURPOSES ONLY)

6. Total 1st & 3rd Regular Shift hours worked in the **work period** (SRN)	120	X.50 = $ 60.00
7. Total 1st & 3rd Overtime Shift hours worked in the **work period** (S5N)		X.50 = $
8. Weekend Shift 1st & 3rd Watch hours worked in the **work period** (8WK)	24	X.15 = $ 3.60
9. Weekend Shift 2nd Watch hours worked in the **work period** (8WKN)		X.65 = $
10. **TOTAL WORK PERIOD SHIFT FOR FLSA 7k FORMULA**		$ 63.60

PAY PERIOD HOLIDAY PAY

11. Hours of Holiday Paid Straight **(HG5)** (As determined on 7k FLSA Calculation Worksheet) 12 **$ 17.73

PAY PERIOD SHIFT

12. Total 1st & 3rd Regular Shift hours worked in the **pay period** (SRN)	176	**
13. Total 1st & 3rd Overtime Shift hours worked in the **pay period** (S5N)		**
14. Weekend Shift 1st & 3rd Watch hours worked in the **pay period** (8WK)	32	**
15. Weekend Shift 2nd Watch hours worked in the **pay period** (8WKN)		**

**** POST ON 671/672**

7k SICK LEAVE EXCLUSION TRACKING

16. Total Overtime hours in work period (line 5)		
17. Total sick leave hours used in work period **(Include any leave type used for sick leave purposes)**		
18. Total sick leave hours which would have been excluded and paid at straight time prior to 11/1/99 (**Not to exceed Overtime hours on line 16)**		
19. FLSA OT Rate of Pay		$
20. Straight Time Rate of Pay (Based on Salary ÷ 177.67)		- $
21. Salary Rate Difference		= $
22. **TOTAL SALARY RATE DIFFERENCE**	$ (Line 21) X (Line 18)	= $

Revised 07/04

JUL 2004

Scenario #6

Partial Work Period
Permanent Intermittent to Full Time

Perman nt Int rmitt nt Employ e (PIE
appointed to full-time tu ff ctiv 1/2/04
working mor hours than requir d a full tim

Work period 10/25/04 11/1/ 4 (partial
11/2/04 11/21/04 (partial

Includes
Octobe & Nov mbe 2004 CDC 998 A
PPAS CDC 998 A
7k Wo k sh Perman nt Intermitten & R tir d
Annuitant
7k Wo k sh Partial Work Period (Permanent
ntermittent & R tired Annuitant
Full-Time 7k W o kshee Partial Wo k P riod
7k FLSA Calculation Wo ksheets

Scenario #6

STATE OF CALIFORNIA

EMPLOYEE'S ATTENDANCE RECORD AND PALS WORKSHEET

CDC 998-A (12/92) ***THIS FORM IS DUE TO YOUR SUPERVISOR ON OR BEFORE PAYDAY***

DEPARTMENT OF CORRECTIONS

EMPLOYEE: Guy Rollin

SOCIAL SECURITY NUMBER: 565-66-7676

POSITION NUMBER: 045-203-9662-902

CBID: R06

FRACTIONAL TIME BASE: Intermittent

MONTH/YEAR: Oct-04

HOURS FROM PREVIOUS MONTH TO COMPLETE 40 HOUR WORK WEEK FOR OT CALCULATION = 40 - 20.5 hours

DAY	DATE	*REASON FOR ABSENCE OR SCHEDULE	IN	OUT	MEAL BREAK	IN	OUT	IN	OUT	# OF REG. HOURS WORKED	+ OR - OTHER LEAVE	OVERTIME HOURS	SUPV INIT
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY	Oct-01		6:00 AM	2:00 PM		2:00 PM	10:00 PM			16.00	8 SRN		
SATURDAY	Oct-02		6:00 AM	2:00 PM						8.00	8 SWKN		
SUNDAY	Oct-03		6:00 AM	2:00 PM						8.00	8 SWKN		
							(TOTAL HOURS FOR WORKWEEK)			32.00	(TOTAL OTHER)	0.00	0.00
MONDAY	Oct-04		6:00 AM	2:00 PM						8.00			
TUESDAY	Oct-05												
WEDNESDAY	Oct-06												
THURSDAY	Oct-07												
FRIDAY	Oct-08		6:00 AM	2:00 PM						8.00			
SATURDAY	Oct-09		6:00 AM	2:00 PM						8.00			
SUNDAY	Oct-10		6:00 AM	2:00 PM						8.00	8 SWKN		
							(TOTAL HOURS FOR WORKWEEK)			8.00	8 SWKN		
MONDAY	Oct-11	Holiday	6:00 AM	2:00 PM						40.00	(TOTAL OTHER)	0.00	0.00
TUESDAY	Oct-12									8.00	* 8 HOL		
WEDNESDAY	Oct-13												
THURSDAY	Oct-14												
FRIDAY	Oct-15		6:00 AM	2:00 PM						8.00			
SATURDAY	Oct-16		6:00 AM	2:00 PM						8.00			
SUNDAY	Oct-17		6:00 AM	2:00 PM						8.00	8 SWKN		
							(TOTAL HOURS FOR WORKWEEK)			8.00	8 SWKN		
MONDAY	Oct-18		6:00 AM	2:00 PM						40.00	(TOTAL OTHER)	0.00	0.00
TUESDAY	Oct-19									8.00			
WEDNESDAY	Oct-20												
THURSDAY	Oct-21												
FRIDAY	Oct-22		6:00 AM	2:00 PM						8.00			
SATURDAY	Oct-23		6:00 AM	2:00 PM						8.00			
SUNDAY	Oct-24		6:00 AM	2:00 PM						8.00	8 SWKN		
							(TOTAL HOURS FOR WORKWEEK)			8.00	8 SWKN		
MONDAY										40.00	(TOTAL OTHER)		
TUESDAY	Oct-26		6:00 AM	2:00 PM						8.00			
WEDNESDAY	Oct-27												
THURSDAY	Oct-28												
FRIDAY	Oct-29												
SATURDAY	Oct-30												
SUNDAY	Oct-31		6:00 AM	2:00 PM						8.00	8 SWKN		
							(TOTAL HOURS FOR WORKWEEK)			16.00	(TOTAL OTHER)	0.00	0.00
MONDAY	Nov-01		6:00 AM	2:00 PM						8.00			
TUESDAY													
							(TOTAL HOURS FOR WORKWEEK)			8.00	(TOTAL OTHER)	0.00	0.00

8

TOTAL HOURS TO BE PAID FOR THE PAY PERIOD EXCLUDING HOURS FROM PREVIOUS MONTH AND OT

TOTAL HOURS REQUIRED FOR PAY PERIOD (168/176) 176 hours

TO BALANCE PAY PERIOD: + WE, - TE, HCT, V, TO 4.5 hours PPWA

HOURS CARRIED FORWARD TO NEXT PAY PERIOD * 8 Holiday Pay

188.5 / Pay Period

8 SRN ; 72 SWKN

(*Additional space to post reason for absence or time worked is available on reverse side.) *I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate in full compliance with legal requirements.*

EMPLOYEE'S SIGNATURE

X Guy Rollin

DATE 1/04

ALL SICK LEAVE ABSENCES ARE SUBJECT TO SUPERVISOR'S APPROVAL. SUBSTANTIATION MAY REQUIRE A DOCTOR'S STATEMENT.

For sick leave absences show, I have verified that: ☐ *Requirements for sick leave have been met.* ☐ *Doctors statement is attached.*

I have reviewed and approved employee's attendance.

SUPERVISOR'S SIGNATURE

X Supervisor

DATE 12/04

JUL -

Scenario #6

STATE OF CALIFORNIA

EMPLOYEE'S ATTENDANCE RECORD AND PALS WORKSHEET

CDC 998-A (12/92) ***THIS FORM IS DUE TO YOUR SUPERVISOR ON OR BEFORE PAYDA Y***

DEPARTMENT OF CORRECTIONS

EMPLOYEE: Guy Rollin

SOCIAL SECURITY NUMBER	POSITION NUMBER	CBID	FRACTIONAL TIME BASE	MONTH/YEAR
565-66-7676	045-203-9662-009	R06	Full-Time	Nov-04

HOURS FROM PREVIOUS MONTH TO COMPLETE 40 HOUR WORK WEEK FOR OT CALCULATION = C/O = Ø (PARTIAL WORK PERIOD)

DAY	DATE	*REASON FOR ABSENCE OR SCHEDULE	IN	OUT	MEAL BREAK	IN	OUT	IN	OUT	# OF REG. HOURS WORKED	+ OR - OTHER LEAVE	OVERTIME HOURS	SUPV INIT
MONDAY													
TUESDAY	Nov-02		6:00 AM	2:00 PM						8.00			
WEDNESDAY	Nov-03		6:00 AM	2:00 PM						8.00			
THURSDAY	Nov-04		6:00 AM	2:00 PM						8.00			
FRIDAY	Nov-05												
SATURDAY	Nov-06												
SUNDAY	Nov-07		6:00 AM	2:00 PM						8.00	8 8WKN		
									(TOTAL HOURS FOR WORKWEEK)	32.00	(TOTAL OTHER)	0.00	0.00
MONDAY	Nov-08		6:00 AM	2:00 PM						16.00	8 SSN		
TUESDAY	Nov-09		6:00 AM	2:00 PM						8.00			
WEDNESDAY	Nov-10		6:00 AM	2:00 PM						8.00			
THURSDAY	Nov-11	Holiday	6:00 AM	2:00 PM						8.00	HC05 8.00 HPS 4.00		
FRIDAY	Nov-12												
SATURDAY	Nov-13												
SUNDAY	Nov-14		6:00 AM	2:00 PM						8.00	8 8WKN		
									(TOTAL HOURS FOR WORKWEEK)	48.00	(TOTAL OTHER)	12.00	0.00
MONDAY	Nov-15		6:00 AM	2:00 PM						8.00			
TUESDAY	Nov-16		6:00 AM	2:00 PM						8.00			
WEDNESDAY	Nov-17		6:00 AM	2:00 PM						8.00			
THURSDAY	Nov-18		6:00 AM	2:00 PM						8.00			
FRIDAY	Nov-19												
SATURDAY	Nov-20												
SUNDAY	Nov-21		6:00 AM	2:00 PM						8.00	8 8WKN		
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)		
MONDAY	Nov-22		6:00 AM	2:00 PM						8.00			
TUESDAY	Nov-23		6:00 AM	2:00 PM						8.00			
WEDNESDAY	Nov-24		6:00 AM	2:00 PM						8.00			
THURSDAY	Nov-25	Holiday	6:00 AM	2:00 PM						8.00	HC05 8.00 HPS 4.00		
FRIDAY	Nov-26	Holiday									HC05 8.00		
SATURDAY	Nov-27												
SUNDAY	Nov-28		6:00 AM	2:00 PM						8.00	8 8WKN		
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)	20.00	0.00
MONDAY	Nov-29		6:00 AM	2:00 PM						8.00			
TUESDAY	Nov-30		6:00 AM	2:00 PM						8.00			
WEDNESDAY	Dec-01		6:00 AM	2:00 PM						8.00			24
THURSDAY													
FRIDAY													
SATURDAY													
SUNDAY													
									(TOTAL HOURS FOR WORKWEEK)	24.00	(TOTAL OTHER)	0.00	0.00
MONDAY													
TUESDAY													
									(TOTAL HOURS FOR WORKWEEK)	0.00	(TOTAL OTHER)	0.00	0.00

TOTAL HOURS TO BE PAID FOR THE PAY PERIOD EXCLUDING HOURS FROM PREVIOUS MONTH AND OT: 8 SRN, 32 8WKN;

TOTAL HOURS REQUIRED FOR PAY PERIOD (168/176): HC05 24; HPS 8

TO BALANCE PAY PERIOD: + WE, - TE, HCT, V, TO

HOURS CARRIED FORWARD TO NEXT PAY PERIOD: C/O = 64 hours 8 8WKN

(*Additional space to post reason for absence or time worked is available on reverse side.) *I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate in full compliance with legal requirements.*

EMPLOYEE'S SIGNATURE: X Guy Rollin — DATE: 12/1/04

ALL SICK LEAVE ABSENCES ARE SUBJECT TO SUPERVISOR'S APPROVAL. SUBSTANTIATION MAY REQUIRE A DOCTOR'S STATEMENT.

For sick leave absences show, I have verified that: ☐ *Requirements for sick leave have been met.* ☐ *Doctors statement is attached.*

I have reviewed and approved employee's attendance.

SUPERVISOR'S SIGNATURE: X I Supervise — DATE: 12/2/04

JUL - 2004

Scenario #6

INSTITUTION NAME: Mule Creek State Prison Main Division

TIME SHEET FOR: 10/25/2004 to 12/05/2004 UNIT: 203 PRINTED: 07/09/2004

EMPLOYEE:ROLLIN, GUY

ID: 1095 CBID: R06 WWG: 2 TYPE: REGULAR

SSN: 565-66-7676
PAY NUMBER: 045-203-9662-009
EFFECTIVE: 06/06/2002

DATE	QUALIFIER - CODE	IN-OUT	HOURS	SHIFT	POST
10/25/2004	W - SMS	06:00-14:00	8:00	2	2019
10/31/2004	W - SMS	06:00-14:00	8:00	2	2019
Week: 43		Subtotal:	16:00		
11/01/2004	W - SMS	06:00-14:00	8:00	2	2019
11/01/2004	W - PWA	06:00-10:30	4:30	0	PPWA
11/02/2004	W - X	06:00-14:00	8:00	2	2019
11/03/2004	W - X	06:00-14:00	8:00	2	2019
11/04/2004	W - X	06:00-14:00	8:00	2	2019
11/05/2004	A - RDO	06:00-14:00	0:00	2	2019
11/06/2004	A - RDO	06:00-14:00	0:00	2	2019
11/07/2004	W - X	06:00-14:00	8:00	2	2019
Week: 44		Subtotal:	44:30		
11/08/2004	W - X	06:00-14:00	8:00	2	2019
11/08/2004	* P - SMS	14:00-22:00	8:00	3	3019
11/09/2004	W - X	06:00-14:00	8:00	2	2019
11/10/2004	W - X	06:00-14:00	8:00	2	2019
11/11/2004	W - X	06:00-14:00	8:00	2	2019
11/11/2004	* P - HCE	06:00-14:00	8:00	2	2019
11/11/2004	* P - HPS	06:00-14:00	4:00	2	2019
11/12/2004	A - RDO	06:00-14:00	0:00	2	RL-302
11/13/2004	A - RDO	06:00-14:00	0:00	2	RL-302
11/14/2004	W - X	06:00-14:00	8:00	2	2019
Week: 45		Subtotal:	60:00		
11/15/2004	W - X	06:00-14:00	8:00	2	2019
11/16/2004	W - X	06:00-14:00	8:00	2	2019
11/17/2004	W - X	06:00-14:00	8:00	2	2019
11/18/2004	W - X	06:00-14:00	8:00	2	2019
11/19/2004	A - RDO	06:00-14:00	0:00	2	RL-302
11/20/2004	A - RDO	06:00-14:00	0:00	2	RL-302
11/21/2004	W - X	06:00-14:00	8:00	2	2019
Week: 46		Subtotal:	40:00		
11/22/2004	W - X	06:00-14:00	8:00	2	2019
11/23/2004	W - X	06:00-14:00	8:00	2	2019
11/24/2004	W - X	06:00-14:00	8:00	2	2019
11/25/2004	W - X	06:00-14:00	8:00	2	2019
11/25/2004	* P - HCE	06:00-14:00	8:00	2	2019
11/25/2004	* P - HPS	06:00-14:00	4:00	2	2019
11/26/2004	A - RDO	06:00-14:00	0:00	2	RL-302
11/26/2004	* P - HCE	06:00-14:00	8:00	2	RL-302
11/27/2004	A - RDO	06:00-14:00	0:00	2	RL-302
11/28/2004	W - X	06:00-14:00	8:00	2	2019
Week: 47		Subtotal:	60:00		
11/29/2004	W - X	06:00-14:00	8:00	2	2019
11/30/2004	W - X	06:00-14:00	8:00	2	2019
12/01/2004	W - X	06:00-14:00	8:00	2	2019
12/02/2004	W - X	06:00-14:00	8:00	2	2019
12/03/2004	A - RDO	06:00-14:00	0:00	2	RL-302
12/04/2004	A - RDO	06:00-14:00	0:00	2	RL-302
12/05/2004	W - X	06:00-14:00	8:00	2	2019
Week: 48		Subtotal:	40:00		

OVER TIME HOURS		SHIFT HOURS		HOURS TAKEN		HOURS WORKED	
1st	0:00	Shift Hrs.	0:00	T.O.	0:00	Wk Per 1	~~152:30~~ 123
2nd	0:00	8WK Hrs.	0:00	Sick	0:00	Wk Per 2	0:00
3rd	0:00	8WKN Hrs.	32:00	Vac/AL	0:00	WP CO	80:00
Total OT	0:00	Hol Credit	24:00	Military	0:00		
Dead Hrs	0:00	Hol Paid	8:00	S.S.T.	0:00	Hrs. Take	0:00
Dock Hrs	~~11:30~~	RDO Days	8	Other	0:00		
OT Shift	8:00			Hol Taken	0:00		
WO Hours	0:00						
8WK Hrs	0:00						
8WKN Hrs	0:00						

NOT DOCK
PARTIAL w/o DEK1

PRO-RATED
PPWA

JUL - 1 2004

INSTITUTION NAME: Mule Creek State Prison - Main Division Scenario #6

TIME AND ATTENDANCE 07/09/2004 15:19:57

AGY 045 RU 203 PAY PERIOD 11/04 ROLL CD 3 REPORT PAGE 1 BATCH ID

OK ERN	DY	SSN HOURS	RATE	AF	NAME ERN	DY	HOURS	CLASS RATE	SERIAL AF	ERN	DY	HOURS	RATE	AF
	565 - 66 - 7676		G	ROLLIN				9662	009					
HG5		8.00	17.73		SSN		8.00			8WKN		32.00		
OF6		5.8	27.33											

Page Totals: Hours = 48.00 Rates = 17.73 Alternate Funding AF = A

I hereby certify under penalty of perjury that Attendance, Payroll, and Leave Benefit data stated herein is correct, complete and in accordance with all laws and regulations.

SIGNATURE PHONE DATE

JUL - 2004

Scenario #6

7k WORKSHEET
PARTIAL WORK PERIOD
Permanent Intermittent & Retired Annuitant

EMPLOYEE NAME: Guy Rollin PPAS ID: 7676

WORK PERIOD DATES: 10/25/04 - 11/1/04 PAY PERIOD: 10/04

WORK PERIOD OVERTIME **$ Hourly Rate**

1. WORK PERIOD hours from **previous** PAY PERIOD (Include Holiday, PPWA, Paid Leave, & Training – if applicable) Ø
2. WORK PERIOD Hours from **current** PAY PERIOD (Include Holiday, PPWA, Paid Leave, & Training – if applicable) 28.5
3. Subtotal (Total WORK PERIOD Hours) 28.5
4. **Subtract** required Work Period hours (Work period calendar days 8 X 5.86 hours per day = 46.88) - 46.88
5. Total Work Period Overtime **(OF6)** = (18.38) **$____

NO OVERTIME DUE
NO DOCK CHARGED

DO NOT CONTINUE IF LINE 1 IS LESS THAN 164

6. If hours on line 1 exceed 164, subtract 164 from line 1. These hours are overtime hours that were previously paid as regular pay. **(A 674 must be processed to adjust funds from regular pay to overtime).**
7. Subtract line 6 from line 5 for **TOTAL Premium Overtime Hours (OF6)** **$

SHIFT (WORK PERIOD & PAY PERIOD)	**WORK PERIOD (For OT Rate)**	**PAY PERIOD**
8. Total 1st & 3rd Regular Shift hours	____ X.50 = $____	____**(SRN)
9. Weekend Shift: 1st & 3rd Watch	X.15 = $____	____**(8WK)
10. Weekend Shift: 2nd Watch	X.65 = $	____**(8WKN)
11. **TOTAL FOR FLSA 7k FORMULA**	$	

PAY PERIOD HOURS

12. **TOTAL** hours in PAY PERIOD
13. **SUBTRACT** TOTAL OVERTIME HOURS (from line 7) -
14. **REGULAR PAY (PAYMENT TYPE 0)** = ____

PAY PERIOD HOLIDAY PAY – RETIRED ANNUITANTS ONLY

15. Hours of Holiday Paid Straight **(HG5)** (As determined on 7k FLSA Calculation Worksheet) **$

**** POST ON 671/672**

CALCULATION OF 7k OVERTIME RATE

Hourly Rate (Per PAR Document)	X	Work Period Required Hours (Line 4)	+	Monthly Pay Differentials **(Diff. X 12 ÷ 13)**	+	Work Period Shift Differential	÷	Work Period Required Hours (Line 4)	=	Avg. FLSA Rate of Pay	X 1.5 =	FLSA OT Rate of Pay **(OF6)**
____	X	____	+	____	+	____	÷	____	=	____	X 1.5 =	____

7k SICK LEAVE EXCLUSION TRACKING

16. Total Overtime hours in work period (line 5) ____
17. Total sick leave hours used in work period **(Include any leave type used for sick leave purposes)** ____
18. Total sick leave hours which would have been excluded and paid at straight time prior to 11/1/99 **(Not to exceed Overtime hours on line 16)** ____
19. FLSA OT Rate of Pay $ ____
20. Straight Time Rate of Pay (Based on Salary ÷ 177.67) - $ ____
21. Salary Rate Difference = $ ____
22. **TOTAL SALARY RATE DIFFERENCE** $ ____ (Line 21) X ____ (Line 18) = $ ____

Revised 07/04

JUL - 2004

Scenario #6

FULL-TIME 7k WORKSHEET
PARTIAL WORK PERIOD
All 7k Employees (Not Subject to MOU Section 17.02)

EMPLOYEE NAME: Guy Rollin PPAS ID/SSN: 7676

WORK PERIOD DATES: 11/2/04-11/21/04 PAY PERIOD: 11/04

WORK PERIOD OVERTIME

		$ Hourly Rate
1. Total WORK PERIOD hours reported (Include Holiday, Paid Leave, & Training – if applicable)	120	
2. Prorated PPWA (If applicable)	3	
3. Subtotal (Total WORK PERIOD hours)	123	
4. Subtract **REQUIRED** WORK PERIOD hours (Work period **CALENDAR** days 20 X 5.86 hours per day = 117.2)	- 117.2	
5. Total Work Period Overtime **(OF6)** (**IF NEGATIVE** – Leave credits must be posted for negative hours. If absence is unapproved or leave is not available, post as Dock)	= 5.8	**$ 27.33

WORK PERIOD SHIFT (COMPLETE FOR OVERTIME PURPOSES ONLY)

6. Total 1st & 3rd Regular Shift hours worked in the **work period** (SRN)		X.50 = $
7. Total 1st & 3rd Overtime Shift hours worked in the **work period** (S5N)	8	X.50 = $ 4.00
8. Weekend Shift 1st & 3rd Watch hours worked in the **work period** (8WK)		X.15 = $
9. Weekend Shift 2nd Watch hours worked in the **work period** (8WKN)	24	X.65 = $ 15.60
10. **TOTAL WORK PERIOD SHIFT FOR FLSA 7k FORMULA**		$ 19.60

PAY PERIOD HOLIDAY PAY

11. Hours of Holiday Paid Straight **(HG5)** (As determined on 7k FLSA Calculation Worksheet)	8	**$ 17.73

PAY PERIOD SHIFT

12. Total 1st & 3rd Regular Shift hours worked in the **pay period** (SRN)		**
13. Total 1st & 3rd Overtime Shift hours worked in the **pay period** (S5N)	8	**
14. Weekend Shift 1st & 3rd Watch hours worked in the **pay period** (8WK)	32	**
15. Weekend Shift 2nd Watch hours worked in the **pay period** (8WKN)		**

**** POST ON 671/672**

7k SICK LEAVE EXCLUSION TRACKING

16. Total Overtime hours in work period (line 5)			
17. Total sick leave hours used in work period **(Include any leave type used for sick leave purposes)**			
18. Total sick leave hours which would have been excluded and paid at straight time prior to 11/1/99 (**Not to exceed Overtime hours on line 16)**			
19. FLSA OT Rate of Pay			$
20. Straight Time Rate of Pay (Based on Salary ÷ 177.67)			- $
21. Salary Rate Difference			= $
22. **TOTAL SALARY RATE DIFFERENCE**	$ (Line 21)	X (Line 18)	= $

Revised 07/04

JUL - 2004

7k FLSA CALCULATION WORKSHEET

STRAIGHT TIME/HOLIDAY PAID STRAIGHT (HG5) FORMULA

$ 3150 (Based on Salary) ÷ 177.67 = $ 17.73 (Straight Time/Holiday Paid Straight Rate of Pay (HG5))

7k FLSA FORMULA

$ 3150 (Based on Salary) + $ 65 (Total Monthly Pay Differentials) = $ 3215 (Total Monthly Salary) x 12 = $ 38580 (Annual Salary) ÷ 13 = $ 2967.69 (7k Work Period Salary) + $ 19.60 (Total Work Period Shift Differential)

+ $ Ø (Gross Earnings Additional Positions) = $ 2987.29 (Total Work Period Earnings) ÷ (164) (164 Hours (+) Hours Worked In Additional Positions) = $ 18.22 (Avg. FLSA Rate of Pay) x 1.5 = $ 27.33 (FLSA OT Rate of Pay (OF6))

MONTHLY PAY DIFFERENTIALS

Bilingual	$100.00	$
Education		$
Flight Time		$
Housing	$175.00	$
Out-of-Class		$
Physical Fitness	$65.00	$ 65
Physical Fitness	$130.00	$
Senior Peace Officer		$
Van Pool		$
Other		$
	TOTAL	$ 65

SELF HELP SPONSOR (SHS) / PART TIME FIRE CAPTAIN

_____ (Hours Worked SHS / Fire Captain) x $_____ (Hourly Rate) = $_____ (SHS / Fire Captain Gross Earnings)

ADJUSTMENT

$_____ (Avg. FLSA Rate of Pay) ÷ 2 = $_____ (Adjusted Rate (OF)) (x_____ hours) (SHS / Fire Captain OT Hours Worked Keyed at OF Rate) = $_____ (SHS / Fire Captain Adjustment)

OTHER 7k ADDITIONAL POSITION (DO NOT USE FOR NON-7k POSITIONS)

_____ (Hours Worked 2nd Position) x $_____ (Hourly Rate) = $_____ (2nd Position Gross Earnings)

ADJUSTMENT

$_____ (Avg. FLSA Rate of Pay) ÷ 2 = $_____ (Adjusted Rate (OF)) (x_____ hours) (2nd Position OT Hours Worked Keyed at OF Rate) = $_____ (2nd Position Adjustment)

Revised 07/04

Scenario #6

JUL 2004

Scenario # 7

Non-Industrial Disability (NDI)
Less than 30 Days

Employee approved for NDI from
2/27/05 – 3/12/05

Work period 2/14/05 – 3/13/05 (complete)

Includes:

- February & March 2005 CDC 998-A
- PPAS CDC 998-A
- Full-Time 7k Worksheet – Correctional Officer
- 7k FLSA Calculation Worksheet
- NDI Calendar

Personnel Liaison Unit
New 04/05

S7.01

Scenario #7

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

EMPLOYEE'S ATTENDANCE RECORD AND PALS WORKSHEET

CDC 998-A (12/92) *THIS FORM IS DUE TO YOUR SUPERVISOR ON OR BEFORE PAYDA Y*

EMPLOYEE	SOCIAL SECURITY NUMBER	POSITION NUMBER	CBID	FRACTIONAL TIME BASE	MONTH/YEAR
Sick Lee	676-77-8787	394-204-9662-007	R06	Full-Time	Feb-05

HOURS FROM PREVIOUS MONTH TO COMPLETE 40 HOUR WORK WEEK FOR OT CALCULATION = 40=88 hours

DAY	DATE	*REASON FOR ABSENCE OR SCHEDULE	IN	OUT	MEAL BREAK	IN	OUT	IN	OUT	# OF REG. HOURS WORKED	+ OR - OTHER LEAVE	OVERTIME HOURS	
MONDAY													
TUESDAY	Feb-01		6:00 AM							8.00			
WEDNESDAY	Feb-02		6:00 AM	2:00 PM									
THURSDAY	Feb-03		6:00 AM	2:00 PM									32
FRIDAY	Feb-04		6:00 AM	2:00 PM									
SATURDAY	Feb-05												
SUNDAY	Feb-06												
											(TOTAL OTHER) 0.00	0.00	
MONDAY	Feb-07		6:00 AM	2:00 PM						8.00			
TUESDAY	Feb-08		6:00 AM	2:00 PM						8.00			
WEDNESDAY	Feb-09		6:00 AM	2:00 PM						8.00			
THURSDAY	Feb-10		6:00 AM	2:00 PM						8.00			40
			6:00 AM	2:00 PM						8.00			
										(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER) 0.00	
MONDAY	Feb-14		6:00 AM	2:00 PM									
TUESDAY	Feb-15		6:00 AM	2:00 PM						8.00			
WEDNESDAY	Feb-16		6:00 AM	2:00 PM						8.00			
THURSDAY	Feb-17		6:00 AM	2:00 PM									
FRIDAY	Feb-18		6:00 AM	2:00 PM									40
SATURDAY	Feb-19												
SUNDAY	Feb-20												
										(TOTAL HOURS FOR WORKWEEK)	40.00	0.00	0.00
MONDAY	Feb-21	Holiday	6:00 AM	2:00 PM						8.00	HC05 8.00 HPS 4.00		
TUESDAY	Feb-22		6:00 AM	2:00 PM						8.00			
WEDNESDAY	Feb-23		6:00 AM	2:00 PM		2:00 PM	10:00 PM			16.00			
THURSDAY	Feb-24		6:00 AM	2:00 PM						8.00			56
FRIDAY	Feb-25		6:00 AM	2:00 PM		2:00 PM	10:00 PM			16.00			
SATURDAY	Feb-26												
SUNDAY	Feb-27	NDI											
										(TOTAL HOURS FOR WORKWEEK)	56.00	(TOTAL OTHER) 12.00	0.00
MONDAY	Feb-28	NDI											
TUESDAY	Mar-01	NDI											
WEDNESDAY													16
THURSDAY											(Excused -		
FRIDAY											on NDI)		
SATURDAY													
SUNDAY													
										(TOTAL HOURS FOR WORKWEEK)	0.00	(TOTAL OTHER) 0.00	0.00
MONDAY													
										(TOTAL HOURS FOR WORKWEEK)	0.00	(TOTAL OTHER) 0.00	0.00

TOTAL HOURS TO BE PAID FOR THE PAY PERIOD EXCLUDING HOURS FROM PREVIOUS MONTH AND OT

TOTAL HOURS REQUIRED FOR PAY PERIOD (168/176)

TO BALANCE PAY PERIOD: + WE, - TE, HCT, V, TO

HOURS CARRIED FORWARD TO NEXT PAY PERIOD

40=96 hours, 16 hours (Excused-on NDI)

(*Additional space to post reason for absence or time worked is available on reverse side.) *I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate in full compliance with legal requirements.*

EMPLOYEE'S SIGNATURE: X Sick Lee — DATE: 3/1/05

ALL SICK LEAVE ABSENCES ARE SUBJECT TO SUPERVISOR'S APPROVAL. SUBSTANTIATION MAY REQUIRE A DOCTOR'S STATEMENT.

For sick leave absences show, I have verified that: ☐ *Requirements for sick leave have been met.* ☐ *Doctors statement is attached.*
I have reviewed and approved employee's attendance.

SUPERVISOR'S SIGNATURE: X I Supervise — DATE: 3/2/05

S7.02

APR - 2005

Scenario #7

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

EMPLOYEE'S ATTENDANCE RECORD AND PALS WORKSHEET

CDC 998-A (12/92) ***THIS FORM IS DUE TO YOUR SUPERVISOR ON OR BEFORE PAYDA Y***

EMPLOYEE	SOCIAL SECURITY NUMBER	POSITION NUMBER	CBID	FRACTIONAL TIME BASE	MONTH/YEAR
Sick Lee	676-77-8787	394-204-9662-007	R06	Full-Time	Mar-05

HOURS FROM PREVIOUS MONTH TO COMPLETE 40 HOUR WORK WEEK FOR OT CALCULATION = 4/0 = 96 hours; 16 hours (Excused - on NDI)

DAY	DATE	*REASON FOR ABSENCE OR SCHEDULE	IN	OUT	MEAL BREAK	IN	OUT	IN	OUT	# OF REG. HOURS WORKED	+ OR - OTHER LEAVE	OVERTIME HOURS	SUPV INIT
MONDAY													
TUESDAY													
WEDNESDAY	Mar-02	NDI											
THURSDAY	Mar-03	NDI											
FRIDAY	Mar-04	NDI											24
SATURDAY	Mar-05	NDI									(Excused - on NDI)		
SUNDAY	Mar-06	NDI											
											(TOTAL OTHER) 0.00	0.00	
MONDAY	Mar-07	NDI											
TUESDAY	Mar-08	NDI											
WEDNESDAY	Mar-09	NDI											
THURSDAY	Mar-10	NDI											40
FRIDAY	Mar-11	NDI											
SATURDAY	Mar-12	NDI									(Excused - on NDI)		
SUNDAY	Mar-13												
										(TOTAL HOURS FOR WORKWEEK) 0.00	(TOTAL OTHER) 0.00	[redacted]	
MONDAY	Mar-14		6:00 AM	2:00 PM						8.00			
TUESDAY	Mar-15		6:00 AM	2:00 PM									
WEDNESDAY	Mar-16		6:00 AM	2:00 PM						8.00			
THURSDAY	Mar-17		6:00 AM							8.00			40
FRIDAY	Mar-18		6:00 AM	2:00 PM									
SATURDAY	Mar-19												
SUNDAY	Mar-20												
										(TOTAL HOURS FOR WORKWEEK) 40.00	0.00	0.00	
MONDAY	Mar-21		6:00 AM	2:00 PM						8.00			
TUESDAY	Mar-22		6:00 AM	2:00 PM						8.00			
WEDNESDAY	Mar-23		6:00 AM	2:00 PM						8.00			
THURSDAY	Mar-24		6:00 AM	2:00 PM						8.00			40
FRIDAY	Mar-25		6:00 AM	2:00 PM						8.00			
SATURDAY	Mar-26												
SUNDAY	Mar-27												
										(TOTAL HOURS FOR WORKWEEK) 40.00	(TOTAL OTHER) 0.00	0.00	
MONDAY	Mar-28		6:00 AM	2:00 PM						8.00			
TUESDAY	Mar-29		6:00 AM	2:00 PM						8.00			
WEDNESDAY	Mar-30		6:00 AM	2:00 PM						8.00			
THURSDAY	Mar-31	Holiday	6:00 AM	2:00 PM						8.00	HC05 8.00 HPS 4.00		32
FRIDAY													
SATURDAY													
SUNDAY													
										(TOTAL HOURS FOR WORKWEEK) 32.00	(TOTAL OTHER) 12.00	0.00	
MONDAY													
										(TOTAL HOURS FOR WORKWEEK) 0.00	0.00	0.00	

TOTAL HOURS TO BE PAID FOR THE PAY PERIOD EXCLUDING HOURS FROM PREVIOUS MONTH AND OT

TOTAL HOURS REQUIRED FOR PAY PERIOD (168/176)

TO BALANCE PAY PERIOD: + WE, - TE, HCT, V, TO

HOURS CARRIED FORWARD TO NEXT PAY PERIOD

HC05 8; HPS 4

4/0 = 112 hours

(*Additional space to post reason for absence or time worked is available on reverse side.) *I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate in full compliance with legal requirements.*

EMPLOYEE'S SIGNATURE: X Sick Lee — DATE: 3/31/05

ALL SICK LEAVE ABSENCES ARE SUBJECT TO SUPERVISOR'S APPROVAL. SUBSTANTIATION MAY REQUIRE A DOCTOR'S STATEMENT.

For sick leave absences show, I have verified that: ☐ *Requirements for sick leave have been met.* ☐ *Doctors statement is attached.*
I have reviewed and approved employee's attendance.

SUPERVISOR'S SIGNATURE: X J Supervisor — DATE: 4/1/05

57.03

APR - 2005

Scenario #7

INSTITUTION NAME: Avenal State Prison - Main Division

TIME SHEET FOR: 02/14/2005 to 04/03/2005 UNIT: 204 PRINTED: 04/19/2005

EMPLOYEE:LEE, SICK
ID: 1213 CBID: R06 WWG: 2 TYPE: REGULAR

SSN: 676-77-8787
PAY NUMBER: 394-204-9662-007
EFFECTIVE: 06/29/2001

DATE	QUALIFIER - CODE	IN-OUT	HOURS	SHIFT	POST
02/14/2005	W - X	06:00-14:00	8:00	2	3429
02/15/2005	W - X	06:00-14:00	8:00	2	3429
02/16/2005	W - X	06:00-14:00	8:00	2	3429
02/17/2005	W - X	06:00-14:00	8:00	2	3429
02/18/2005	W - X	06:00-14:00	8:00	2	3429
02/19/2005	A - RDO	06:00-14:00	0:00	2	RO-313
02/20/2005	A - RDO	06:00-14:00	0:00	2	RO-314
Week: 7		Subtotal:	40:00		
02/21/2005	W - X	06:00-14:00	8:00	2	3429
02/21/2005	* P - HCE	06:00-14:00	8:00	0	3429
02/21/2005	* P - HPS	06:00-14:00	4:00	0	3429
02/22/2005	W - X	06:00-14:00	8:00	2	3429
02/23/2005	W - X	06:00-14:00	8:00	2	3429
02/23/2005	* P - S	14:00-22:00	8:00	3	3450
02/24/2005	W - X	06:00-14:00	8:00	2	3429
02/25/2005	W - X	06:00-14:00	8:00	2	3429
02/25/2005	* P - S	14:00-22:00	8:00	3	3450
02/26/2005	A - RDO	06:00-14:00	0:00	2	RO-313
02/27/2005	A - RDO	06:00-14:00	0:00	2	NDI
Week: 8		Subtotal:	68:00		
02/28/2005	A - NDI	06:00-14:00	8:00	2	3429
03/01/2005	A - NDI	06:00-14:00	8:00	2	3429
03/02/2005	A - NDI	06:00-14:00	8:00	2	3429
03/03/2005	A - NDI	06:00-14:00	8:00	2	3429
03/04/2005	A - NDI	06:00-14:00	8:00	2	3429
03/05/2005	A - RDO	06:00-14:00	0:00	2	RO-313
03/06/2005	A - RDO	06:00-14:00	0:00	2	RO-314
Week: 9		Subtotal:	40:00		
03/07/2005	A - NDI	06:00-14:00	8:00	2	3429
03/08/2005	A - NDI	06:00-14:00	8:00	2	3429
03/09/2005	A - NDI	06:00-14:00	8:00	2	3429
03/10/2005	A - NDI	06:00-14:00	8:00	2	3429
03/11/2005	A - NDI	06:00-14:00	8:00	2	3429
03/12/2005	A - RDO	06:00-14:00	0:00	2	NDI
03/13/2005	A - RDO	06:00-14:00	0:00	2	RO-314
Week: 10		Subtotal:	40:00		
03/14/2005	W - X	06:00-14:00	8:00	2	3429
03/15/2005	W - X	06:00-14:00	8:00	2	3429
03/16/2005	W - X	06:00-14:00	8:00	2	3429
03/17/2005	W - X	06:00-14:00	8:00	2	3429
03/18/2005	W - X	06:00-14:00	8:00	2	3429
03/19/2005	A - RDO	06:00-14:00	0:00	2	RO-313
03/20/2005	A - RDO	06:00-14:00	0:00	2	RO-314
Week: 11		Subtotal:	40:00		
03/21/2005	W - X	06:00-14:00	8:00	2	3429
03/22/2005	W - X	06:00-14:00	8:00	2	3429
03/23/2005	W - X	06:00-14:00	8:00	2	3429
03/24/2005	W - X	06:00-14:00	8:00	2	3429
03/25/2005	W - X	06:00-14:00	8:00	2	3429
03/26/2005	A - RDO	06:00-14:00	0:00	2	RO-313
03/27/2005	A - RDO	06:00-14:00	0:00	2	RO-314
Week: 12		Subtotal:	40:00		
03/28/2005	W - X	06:00-14:00	8:00	2	3429
03/29/2005	W - X	06:00-14:00	8:00	2	3429
03/30/2005	W - X	06:00-14:00	8:00	2	3429
03/31/2005	W - X	06:00-14:00	8:00	2	3429

CONTINUED ON NEXT PAGE

S7.04

APR - 2005

Scenario #7

INSTITUTION NAME: Avenal State Prison - Main Division

TIME SHEET FOR: 02/14/2005 to 04/03/2005 UNIT: 204 PRINTED: 04/19/2005

EMPLOYEE:LEE, SICK ID: 1213 CBID: R06 WWG: 2 TYPE: REGULAR	SSN: 676-77-8787 PAY NUMBER: 394-204-9662-007 EFFECTIVE: 06/29/2001

DATE	QUALIFIER - CODE	IN-OUT	HOURS	SHIFT	POST
CONTINUED FROM PREVIOUS PAGE					
03/31/2005	* P - HCE	06:00-14:00	8:00	0	3429
03/31/2005	* P - HPS	06:00-14:00	4:00	0	3429
04/01/2005	W - X	06:00-14:00	8:00	2	3429
04/02/2005	A - RDO	06:00-14:00	0:00	2	RO-313
04/03/2005	A - RDO	06:00-14:00	0:00	2	RO-314
Week: 13		Subtotal:	52:00		

OVER TIME HOURS	SHIFT HOURS	HOURS TAKEN	HOURS WORKED
1st : 0:00	Shift Hrs.: 0:00	T.O. : 0:00	Wk Per 1 : 164:00
2nd : 0:00	8WK Hrs. : 0:00	Sick : 0:00	Wk Per 2 : 0:00
3rd :16:00	8WKN Hrs. : 0:00	Vac/AL : 0:00	WP CO : 120:00
Total OT:16:00	Hol Credit: 8:00	Military: 0:00	
Dead Hrs: 0:00	Hol Paid : 4:00	S.S.T. : 0:00	Hrs. Taken: 64:00
Dock Hrs: 0:00	RDO Days : 8	Other : 64:00	
OT Shift:16:00		Hol Taken: 0:00	
WO Hours: 0:00			
8WK Hrs : 0:00			
8WKN Hrs: 0:00			

Paid @ straight Rate (OFS)

S7.05

APR - 2005

INSTITUTION NAME: Avenal State Prison - Main Division Scenar o #7

TIME AND ATTENDANCE 04/19/2005 09:12:17

AGY 394 RU 204 PAY PERIOD 03/05 ROLL CD 3 REPORT PAGE 1 BATCH ID

OK ERN	DY	SSN HOURS	RATE	AF	NAME ERN	DY	HOURS	CLASS RATE	SERIAL AF	ERN	DY	HOURS	RATE	AF
	676 - 77 - 8787		S LEE					9662	007					
~~OP6~~ OF5		16.00	~~47.48~~ 31.65		HG5		4.00	30.31		S5N		16.00		

Page Totals: Hours = 36.00 Rates = 77.79 Alternate Funding AF = A

I hereby certify under penalty of perjury that Attendance, Payroll, and Leave Benefit data stated herein is correct, complete and in accordance with all laws and regulations.

SIGNATURE PHONE DATE

57.06

APR - 2005

Scenario #7

FULL-TIME 7K WORKSHEET

Correctional Officers, Medical Technical Assistants, and Fire Captains (Not Subject to MOU Section 17.02)

EMPLOYEE NAME: Sick Lee PPAS ID: 8787

WORK PERIOD DATES: 2/14/05 - 3/13/05 PAY PERIOD: 03/05

WORK PERIOD OVERTIME **$ Hourly Rate**

1. Total WORK PERIOD hours reported (Include Holiday, Paid Leave, & Training – if applicable) 96+80 (Excused - on NDI)
2. Add PPWA + 4
3. Subtotal (Total WORK PERIOD hours) = 180
4. Subtract required WORK PERIOD hours - 164
5. Total Work Period Overtime hours ~~(OF6)~~ (OF5) = 16 **$ 31.65
   (**IF NEGATIVE** – Leave credits must be posted for negative hours. If absence is unapproved or leave is not available, post as Dock)

WORK PERIOD SHIFT (COMPLETE FOR OVERTIME PURPOSES ONLY)

6. Total 1st & 3rd Regular Shift hours worked in the **work period** (SRN) ____ X.50 = $ ____
7. Total 1st & 3rd Overtime Shift hours worked in the **work period** (S5N) 16 X.50 = $ 8.00
8. Weekend Shift 1st & 3rd Watch hours worked in the **work period** (8WK) ____ X.15 = $ ____
9. Weekend Shift 2nd Watch hours worked in the **work period** (8WKN) ____ X.65 = $ ____
10. **TOTAL WORK PERIOD SHIFT FOR FLSA 7k FORMULA** $ ____

PAY PERIOD HOLIDAY PAY

11. Hours of Holiday Paid Straight **(HG5)** 4 **$ 30.31
    (As determined on 7k FLSA Calculation Worksheet)

PAY PERIOD SHIFT

12. Total 1st & 3rd Regular Shift hours worked in the **pay period** (SRN) ____
13. Total 1st & 3rd Overtime Shift hours worked in the **pay period** (S5N) 16 **
14. Weekend Shift 1st & 3rd Watch hours worked in the **pay period** (8WK) ____ **
15. Weekend Shift 2nd Watch hours worked in the **pay period** (8WKN) ____ **

**** POST ON 671/672**

7k SICK LEAVE EXCLUSION TRACKING

16. Total Overtime hours in work period (line 5) ____
17. Total sick leave hours used in work period **(Include any leave type used for sick leave purposes)** ____
18. Total sick leave hours which would have been excluded and paid at straight time prior to 11/1/99 (**Not to exceed Overtime hours on line 16)** ____
19. FLSA OT Rate of Pay $ ____
20. Straight Time Rate of Pay (Based on Salary ÷ 177.67) - $ ____
21. Salary Rate Difference = $ ____
22. **TOTAL SALARY RATE DIFFERENCE** $ ____ (Line 21) X ____ (Line 18) = $ ____

7k FLSA CALCULATION WORKSHEET

57.08

STRAIGHT TIME/HOLIDAY PAID STRAIGHT (HG5) FORMULA

$ 5385 (Based on Salary) ÷ 177.67 = $ 30.31 (Straight Time/Holiday Paid Straight Rate of Pay (HG5))

7k FLSA FORMULA

$ 5385 (Based on Salary) + $ 230 (Total Monthly Pay Differentials) = $ 5615 (Total Monthly Salary) x 12 = $ 67380 (Annual Salary) ÷ 13 = $ 5183.08 (7k Work Period Salary) + $ 8.00 (Total Work Period Shift Differential)

+ $ Ø (Gross Earnings Additional Positions) = $ 5191.08 (Total Work Period Earnings) ÷ (164) (164 Hours (+) Hours Worked In Additional Positions) = $ 31.65 (Avg. FLSA Rate of Pay) x 1.5 = $ _____ (FLSA OT Rate of Pay (OF6))

Scenario #7

MONTHLY PAY DIFFERENTIALS

Bilingual	$100.00	$ 100.00
Education		$
Flight Time		$
Housing	$175.00	$
Out-of-Class		$
Physical Fitness	$65.00	$
Physical Fitness	$130.00	$ 130.00
Senior Peace Officer		$
Van Pool		$
Other		$
	TOTAL	$ 230.00

SELF HELP SPONSOR (SHS) / PART TIME FIRE CAPTAIN

_____ (Hours Worked SHS / Fire Captain) x $ _____ (Hourly Rate) = $ _____ (SHS / Fire Captain Gross Earnings)

ADJUSTMENT

$ _____ (Avg. FLSA Rate of Pay) ÷ 2 = $ _____ (Adjusted Rate (OF)) (x_____ hours) (SHS / Fire Captain OT Hours Worked Keyed at OF Rate) = $ _____ (SHS / Fire Captain Adjustment)

OTHER 7k ADDITIONAL POSITION (DO NOT USE FOR NON-7k POSITIONS)

_____ (Hours Worked 2nd Position) x $ _____ (Hourly Rate) = $ _____ (2nd Position Gross Earnings)

ADJUSTMENT

$ _____ (Avg. FLSA Rate of Pay) ÷ 2 = $ _____ (Adjusted Rate (OF)) (x_____ hours) (2nd Position OT Hours Worked Keyed at OF Rate) = $ _____ (2nd Position Adjustment)

Revised 07/04

APR - 2005

Scenario #7

STATE OF CALIFORNIA

EMPLOYEE ATTENDANCE SUMMARY

STD. 640 (REV. 9/2004c)

1. EMPLOYEE'S NAME

2. SUPERVISOR'S NAME

3. DEPARTMENT, DIVISION, UNIT

4. RECORD OF ABSENCES: Sick Leave - *Red* Vacation - *Blue* Off Payroll - *Green* Holiday - *Brown* Personal Holiday - *Purple*

STATE PAY PERIOD CALENDAR FOR 2005

NOTE: Holidays and pay periods after July 1, 2004, are subject to collective bargaining agreements negotiated in Fiscal Ye
Hours for each pay period **INCLUDE** the holidays.

NDI approved 2/27/05 - 3/12/05

21 DAYS 168 HRS.

T	W	T	F	S
				1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19		21	22
23	24			27	28	29
30	31					

FEBRUARY — 21 DAYS 168 HRS.

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	*	*				

3 days NDI
* 16 hours (Excused - on NDI)

MARCH — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
			*	*	*	5
6	*	*	*	*	*	12
13	14	15	16	17	18	19
	21	22	23	24		26
27		29	30	31		

APRIL — 21 DAYS 168 HRS.

					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

MAY — 22 DAYS 176 HRS.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

JUNE — 22 DAYS 176 HRS

			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

JULY — 22 DAYS 176 HRS.

					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1					

AUGUST — 22 DAYS 176 HRS.

		2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

SEPTEMBER — 22 DAYS 176 HRS.

				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

OCTOBER — 21 DAYS 168 HRS.

						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

NOVEMBER — 22 DAYS 176 HRS.

		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

DECEMBER — 22 DAYS 176 HRS.

				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

ANALYSIS OF ABSENCE RECORD FROM _____ to _____

5. PERSONAL HOLIDAY
Number of Hours _____

6. VACATION
A. Number of Days _____ Number of Hours _____
B. Number of Different Times _____

7. SICK LEAVE — *This Employee* / *Average Other Employees*
A. Number of Days _____ Number of Hours _____
B. Number of Different Times _____
C. Present Sick Leave Balance: Days _____ Hrs. _____

8. ABSENCE WITHOUT PAY
A. Number of Days _____ Number of Hours _____
B. Number of Different Times _____

9. TOTAL ABSENCES
A. Number of Days _____ Number of Hours _____
B. Number of Different Times _____

10. NUMBER OF WORKING DAYS IN THE PERIOD _____
NUMBER OF WORKING HOURS IN THE PERIOD _____

11. PERCENTAGE OF WORKING DAYS ABSENT _____
PERCENTAGE OF WORKING HOURS ABSENT _____

(OVER FOR 2006 SUMMARY)

=7 09

APR - 2005

Exercise # 8

Non-Industrial Disability (NDI)
More than 30 Days

FMLA is approved from 2/11/05 – 5/5/05; employee chooses to post 11 days leave each pay period while on FMLA. Upon expiration of FMLA, employee exhausts leave balances, including CTB donations, and is then approved for NDI from 6/13/05 – 7/20/05

Multiple pay periods and work periods included (complete & partial)

Includes:

- January – July 2005 CDC 998-A
- PPAS CDC 998-A
- Full-Time 7k Worksheets – Correctional Officer
- 7k FLSA Calculation Worksheets
- Dock Calendars
- 7k SCO Hour Conversion Worksheets
- Full-Time 7k Worksheets – Partial Work Period
- FMLA/NDI Calendar

Scenario #8

STATE OF CALIFORNIA

EMPLOYEE'S ATTENDANCE RECORD AND PALS WORKSHEET

CDC 998-A (12/92) *THIS FORM IS DUE TO YOUR SUPERVISOR ON OR BEFORE PAYDAY*

DEPARTMENT OF CORRECTIONS

EMPLOYEE	SOCIAL SECURITY NUMBER	POSITION NUMBER	CBID	FRACTIONAL TIME BASE	MONTH/YEAR
Cat Day	787-88-9898	079-202-9662-008	R06	Full-Time	Jan-05

HOURS FROM PREVIOUS MONTH TO COMPLETE 40 HOUR WORK WEEK FOR OT CALCULATION = 40 = 80 hours

DAY	DATE	*REASON FOR ABSENCE OR SCHEDULE	IN	OUT	MEAL BREAK	IN	OUT	IN	OUT	# OF REG. HOURS WORKED	+ OR - OTHER LEAVE	OVERTIME HOURS
MONDAY												
TUESDAY												
											(TOTAL OTHER) 0.00	
			6:00 AM	2:00 PM						8.00		
			6:00 AM	2:00 PM						8.00		
			6:00 AM	2:00 PM						8.00		
			6:00 AM	2:00 PM						8.00		40
			6:00 AM	2:00 PM						8.00		
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER) 0.00	
			6:00 AM	2:00 PM						8.00		
			6:00 AM	2:00 PM						8.00		
			6:00 AM	2:00 PM						8.00		
			6:00 AM	2:00 PM						8.00		40
			6:00 AM	2:00 PM						8.00		
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER) 0.00	
			6:00 AM	2:00 PM						8.00	HC05 8.00 HPS 4.00	
			6:00 AM	2:00 PM						8.00		
			6:00 AM	2:00 PM						8.00		
			6:00 AM	2:00 PM						8.00		40
			6:00 AM	2:00 PM						8.00		
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER) 12.00	
MONDAY	Jan-24		6:00 AM	2:00 PM						8.00		
TUESDAY	Jan-25		6:00 AM	2:00 PM						8.00		
			6:00 AM	2:00 PM						8.00		40
			6:00 AM	2:00 PM						8.00		
			6:00 AM	2:00 PM						8.00		
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER) 0.00	
MONDAY	Jan-31	Vacation									VA01 8.00	8
TUESDAY												
									(TOTAL HOURS FOR WORKWEEK)	0.00	(TOTAL OTHER) 8.00	

TOTAL HOURS TO BE PAID FOR THE PAY PERIOD EXCLUDING HOURS FROM PREVIOUS MONTH AND OT

TOTAL HOURS REQUIRED FOR PAY PERIOD (168/176)

TO BALANCE PAY PERIOD: + WE, - TE, HCT, V, TO

HOURS CARRIED FORWARD TO NEXT PAY PERIOD

HC05 8; HPS 4

(*Additional space to post reason for absence or time worked is available on reverse side.) *I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate in full compliance with legal requirements.*

40 = 88 hours

EMPLOYEE'S SIGNATURE

X Cat Day

DATE 1/31/05

ALL SICK LEAVE ABSENCES ARE SUBJECT TO SUPERVISOR'S APPROVAL. SUBSTANTIATION MAY REQUIRE A DOCTOR'S STATEMENT.

For sick leave absences show, I have verified that: ☐ *Requirements for sick leave have been met.* ☐ *Doctors statement is attached.*

I have reviewed and approved employee's attendance.

SUPERVISOR'S SIGNATURE

X J Supervisor

DATE 2/1/05

APR - 2005

S8.02

Scenario #8

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

EMPLOYEE'S ATTENDANCE RECORD AND PALS WORKSHEET

CDC 998-A (12/92) *THIS FORM IS DUE TO YOUR SUPERVISOR ON OR BEFORE PAYDA Y*

EMPLOYEE: Cat Day

SOCIAL SECURITY NUMBER	POSITION NUMBER	CBID	FRACTIONAL TIME BASE	MONTH/YEAR
787-88-9898	079-202-9662-008	R06	Full-Time	Feb-05

HOURS FROM PREVIOUS MONTH TO COMPLETE 40 HOUR WORK WEEK FOR OT CALCULATION = 40 = 88 hours

DAY	DATE	*REASON FOR ABSENCE OR SCHEDULE	IN	OUT	MEAL BREAK	IN	OUT	IN	OUT	# OF REG. HOURS WORKED	+ OR - OTHER LEAVE	OVERTIME HOURS	SUPV INIT
TUESDAY	Feb-01	Sick - Self									SL01 8.00		
WEDNESDAY	Feb-02	Sick - Self											32
THURSDAY	Feb-03	Sick - Self											
FRIDAY	Feb-04	Sick - Self											
SATURDAY	Feb-05												
	Feb-06												
											(TOTAL OTHER) 32.00		
MONDAY	Feb-07	Sick - Self									HC04 8.00		
TUESDAY	Feb-08	Sick - Self									VA04 8.00		
WEDNESDAY	Feb-09	Sick - Self									VA04 8.00		40
THURSDAY	Feb-10	Sick - Self									VA04 8.00		
FRIDAY	Feb-11	Sick - Self - FMLA									VA04 8.00 FM01 8.00		
SATURDAY	Feb-12												
SUNDAY	Feb-13												
										(TOTAL HOURS FOR WORKWEEK) 0.00	(TOTAL OTHER) 48.00		
MONDAY	Feb-14	Sick - Self - FMLA									HC04 8.00 FM01 8.00		
											FM01 8.00		
		FMLA									FM01 8.00		
		FMLA									FM01 8.00		8
											FM01 8.00		
										(TOTAL HOURS FOR WORKWEEK) 0.00	(TOTAL OTHER) 48.00		
											H 8.00 FM01 8.00		
											FM01 8.00		
											FM01 8.00		8
											FM01 8.00		
											FM01 8.00		
										(TOTAL HOURS FOR WORKWEEK) 0.00	(TOTAL OTHER) 48.00		
MONDAY	Feb-28	FMLA									FM01 8.00		
TUESDAY	Mar-01	FMLA									FM01 8.00		
WEDNESDAY													
													Ø
										(TOTAL HOURS FOR WORKWEEK) 0.00	(TOTAL OTHER) 16.00		
MONDAY													
TUESDAY													
										(TOTAL HOURS FOR WORKWEEK) 0.00	(TOTAL OTHER) 0.00		

TOTAL HOURS TO BE PAID FOR THE PAY PERIOD EXCLUDING HOURS FROM PREVIOUS MONTH AND OT

TOTAL HOURS REQUIRED FOR PAY PERIOD (168/176)

TO BALANCE PAY PERIOD: + WE, - TE, HCT, V, TO

HOURS CARRIED FORWARD TO NEXT PAY PERIOD

FMLA 104 hours

(*Additional space to post reason for absence or time worked is available on reverse side.) *I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate in full compliance with legal requirements.*

EMPLOYEE'S SIGNATURE: X Cat Day — DATE: 3/1/05

ALL SICK LEAVE ABSENCES ARE SUBJECT TO SUPERVISOR'S APPROVAL. SUBSTANTIATION MAY REQUIRE A DOCTOR'S STATEMENT.

For sick leave absences show, I have verified that: ☐ *Requirements for sick leave have been met.* ☐ *Doctors statement is attached.*
I have reviewed and approved employee's attendance.

SUPERVISOR'S SIGNATURE: X [illegible] Supervisor — DATE: 3/2/05

S8.03

APR - 2005

Scenario #8

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

EMPLOYEE'S ATTENDANCE RECORD AND PALS WORKSHEET

CDC 998-A (12/92) *THIS FORM IS DUE TO YOUR SUPERVISOR ON OR BEFORE PAYDA Y*

EMPLOYEE	SOCIAL SECURITY NUMBER	POSITION NUMBER	CBID	FRACTIONAL TIME BASE	MONTH/YEAR
Cat Day	787-88-9898	079-202-9662-008	R06	Full-Time	Mar-05

HOURS FROM PREVIOUS MONTH TO COMPLETE 40 HOUR WORK WEEK FOR OT CALCULATION =

DAY	DATE	*REASON FOR ABSENCE OR SCHEDULE	IN	OUT	MEAL BREAK	IN	OUT	IN	OUT	# OF REG HOURS WORKED	+ OR - OTHER LEAVE	OVERTIME HOURS	SUPV INIT
MONDAY													
TUESDAY													
WEDNESDAY	Mar-02	Sick - Self - FMLA									SL01 8.00 FM01 8.00		
THURSDAY	Mar-03	Sick - Self - FMLA									VA04 8.00 FM01 8.00		24
FRIDAY	Mar-04	Sick - Self - FMLA									VA04 8.00 FM01 8.00		
SATURDAY	Mar-05												
SUNDAY	Mar-06												
											(TOTAL OTHER) 48.00		
MONDAY	Mar-07	Sick - Self - FMLA									VA04 8.00 FM01 8.00		
TUESDAY	Mar-08	Sick - Self - FMLA									VA04 8.00 FM01 8.00		
WEDNESDAY	Mar-09	Sick - Self - FMLA									VA04 8.00 FM01 8.00		
THURSDAY	Mar-10	Sick - Self - FMLA									VA04 3.00 CTR 5.00	FM01 8.00	40
FRIDAY	Mar-11	Sick - Self - FMLA									CTR 8.00		
SATURDAY	Mar-12												
SUNDAY	Mar-13												
									(TOTAL HOURS FOR WORKWEEK)	0.00	(TOTAL OTHER) 64.00		
MONDAY	Mar-14	Sick - Self - FMLA									CTR 8.00 FM01 8.00		
TUESDAY	Mar-15	Sick - Self - FMLA									CTR 8.00 FM01 8.00		
WEDNESDAY	Mar-16	FMLA									FM01 8.00		
THURSDAY	Mar-17	FMLA									FM01 8.00		16
FRIDAY	Mar-18	FMLA									FM01 8.00		
SATURDAY	Mar-19												
SUNDAY	Mar-20												
									(TOTAL HOURS FOR WORKWEEK)	0.00	(TOTAL OTHER) 56.00		
MONDAY	Mar-21	FMLA									FM01 8.00		
TUESDAY	Mar-22	FMLA									FM01 8.00		
WEDNESDAY	Mar-23	FMLA									FM01 8.00		
THURSDAY	Mar-24	FMLA									FM01 8.00		Ø
FRIDAY	Mar-25	FMLA									FM01 8.00		
SATURDAY	Mar-26												
SUNDAY	Mar-27												
									(TOTAL HOURS FOR WORKWEEK)	0.00	AL OTHER) 40.00		
MONDAY	Mar-28	FMLA									FM01 8.00		
TUESDAY	Mar-29	FMLA									FM01 8.00		
WEDNESDAY	Mar-30	FMLA									FM01 8.00		
THURSDAY	Mar-31	Holiday - FMLA									H 8.00 FM01 8.00		8
FRIDAY													
SATURDAY													
SUNDAY													
									(TOTAL HOURS FOR WORKWEEK)	0.00	(TOTAL OTHER) 40.00		
MONDAY													
TUESDAY													
									(TOTAL HOURS FOR WORKWEEK)	0.00	(TOTAL OTHER) 0.00		

TOTAL HOURS TO BE PAID FOR THE PAY PERIOD EXCLUDING HOURS FROM PREVIOUS MONTH AND OT	
TOTAL HOURS REQUIRED FOR PAY PERIOD (168/176)	FMLA 176 hours
TO BALANCE PAY PERIOD: + WE, - TE, HCT, V, TO	
HOURS CARRIED FORWARD TO NEXT PAY PERIOD	

(*Additional space to post reason for absence or time worked is available on reverse side.) *I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate in full compliance with legal requirements.*

EMPLOYEE'S SIGNATURE

X Cat Day

DATE 3/31/05

ALL SICK LEAVE ABSENCES ARE SUBJECT TO SUPERVISOR'S APPROVAL. SUBSTANTIATION MAY REQUIRE A DOCTOR'S STATEMENT.

For sick leave absences show, I have verified that: ☐ *Requirements for sick leave have been met.* ☐ *Doctors statement is attached.*
I have reviewed and approved employee's attendance.

SUPERVISOR'S SIGNATURE

X J Supervisor

DATE 4/1/05

58.04

APR - 2005

Scenario #8

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

EMPLOYEE'S ATTENDANCE RECORD AND PALS WORKSHEET

CDC 998-A (12/92) *THIS FORM IS DUE TO YOUR SUPERVISOR ON OR BEFORE PAYDAY*

EMPLOYEE	SOCIAL SECURITY NUMBER	POSITION NUMBER	CBID	FRACTIONAL TIME BASE	MONTH/YEAR
Cat Day	787-88-9898	079-202-9662-008	R06	Full-Time	Apr-05

HOURS FROM PREVIOUS MONTH TO COMPLETE 40 HOUR WORK WEEK FOR OT CALCULATION =

DAY	DATE	*REASON FOR ABSENCE OR SCHEDULE	IN	OUT	MEAL BREAK	IN	OUT	IN	OUT	# OF REG HOURS WORKED	+ OR - OTHER LEAVE	OVERTIME HOURS	SUPV INIT
	Apr-01	Sick - Self - FMLA									SL01 8.00 FM01 8.00		8
											(TOTAL OTHER) 16.00		
MONDAY	Apr-04	Sick - Self - FMLA									VA04 8.00 FM01 8.00		
TUESDAY	Apr-05	Sick - Self - FMLA									VA04 3.00 CTR 5.00	FM01 8.00	
WEDNESDAY	Apr-06	Sick - Self - FMLA									CTR 8.00 FM01 8.00		
THURSDAY	Apr-07	Sick - Self - FMLA									CTR 8.00 FM01 8.00		40
FRIDAY	Apr-08	Sick - Self - FMLA									CTR 8.00 FM01 8.00		
SATURDAY	Apr-09												
SUNDAY	Apr-10												
										(TOTAL HOURS FOR WORKWEEK)	0.00 (TOTAL OTHER) 72.00		
MONDAY	Apr-11	Sick - Self - FMLA									CTR 8.00 FM01 8.00		
TUESDAY	Apr-12	Sick - Self - FMLA									CTR 8.00 FM01 8.00		
WEDNESDAY	Apr-13	Sick - Self - FMLA									CTR 8.00 FM01 8.00		40
THURSDAY	Apr-14	Sick - Self - FMLA									CTR 8.00 FM01 8.00		
FRIDAY	Apr-15	Sick - Self - FMLA									CTR 8.00 FM01 8.00		
	Apr-16												
	Apr-17												
										(TOTAL HOURS FOR WORKWEEK)	0.00 (TOTAL OTHER) 80.00		
MONDAY	Apr-18	FMLA									FM01 8.00		
TUESDAY	Apr-19	FMLA									FM01 8.00		
WEDNESDAY	Apr-20	FMLA									FM01 8.00		
THURSDAY	Apr-21	FMLA									FM01 8.00		Ø
FRIDAY	Apr-22	FMLA									FM01 8.00		
SATURDAY	Apr-23												
SUNDAY	Apr-24												
										(TOTAL HOURS FOR WORKWEEK)	0.00 (TOTAL OTHER) 40.00		
MONDAY	Apr-25	FMLA									FM01 8.00		
TUESDAY	Apr-26	FMLA									FM01 8.00		
	Apr-27	FMLA									FM01 8.00		
THURSDAY	Apr-28	FMLA									FM01 8.00		Ø
FRIDAY	Apr-29	FMLA									FM01 8.00		
SATURDAY	Apr-30												
										(TOTAL HOURS FOR WORKWEEK)	0.00 (TOTAL OTHER) 40.00		
MONDAY													
										(TOTAL HOURS FOR WORKWEEK)	0.00 (TOTAL OTHER) 0.00		

TOTAL HOURS TO BE PAID FOR THE PAY PERIOD EXCLUDING HOURS FROM PREVIOUS MONTH AND OT

TOTAL HOURS REQUIRED FOR PAY PERIOD (168/176) FMLA 168 hours

TO BALANCE PAY PERIOD: + WE, - TE, HCT, V, TO

HOURS CARRIED FORWARD TO NEXT PAY PERIOD

(*Additional space to post reason for absence or time worked is available on reverse side.) *I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate in full compliance with legal requirements.* C/O = 40 hours

EMPLOYEE'S SIGNATURE

X Cat Day

DATE 4/30/05

ALL SICK LEAVE ABSENCES ARE SUBJECT TO SUPERVISOR'S APPROVAL. SUBSTANTIATION MAY REQUIRE A DOCTOR'S STATEMENT.

For sick leave absences show, I have verified that: ☐ *Requirements for sick leave have been met.* ☐ *Doctors statement is attached.*
I have reviewed and approved employee's attendance.

SUPERVISOR'S SIGNATURE

X J Supervisor

DATE 5/1/05

S8.05

APR - 2005

Scenario #8

STATE OF CALIFORNIA

EMPLOYEE'S ATTENDANCE RECORD AND PALS WORKSHEET

CDC 998-A (12/92) *THIS FORM IS DUE TO YOUR SUPERVISOR ON OR BEFORE PAYDAY*

DEPARTMENT OF CORRECTIONS

EMPLOYEE	SOCIAL SECURITY NUMBER	POSITION NUMBER	CBID	FRACTIONAL TIME BASE	MONTH/YEAR
Cat Day	787-88-9898	079-202-9662-008	R06	Full-Time	May-05

HOURS FROM PREVIOUS MONTH TO COMPLETE 40 HOUR WORK WEEK FOR OT CALCULATION =

DAY	DATE	*REASON FOR ABSENCE OR SCHEDULE	IN	OUT	MEAL BREAK	IN	OUT	IN	OUT	# OF REG. HOURS WORKED	+ OR - OTHER LEAVE	OVERTIME HOURS
	May-01										(TOTAL OTHER) 0.00	
MONDAY	May-02	FMLA									FM01 8.00	
TUESDAY	May-03	FMLA									FM01 8.00	
WEDNESDAY	May-04	FMLA									FM01 8.00	
THURSDAY	May-05	FMLA									FM01 8.00	8
FRIDAY	May-06	Sick - Self									SL01 8.00	
SATURDAY	May-07											
										(TOTAL HOURS FOR WORKWEEK)	0.00 (TOTAL OTHER) 40.00	
MONDAY	May-09	Sick - Self									VA04 8.00	
TUESDAY	May-10	Sick - Self									VA04 3.00 CTR 5.00	
WEDNESDAY	May-11	Sick - Self									CTR 8.00	
THURSDAY	May-12	Sick - Self									CTR 8.00	40
FRIDAY	May-13	Sick - Self									CTR 8.00	
SATURDAY	May-14											
SUNDAY												
										(TOTAL HOURS FOR WORKWEEK)	0.00 (TOTAL OTHER) 40.00	
MONDAY	May-16	Sick - Self									CTR 8.00	
TUESDAY	May-17	Sick - Self									CTR 8.00	
WEDNESDAY	May-18	Sick - Self									CTR 8.00	40
THURSDAY	May-19	Sick - Self									CTR 8.00	
FRIDAY	May-20	Sick - Self									CTR 8.00	
SATURDAY	May-21											
SUNDAY	May-22											
										(TOTAL HOURS FOR WORKWEEK)	0.00 (TOTAL OTHER) 40.00	
MONDAY	May-23	Sick - Self									CTR 8.00	
TUESDAY	May-24	Sick - Self									CTR 8.00	
WEDNESDAY	May-25	Sick - Self									CTR 8.00	
THURSDAY	May-26	Sick - Self									CTR 8.00	40
FRIDAY	May-27	Sick - Self									CTR 8.00	
SATURDAY	May-28											
SUNDAY	May-29											
										(TOTAL HOURS FOR WORKWEEK)	0.00 (TOTAL OTHER) 40.00	
MONDAY	May-30	Holiday - Sick - Self									H 8.00	
TUESDAY	May-31	Sick - Self									CTR 8.00	16
										(TOTAL HOURS FOR WORKWEEK)	0.00 (TOTAL OTHER) 16.00	

TOTAL HOURS TO BE PAID FOR THE PAY PERIOD EXCLUDING HOURS FROM PREVIOUS MONTH AND OT

TOTAL HOURS REQUIRED FOR PAY PERIOD (168/176)

TO BALANCE PAY PERIOD: + WE, - TE, HCT, V, TO

HOURS CARRIED FORWARD TO NEXT PAY PERIOD

FMLA 32 hours

(*Additional space to post reason for absence or time worked is available on reverse side.) *I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate in full compliance with legal requirements.*

40 = 136 hours

EMPLOYEE'S SIGNATURE: X Cat Day — DATE: 5/3/05

ALL SICK LEAVE ABSENCES ARE SUBJECT TO SUPERVISOR'S APPROVAL. SUBSTANTIATION MAY REQUIRE A DOCTOR'S STATEMENT.

For sick leave absences show, I have verified that: ☐ *Requirements for sick leave have been met.* ☐ *Doctors statement is attached.*

I have reviewed and approved employee's attendance.

SUPERVISOR'S SIGNATURE: X J Supervisor — DATE: 6/1/05

S8.06

APR -1 2005

Scenario#8

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

EMPLOYEE'S ATTENDANCE RECORD AND PALS WORKSHEET

CDC 998-A (12/92) *THIS FORM IS DUE TO YOUR SUPERVISOR ON OR BEFORE PAYDAY*

EMPLOYEE	SOCIAL SECURITY NUMBER	POSITION NUMBER	CBID	FRACTIONAL TIME BASE	MONTH/YEAR
Cat Day	787-88-9898	079-202-9662-008	R06	Full-Time	Jun-05

HOURS FROM PREVIOUS MONTH TO COMPLETE 40 HOUR WORK WEEK FOR OT CALCULATION = c/o = 136 hours

DAY	DATE	*REASON FOR ABSENCE OR SCHEDULE	IN	OUT	MEAL BREAK	IN	OUT	IN	OUT	# OF REG. HOURS WORKED	+ OR - OTHER LEAVE	OVERTIME HOURS	SUPV INIT
WEDNESDAY	Jun-01	Sick - Self									SL01 8.00		
THURSDAY	Jun-02	Sick - Self									VA04 8.00		24
FRIDAY	Jun-03	Sick - Self									VA04 3.00 CTR 5.00		
SATURDAY	Jun-04												
SUNDAY	Jun-05												
											(TOTAL OTHER) 24.00		
MONDAY	Jun-06	Sick - Self									CTR 8.00		
TUESDAY	Jun-07	Sick - Self									CTR 8.00		
WEDNESDAY	Jun-08	Sick - Self									CTR 8.00		40
THURSDAY	Jun-09	Sick - Self									CTR 8.00		
FRIDAY	Jun-10	Sick - Self									CTR 8.00		
SATURDAY	Jun-11												
	Jun-12												
										(TOTAL HOURS FOR WORKWEEK)	0.00 (TOTAL OTHER) 40.00		
MONDAY	Jun-13	Sick - Self - NDI									CTR 2.00		
TUESDAY	Jun-14	NDI											2
WEDNESDAY	Jun-15												
THURSDAY	Jun-16												
										(TOTAL HOURS FOR WORKWEEK)	0.00 2.00		
MONDAY	Jun-20	NDI											
	Jun-21	NDI											
	Jun-22	NDI											
	Jun-23	NDI											
FRIDAY	Jun-24	NDI											
SUNDAY													
										(TOTAL HOURS FOR WORKWEEK)	0.00 (TOTAL OTHER) 0.00		
MONDAY	Jun-27	NDI											
TUESDAY	Jun-28	NDI											
WEDNESDAY	Jun-29	NDI											
THURSDAY	Jun-30	NDI											
FRIDAY													
										(TOTAL HOURS FOR WORKWEEK)	0.00 (TOTAL OTHER) 0.00		
MONDAY													
TUESDAY													
										(TOTAL HOURS FOR WORKWEEK)	0.00 (TOTAL OTHER) 0.00		

TOTAL HOURS TO BE PAID FOR THE PAY PERIOD EXCLUDING HOURS FROM PREVIOUS MONTH AND OT

TOTAL HOURS REQUIRED FOR PAY PERIOD (168/176)

TO BALANCE PAY PERIOD: + WE, - TE, HCT, V, TO

HOURS CARRIED FORWARD TO NEXT PAY PERIOD

(*Additional space to post reason for absence or time worked is available on reverse side.) *I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate in full compliance with legal requirements.*

EMPLOYEE'S SIGNATURE: X Cat Day — DATE: 6/30/05

ALL SICK LEAVE ABSENCES ARE SUBJECT TO SUPERVISOR'S APPROVAL. SUBSTANTIATION MAY REQUIRE A DOCTOR'S STATEMENT.

For sick leave absences show, I have verified that: ☐ *Requirements for sick leave have been met.* ☐ *Doctors statement is attached.*

I have reviewed and approved employee's attendance.

SUPERVISOR'S SIGNATURE: X C Supervisor — DATE: 7/1/05

S8,07

APR - 2005

Scenario #8

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

EMPLOYEE'S ATTENDANCE RECORD AND PALS WORKSHEET

CDC 998-A (12/92) *THIS FORM IS DUE TO YOUR SUPERVISOR ON OR BEFORE PAYDAY*

EMPLOYEE	SOCIAL SECURITY NUMBER	POSITION NUMBER	CBID	FRACTIONAL TIME BASE	MONTH/YEAR
Cat Day	787-88-9898	079-202-9662-008	R06	Full-Time	Jul-05

HOURS FROM PREVIOUS MONTH TO COMPLETE 40 HOUR WORK WEEK FOR OT CALCULATION =

DAY	DATE	*REASON FOR ABSENCE OR SCHEDULE	IN	OUT	MEAL BREAK	IN	OUT	IN	OUT	# OF REG. HOURS WORKED	+ OR - OTHER LEAVE	OVERTIME HOURS	SUPV INIT
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY	Jul-01	NDI											
SATURDAY	Jul-02	NDI											
SUNDAY	Jul-03	NDI											
											(TOTAL OTHER)	0.00	
MONDAY	Jul-04	Holiday - NDI											
TUESDAY	Jul-05	NDI											
WEDNESDAY	Jul-06	NDI											
THURSDAY	Jul-07	NDI											
FRIDAY	Jul-08	NDI											
SATURDAY	Jul-09	NDI											
SUNDAY	Jul-10	NDI											
									(TOTAL HOURS FOR WORKWEEK)	0.00	(TOTAL OTHER)	0.00	
MONDAY	Jul-11	NDI											
TUESDAY	Jul-12	NDI											
WEDNESDAY	Jul-13	NDI											
THURSDAY	Jul-14	NDI											
FRIDAY	Jul-15	NDI											
SATURDAY	Jul-16	NDI											
SUNDAY	Jul-17	NDI											
									(TOTAL HOURS FOR WORKWEEK)	0.00	(TOTAL OTHER)	0.00	
MONDAY	Jul-18	NDI											
TUESDAY	Jul-19	NDI											
WEDNESDAY	Jul-20	NDI											
THURSDAY	Jul-21		6:00 AM	2:00 PM						8.00			16
FRIDAY	Jul-22		6:00 AM	2:00 PM						8.00			
SATURDAY	Jul-23												
SUNDAY	Jul-24												
									(TOTAL HOURS FOR WORKWEEK)	16.00	(TOTAL OTHER)	0.00	
MONDAY	Jul-25		6:00 AM	2:00 PM						8.00			
TUESDAY	Jul-26		6:00 AM	2:00 PM						8.00			
WEDNESDAY	Jul-27		6:00 AM	2:00 PM						8.00			40
THURSDAY	Jul-28		6:00 AM	2:00 PM						8.00			
FRIDAY	Jul-29		6:00 AM	2:00 PM						8.00			
SATURDAY	Jul-30												
SUNDAY	Jul-31												
									(TOTAL HOURS FOR WORKWEEK)	40.00	(TOTAL OTHER)	0.00	
MONDAY	Aug-01		6:00 AM	2:00 PM						8.00			
TUESDAY													8
									(TOTAL HOURS FOR WORKWEEK)	8.00	(TOTAL OTHER)	0.00	

TOTAL HOURS TO BE PAID FOR THE PAY PERIOD EXCLUDING HOURS FROM PREVIOUS MONTH AND OT

TOTAL HOURS REQUIRED FOR PAY PERIOD (168/176)

TO BALANCE PAY PERIOD: + WE, - TE, HCT, V, TO

HOURS CARRIED FORWARD TO NEXT PAY PERIOD

(*Additional space to post reason for absence or time worked is available on reverse side.) *I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate in full compliance with legal requirements.* C/O = 8 hours

EMPLOYEE'S SIGNATURE

X Cat Day

DATE 8/1/05

ALL SICK LEAVE ABSENCES ARE SUBJECT TO SUPERVISOR'S APPROVAL. SUBSTANTIATION MAY REQUIRE A DOCTOR'S STATEMENT.

For sick leave absences show, I have verified that: ☐ *Requirements for sick leave have been met.* ☐ *Doctors statement is attached.*

I have reviewed and approved employee's attendance.

SUPERVISOR'S SIGNATURE

X J Supervisor

DATE 8/2/05

S8.08

APR – 2005

Scenario #8

INSTITUTION NAME: Avenal State Prison - Main Division

TIME SHEET FOR: 12/20/2004 to 02/06/2005 UNIT: 202 PRINTED: 04/19/2005

EMPLOYEE:DAY, CAT
ID: 1193 CBID: R06 WWG: 2 TYPE: REGULAR

SSN: 787-88-9898
PAY NUMBER: 079-202-9662-008
EFFECTIVE: 05/23/2001

DATE	QUALIFIER	CODE	IN-OUT	HOURS	SHIFT	POST
12/20/2004		W - X	06:00-14:00	8:00	2	2316
12/21/2004		W - X	06:00-14:00	8:00	2	2316
12/22/2004		W - X	06:00-14:00	8:00	2	2316
12/23/2004		W - X	06:00-14:00	8:00	2	2316
12/24/2004		W - X	06:00-14:00	8:00	2	2316
12/25/2004		A - RDO	06:00-14:00	0:00	2	2316
12/25/2004	*	P - HCE	06:00-14:00	8:00	2	2316
12/26/2004		A - RDO	06:00-14:00	0:00	2	2316
Week: 51			Subtotal:	48:00		
12/27/2004		W - X	06:00-14:00	8:00	2	2316
12/28/2004		W - X	06:00-14:00	8:00	2	2316
12/29/2004		W - X	06:00-14:00	8:00	2	2316
12/30/2004		W - X	06:00-14:00	8:00	2	2316
12/31/2004		W - X	06:00-14:00	8:00	2	2316
01/01/2005		A - RDO	06:00-14:00	0:00	2	2316
01/01/2005	*	P - HCE	06:00-14:00	8:00	2	2316
01/02/2005		A - RDO	06:00-14:00	0:00	2	2316
Week: 52			Subtotal:	48:00		
01/03/2005		W - X	06:00-14:00	8:00	2	2316
01/04/2005		W - X	06:00-14:00	8:00	2	2316
01/05/2005		W - X	06:00-14:00	8:00	2	2316
01/06/2005		W - X	06:00-14:00	8:00	2	2316
01/07/2005		W - X	06:00-14:00	8:00	2	2316
01/08/2005		A - RDO	06:00-14:00	0:00	2	2316
01/09/2005		A - RDO	06:00-14:00	0:00	2	2316
Week: 1			Subtotal:	40:00		
01/10/2005		W - X	06:00-14:00	8:00	2	2316
01/11/2005		W - X	06:00-14:00	8:00	2	2316
01/12/2005		W - X	06:00-14:00	8:00	2	2316
01/13/2005		W - X	06:00-14:00	8:00	2	2316
01/14/2005		W - X	06:00-14:00	8:00	2	2316
01/15/2005		A - RDO	06:00-14:00	0:00	2	2316
01/16/2005		A - RDO	06:00-14:00	0:00	2	2316
Week: 2			Subtotal:	40:00		
01/17/2005		W - X	06:00-14:00	8:00	2	2316
01/17/2005	*	P - HCE	06:00-14:00	8:00	0	2316
01/17/2005	*	P - HPS	06:00-14:00	4:00	0	2316
01/18/2005		W - X	06:00-14:00	8:00	2	2316
01/19/2005		W - X	06:00-14:00	8:00	2	2316
01/20/2005		W - X	06:00-14:00	8:00	2	2316
01/21/2005		W - X	06:00-14:00	8:00	2	2316
01/22/2005		A - RDO	06:00-14:00	0:00	2	2316
01/23/2005		A - RDO	06:00-14:00	0:00	2	2316
Week: 3			Subtotal:	52:00		
01/24/2005		W - X	06:00-14:00	8:00	2	2316
01/25/2005		W - X	06:00-14:00	8:00	2	2316
01/26/2005		W - X	06:00-14:00	8:00	2	2316
01/27/2005		W - X	06:00-14:00	8:00	2	2316
01/28/2005		W - X	06:00-14:00	8:00	2	2316
01/29/2005		A - RDO	06:00-14:00	0:00	2	2316
01/30/2005		A - RDO	06:00-14:00	0:00	2	2316
Week: 4			Subtotal:	40:00		
01/31/2005		A - V	06:00-14:00	8:00	2	2316
02/01/2005		A - S	06:00-14:00	8:00	2	2316
02/02/2005		A - S	06:00-14:00	8:00	2	2316
02/03/2005		A - S/H	06:00-14:00	8:00	2	2316

CONTINUED ON NEXT PAGE

S8.09

APR - 2005

Scenario #8

INSTITUTION NAME: Avenal State Prison - Main Division

TIME SHEET FOR: 12/20/2004 to 02/06/2005 UNIT: 202 PRINTED: 04/19/2005

EMPLOYEE:DAY, CAT

ID: 1193 CBID: R06 WWG: 2 TYPE: REGULAR

SSN: 787-88-9898
PAY NUMBER: 079-202-9662-008
EFFECTIVE: 05/23/2001

DATE	QUALIFIER - CODE	IN-OUT	HOURS	SHIFT	POST

CONTINUED FROM PREVIOUS PAGE

02/04/2005	A - S/H	06:00-14:00	8:00	2	2316
02/05/2005	A - RDO	06:00-14:00	0:00	2	2316
02/06/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 5		Subtotal:	40:00		

OVER TIME HOURS		SHIFT HOURS		HOURS TAKEN		HOURS WORKED	
1st	0:00	Shift Hrs.:	0:00	T.O.	0:00	Wk Per 1	164:00
2nd	0:00	8WK Hrs.	0:00	Sick	0:00	Wk Per 2	0:00
3rd	0:00	8WKN Hrs.	0:00	Vac/AL	8:00	WP CO	120:00
Total OT:	0:00	Hol Credit:	16:00	Military:	0:00		
Dead Hrs:	0:00	Hol Paid	4:00	S.S.T.	0:00	Hrs. Taken:	8:00
Dock Hrs:	0:00	RDO Days	10	Other	0:00		
OT Shift:	0:00			Hol Taken:	0:00		
WO Hours:	0:00						
8WK Hrs	0:00						
8WKN Hrs:	0:00						

APR - 2005

58.10

INSTITUTION NAME: Avenal State Prison - Main Division

Scenario #8

TIME AND ATTENDANCE

04/19/2005 08:39:42

AGY 079 RU 202 PAY PERIOD 01/05 ROLL CD 3 REPORT PAGE 1 BATCH ID

OK	SSN	NAME	CLASS	SERIAL
___	787 - 88 - 9898	C DAY	9662	008

ERN	DY	HOURS	RATE	AF	ERN	DY	HOURS	RATE	AF	ERN	DY	HOURS	RATE	AF
HG5		4.00	30.31	___										

Page Totals: Hours = 4.00 Rates = 30.31 Alternate Funding AF = A

I hereby certify under penalty of perjury that Attendance, Payroll, and Leave Benefit data stated herein is correct, complete and in accordance with all laws and regulations.

SIGNATURE PHONE DATE

S8 1

APR - 2005

Scenario #8

INSTITUTION NAME: Avenal State Prison - Main Division

TIME SHEET FOR: 01/17/2005 to 03/06/2005 UNIT: 202 PRINTED: 04/19/2005

EMPLOYEE:DAY, CAT
ID: 1193 CBID: R06 WWG: 2 TYPE: REGULAR

SSN: 787-88-9898
PAY NUMBER: 079-202-9662-008
EFFECTIVE: 05/23/2001

DATE	QUALIFIER - CODE	IN-OUT	HOURS	SHIFT	POST
01/17/2005	W - X	06:00-14:00	8:00	2	2316
01/17/2005	* P - HCE	06:00-14:00	8:00	0	2316
01/17/2005	* P - HPS	06:00-14:00	4:00	0	2316
01/18/2005	W - X	06:00-14:00	8:00	2	2316
01/19/2005	W - X	06:00-14:00	8:00	2	2316
01/20/2005	W - X	06:00-14:00	8:00	2	2316
01/21/2005	W - X	06:00-14:00	8:00	2	2316
01/22/2005	A - RDO	06:00-14:00	0:00	2	2316
01/23/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 3		Subtotal:	52:00		
01/24/2005	W - X	06:00-14:00	8:00	2	2316
01/25/2005	W - X	06:00-14:00	8:00	2	2316
01/26/2005	W - X	06:00-14:00	8:00	2	2316
01/27/2005	W - X	06:00-14:00	8:00	2	2316
01/28/2005	W - X	06:00-14:00	8:00	2	2316
01/29/2005	A - RDO	06:00-14:00	0:00	2	2316
01/30/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 4		Subtotal:	40:00		
01/31/2005	A - V	06:00-14:00	8:00	2	2316
02/01/2005	A - S	06:00-14:00	8:00	2	2316
02/02/2005	A - S	06:00-14:00	8:00	2	2316
02/03/2005	A - S/H	06:00-14:00	8:00	2	2316
02/04/2005	A - S/H	06:00-14:00	8:00	2	2316
02/05/2005	A - RDO	06:00-14:00	0:00	2	2316
02/06/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 5		Subtotal:	40:00		
02/07/2005	A - S/H	06:00-14:00	8:00	2	2316
02/08/2005	A - S/V	06:00-14:00	8:00	2	2316
02/09/2005	A - S/V	06:00-14:00	8:00	2	2316
02/10/2005	A - S/V	06:00-14:00	8:00	2	2316
02/11/2005	A - SMV	06:00-14:00	8:00	2	FMLA
02/12/2005	A - RDO	06:00-14:00	0:00	2	2316
02/12/2005	* P - HCE	06:00-14:00	8:00	2	2316
02/13/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 6		Subtotal:	48:00		
02/14/2005	A - SMH	06:00-14:00	8:00	2	FMLA
02/15/2005	A - SML	06:00-14:00	8:00	2	FMLA
02/16/2005	A - SML	06:00-14:00	8:00	2	FMLA
02/17/2005	A - SML	06:00-14:00	8:00	2	FMLA
02/18/2005	A - SML	06:00-14:00	8:00	2	FMLA
02/19/2005	A - RDO	06:00-14:00	0:00	2	2316
02/20/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 7		Subtotal:	8:00		
02/21/2005	A - H	06:00-14:00	8:00	2	FMLA
02/22/2005	A - SML	06:00-14:00	8:00	2	FMLA
02/23/2005	A - SML	06:00-14:00	8:00	2	FMLA
02/24/2005	A - SML	06:00-14:00	8:00	2	FMLA
02/25/2005	A - SML	06:00-14:00	8:00	2	FMLA
02/26/2005	A - RDO	06:00-14:00	0:00	2	2316
02/27/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 8		Subtotal:	8:00		
02/28/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/01/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/02/2005	A - SMS	06:00-14:00	8:00	2	FMLA
03/03/2005	A - SMV	06:00-14:00	8:00	2	FMLA
03/04/2005	A SMV	06:00-14:00	8:00	2	FMLA

CONTINUED ON NEXT PAGE

S8.12

APR - 2005

Scenario #8

INSTITUTION NAME: Avenal State Prison - Main Division

TIME SHEET FOR: 01/17/2005 to 03/06/2005 UNIT: 202 PRINTED: 04/19/2005

EMPLOYEE:DAY, CAT
ID: 1193 CBID: R06 WWG: 2 TYPE: REGULAR

SSN: 787-88-9898
PAY NUMBER: 079-202-9662-008
EFFECTIVE: 05/23/2001

DATE	QUALIFIER - CODE	IN-OUT	HOURS	SHIFT	POST

CONTINUED FROM PREVIOUS PAGE

03/05/2005	A - RDO	06:00-14:00	0:00	2
03/06/2005	A - RDO	06:00-14:00	0:00	2
Week: 9		Subtotal:	24:00	

OVER TIME HOURS		SHIFT HOURS		HOURS TAKEN		HOURS WORKED	
1st	0:00	Shift Hrs.:	0:00	T.O.	0:00	Wk Per 1	164:00
2nd	0:00	8WK Hrs.	0:00	Sick	16:00	Wk Per 2	0:00
3rd	0:00	8WKN Hrs.	0:00	Vac/AL	32:00	WP CO	40:00
Total OT:	0:00	Hol Credit:	8:00	Military:	0:00		
Dead Hrs:	0:00	Hol Paid	0:00	S.S.T.	0:00	Hrs. Taken:	80:00
Dock Hrs:	0:00	RDO Days	8	Other	0:00		
OT Shift:	0:00			Hol Taken:	32:00		
WO Hours:	0:00						
8WK Hrs	0:00						
8WKN Hrs:	0:00						

58.13

APR - 2005

INSTITUTION NAME: Avenal State Prison - Main Division

Scenario #8

TIME AND ATTENDANCE 04/19/2005 08:54:01

AGY 079 RU 202 PAY PERIOD 02/05 ROLL CD 3 REPORT PAGE 1 BATCH ID

OK ERN	DY	SSN HOURS	RATE	AF	NAME ERN	DY	HOURS	CLASS RATE	AF	SERIAL ERN	DY	HOURS	RATE	AF
	787 - 88 - 9898		C	DAY				9662	008					
No extra pay or recalculate FLSA														

Page Totals: Hours = 0.00 Rates = 0.00 Alternate Funding AF = A

I hereby certify under penalty of perjury that Attendance, Payroll, and Leave Benefit data stated herein is correct, complete and in accordance with all laws and regulations.

SIGNATURE PHONE DATE

S8.14

APR - 2005

Scenario #8

INSTITUTION NAME: Avenal State Prison - Main Division

TIME SHEET FOR: 02/14/2005 to 04/03/2005 UNIT: 202 PRINTED: 04/19/2005

EMPLOYEE:DAY, CAT
ID: 1193 CBID: R06 WWG: 2 TYPE: REGULAR

SSN: 787-88-9898
PAY NUMBER: 079-202-9662-008
EFFECTIVE: 05/23/2001

DATE	QUALIFIER - CODE	IN-OUT	HOURS	SHIFT	POST
02/14/2005	A - SMH	06:00-14:00	8:00	2	FMLA
02/15/2005	A - SML	06:00-14:00	8:00	2	FMLA
02/16/2005	A - SML	06:00-14:00	8:00	2	FMLA
02/17/2005	A - SML	06:00-14:00	8:00	2	FMLA
02/18/2005	A - SML	06:00-14:00	8:00	2	FMLA
02/19/2005	A - RDO	06:00-14:00	0:00	2	2316
02/20/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 7		Subtotal:	8:00		
02/21/2005	A - H	06:00-14:00	8:00	2	FMLA
02/22/2005	A - SML	06:00-14:00	8:00	2	FMLA
02/23/2005	A - SML	06:00-14:00	8:00	2	FMLA
02/24/2005	A - SML	06:00-14:00	8:00	2	FMLA
02/25/2005	A - SML	06:00-14:00	8:00	2	FMLA
02/26/2005	A - RDO	06:00-14:00	0:00	2	2316
02/27/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 8		Subtotal:	8:00		
02/28/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/01/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/02/2005	A - SMS	06:00-14:00	8:00	2	FMLA
03/03/2005	A - SMV	06:00-14:00	8:00	2	FMLA
03/04/2005	A - SMV	06:00-14:00	8:00	2	FMLA
03/05/2005	A - RDO	06:00-14:00	0:00	2	2316
03/06/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 9		Subtotal:	24:00		
03/07/2005	A - SMV	06:00-14:00	8:00	2	FMLA
03/08/2005	A - SMV	06:00-14:00	8:00	2	FMLA
03/09/2005	A - SMV	06:00-14:00	8:00	2	FMLA
03/10/2005	A - SMV	06:00-09:00	3:00	2	FMLA
03/10/2005	A - CTR	09:00-14:00	5:00	2	FMLA
03/11/2005	A - CTR	06:00-14:00	8:00	2	FMLA
03/12/2005	A - RDO	06:00-14:00	0:00	2	2316
03/13/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 10		Subtotal:	40:00		
03/14/2005	A - CTR	06:00-14:00	8:00	2	FMLA
03/15/2005	A - CTR	06:00-14:00	8:00	2	FMLA
03/16/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/17/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/18/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/19/2005	A - RDO	06:00-14:00	0:00	2	2316
03/20/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 11		Subtotal:	16:00		
03/21/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/22/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/23/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/24/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/25/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/26/2005	A - RDO	06:00-14:00	0:00	2	2316
03/27/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 12		Subtotal:	0:00		
03/28/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/29/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/30/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/31/2005	A - H	06:00-14:00	8:00	2	FMLA
04/01/2005	A - SMS	06:00-14:00	8:00	2	FMLA
04/02/2005	A - RDO	06:00-14:00	0:00	2	2316
04/03/2005	A - RDO	06:00-14:00	0:00	2	2316

CONTINUED ON NEXT PAGE

S8.15

APR - 2005

Scenario #8

INSTITUTION NAME: Avenal State Prison - Main Division

TIME SHEET FOR: 02/14/2005 to 04/03/2005 UNIT: 202 PRINTED: 04/19/2005

EMPLOYEE:DAY, CAT
ID: 1193 CBID: R06 WWG: 2 TYPE: REGULAR

SSN: 787-88-9898
PAY NUMBER: 079-202-9662-008
EFFECTIVE: 05/23/2001

DATE	QUALIFIER - CODE	IN-OUT	HOURS	SHIFT	POST

CONTINUED FROM PREVIOUS PAGE

Week: 13 Subtotal: 16:00

OVER TIME HOURS	SHIFT HOURS	HOURS TAKEN	HOURS WORKED
1st : 0:00	Shift Hrs.: 0:00	T.O. : 0:00	Wk Per 1 : 84:00
2nd : 0:00	8WK Hrs. : 0:00	Sick : 8:00	Wk Per 2 : 0:00
3rd : 0:00	8WKN Hrs. : 0:00	Vac/AL : 43:00	WP CO : 32:00
Total OT: 0:00	Hol Credit: 0:00	Military: 0:00	
Dead Hrs: 0:00	Hol Paid : 0:00	S.S.T. : 0:00	Hrs. Taken: 80:00
Dock Hrs:80:00	RDO Days : 8	Other : 29:00	
OT Shift: 0:00		Hol Taken: 0:00	
WO Hours: 0:00			
8WK Hrs : 0:00			
8WKN Hrs: 0:00			

58.16

APR - 2005

INSTITUTION NAME: Avenal State Prison - Main Division

Scenario #8

TIME AND ATTENDANCE

04/19/2005 09:12:12

AGY 079 RU 202 PAY PERIOD 03/05 ROLL CD 3 REPORT PAGE 1 BATCH ID

OK	SSN	NAME	CLASS	SERIAL
___	787 - 88 - 9898	C DAY	9662	008

ERN	DY	HOURS	RATE	AF	ERN	DY	HOURS	RATE	AF	ERN	DY	HOURS	RATE	AF

No extra pay or recalculate FLSA ___

Page Totals: Hours = 0.00 Rates = 0.00 Alternate Funding AF = A

I hereby certify under penalty of perjury that Attendance, Payroll, and Leave Benefit data stated herein is correct, complete and in accordance with all laws and regulations.

SIGNATURE PHONE DATE

S8.17

APR - 2005

Scenario #8

INSTITUTION NAME: Avenal State Prison - Main Division

TIME SHEET FOR: 03/14/2005 to 05/01/2005 UNIT: 202 PRINTED: 04/19/2005

EMPLOYEE:DAY, CAT
ID: 1193 CBID: R06 WWG: 2 TYPE: REGULAR

SSN: 787-88-9898
PAY NUMBER: 079-202-9662-008
EFFECTIVE: 05/23/2001

DATE	QUALIFIER - CODE	IN-OUT	HOURS	SHIFT	POST
03/14/2005	A - CTR	06:00-14:00	8:00	2	FMLA
03/15/2005	A - CTR	06:00-14:00	8:00	2	FMLA
03/16/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/17/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/18/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/19/2005	A - RDO	06:00-14:00	0:00	2	2316
03/20/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 11		Subtotal:	16:00		
03/21/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/22/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/23/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/24/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/25/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/26/2005	A - RDO	06:00-14:00	0:00	2	2316
03/27/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 12		Subtotal:	0:00		
03/28/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/29/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/30/2005	A - SML	06:00-14:00	8:00	2	FMLA
03/31/2005	A - H	06:00-14:00	8:00	2	FMLA
04/01/2005	A - SMS	06:00-14:00	8:00	2	FMLA
04/02/2005	A - RDO	06:00-14:00	0:00	2	2316
04/03/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 13		Subtotal:	16:00		
04/04/2005	A - SMV	06:00-14:00	8:00	2	FMLA
04/05/2005	A - SMV	06:00-09:00	3:00	2	FMLA
04/05/2005	A - CTR	09:00-14:00	5:00	2	FMLA
04/06/2005	A - CTR	06:00-14:00	8:00	2	FMLA
04/07/2005	A - CTR	06:00-14:00	8:00	2	FMLA
04/08/2005	A - CTR	06:00-14:00	8:00	2	FMLA
04/09/2005	A - RDO	06:00-14:00	0:00	2	2316
04/10/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 14		Subtotal:	40:00		
04/11/2005	A - CTR	06:00-14:00	8:00	2	FMLA
04/12/2005	A - CTR	06:00-14:00	8:00	2	FMLA
04/13/2005	A - CTR	06:00-14:00	8:00	2	FMLA
04/14/2005	A - CTR	06:00-14:00	8:00	2	FMLA
04/15/2005	A - CTR	06:00-14:00	8:00	2	FMLA
04/16/2005	A - RDO	06:00-14:00	0:00	2	2316
04/17/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 15		Subtotal:	40:00		
04/18/2005	A - SML	06:00-14:00	8:00	2	FMLA
04/19/2005	A - SML	06:00-14:00	8:00	2	FMLA
04/20/2005	A - SML	06:00-14:00	8:00	2	FMLA
04/21/2005	A - SML	06:00-14:00	8:00	2	FMLA
04/22/2005	A - SML	06:00-14:00	8:00	2	FMLA
04/23/2005	A - RDO	06:00-14:00	0:00	2	2316
04/24/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 16		Subtotal:	0:00		
04/25/2005	A - SML	06:00-14:00	8:00	2	FMLA
04/26/2005	A - SML	06:00-14:00	8:00	2	FMLA
04/27/2005	A - SML	06:00-14:00	8:00	2	FMLA
04/28/2005	A - SML	06:00-14:00	8:00	2	FMLA
04/29/2005	A - SML	06:00-14:00	8:00	2	FMLA
04/30/2005	A - RDO	06:00-14:00	0:00	2	2316
05/01/2005	A - RDO	06:00-14:00	0:00	2	2316

CONTINUED ON NEXT PAGE

S8.18

APR 2005

Scenario #8

INSTITUTION NAME: Avenal State Prison - Main Division

TIME SHEET FOR: 03/14/2005 to 05/01/2005 UNIT: 202 PRINTED: 04/19/2005

EMPLOYEE:DAY, CAT	SSN: 787-88-9898
ID: 1193 CBID: R06 WWG: 2 TYPE: REGULAR	PAY NUMBER: 079-202-9662-008 EFFECTIVE: 05/23/2001

DATE	QUALIFIER - CODE	IN-OUT	HOURS	SHIFT	POST

CONTINUED FROM PREVIOUS PAGE

Week: 17 Subtotal: 0:00

OVER TIME HOURS	SHIFT HOURS	HOURS TAKEN	HOURS WORKED
1st : 0:00	Shift Hrs.: 0:00	T.O. : 0:00	Wk Per 1 : 76:00
2nd : 0:00	8WK Hrs. : 0:00	Sick : 8:00	Wk Per 2 : 0:00
3rd : 0:00	8WKN Hrs. : 0:00	Vac/AL : 11:00	WP CO : 40:00
Total OT: 0:00	Hol Credit: 0:00	Military: 0:00	
Dead Hrs: 0:00	Hol Paid : 0:00	S.S.T. : 0:00	Hrs. Taken: 88:00
Dock Hrs:88:00	RDO Days : 9	Other : 69:00	
OT Shift: 0:00		Hol Taken: 0:00	
WO Hours: 0:00			
8WK Hrs : 0:00			
8WKN Hrs: 0:00			

58.19

APR - 2005

INSTITUTION NAME: Avenal State Prison - Main Division Scenario #8

TIME AND ATTENDANCE 04/08/2005 08:27:30

AGY 079 RU 202 PAY PERIOD 04/05 ROLL CD 3 REPORT PAGE 1 BATCH ID

OK	SSN	NAME	CLASS	SERIAL
___	787 - 88 - 9898	D CAT	9662	008

No extra pay or recalculate FLSA ___

ERN	DY	HOURS	RATE	AF	ERN	DY	HOURS	RATE	AF	ERN	DY	HOURS	RATE	AF

Page Totals: Hours = 0.00 Rates = 0.00 Alternate Funding AF = A

I hereby certify under penalty of perjury that Attendance, Payroll, and Leave Benefit data stated herein is correct, complete and in accordance with all laws and regulations.

SIGNATURE PHONE DATE

S8.20

APR - 2005

Scenario #8

INSTITUTION NAME: Avenal State Prison - Main Division

TIME SHEET FOR: 04/11/2005 to 06/05/2005 UNIT 202 PRINTED 04/19/2005

EMPLOYEE:DAY, CAT
ID: 1193 CBID: R06 WWG: 2 TYPE: REGULAR

SSN: 787-88-9898
PAY NUMBER: 079-202-9662-008
EFFECTIVE: 05/23/2001

DATE	QUALIFIER - CODE	IN-OUT	HOURS	SHIFT	POST
04/11/2005	A - CTR		8:00	2	FMLA
04/12/2005	A - CTR		8:00	2	FMLA
04/13/2005	A - CTR		8:00	2	FMLA
04/14/2005	A - CTR		8:00	2	FMLA
04/15/2005	A - CTR		8:00	2	FMLA
04/16/2005	A - RDO		0:00	2	2316
04/17/2005	A - RDO		0:00	2	2316
Week: 15			40:00		
04/18/2005	A - SML		8:00	2	FMLA
04/19/2005	A - SML		8:00	2	FMLA
04/20/2005	A - SML		8:00	2	FMLA
04/21/2005	A - SML		8:00	2	FMLA
04/22/2005	A - SML		8:00	2	FMLA
04/23/2005	A - RDO		0:00	2	2316
04/24/2005	A - RDO		0:00	2	2316
Week: 16			0:00		
04/25/2005	A - SML		8:00	2	FMLA
04/26/2005	A - SML		8:00	2	FMLA
04/27/2005	A - SML		8:00	2	FMLA
04/28/2005	A - SML		8:00	2	FMLA
04/29/2005	A - SML		8:00	2	FMLA
04/30/2005	A - RDO		0:00	2	2316
05/01/2005	A - RDO		0:00	2	2316
Week: 17			0:00		
05/02/2005	A - SML		8:00	2	FMLA
05/03/2005	A - SML		8:00	2	FMLA
05/04/2005	A - SML		8:00	2	FMLA
05/05/2005	A - SML		8:00	2	FMLA
05/06/2005	A - S		8:00	2	2316
05/07/2005	A - RDO		0:00	2	2316
05/08/2005	A - RDO		0:00	2	2316
Week: 18			8:00		
05/09/2005	A - S/V		8:00	2	2316
05/10/2005	A - S/V		3:00	2	2316
05/10/2005	A - CTR		5:00	2	2316
05/11/2005	A - CTR		8:00	2	2316
05/12/2005	A - CTR		8:00	2	2316
05/13/2005	A - CTR		8:00	2	2316
05/14/2005	A - RDO		0:00	2	2316
05/15/2005	A - RDO		0:00	2	2316
Week: 19			40:00		
05/16/2005	A - CTR		8:00	2	2316
05/17/2005	A - CTR		8:00	2	2316
05/18/2005	A - CTR		8:00	2	2316
05/19/2005	A - CTR		8:00	2	2316
05/20/2005	A - CTR		8:00	2	2316
05/21/2005	A - RDO		0:00	2	2316
05/22/2005	A - RDO		0:00	2	2316
Week: 20			40:00		
05/23/2005	A - CTR		8:00	2	2316
05/24/2005	A - CTR		8:00	2	2316
05/25/2005	A - CTR		8:00	2	2316
05/26/2005	A - CTR		8:00	2	2316
05/27/2005	A - CTR		8:00	2	2316
05/28/2005	A - RDO		0:00	2	2316
05/29/2005	A - RDO		0:00	2	2316

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58.21

APR - 2005

Scenario #8

INSTITUTION NAME: Avenal State Prison - Main Division

TIME SHEET FOR: 04/11/2005 to 06/05/2005 UNIT: 202 PRINTED: 04/19/2005

EMPLOYEE:DAY, CAT ID: 1193 CBID: R06 WWG: 2 TYPE: REGULAR	SSN: 787-88-9898 PAY NUMBER: 079-202-9662-008 EFFECTIVE: 05/23/2001

DATE	QUALIFIER - CODE	IN-OUT	HOURS	SHIFT	POST

CONTINUED FROM PREVIOUS PAGE

Week: 21		Subtotal: 40:00			
05/30/2005	A - H	06:00-14:00	8:00	2	2316
05/31/2005	A - CTR	06:00-14:00	8:00	2	2316
06/01/2005	A - S	06:00-14:00	8:00	2	2316
06/02/2005	A - S/V	06:00-14:00	8:00	2	2316
06/03/2005	A - S/V	06:00-09:00	3:00	2	2316
06/03/2005	A - CTR	09:00-14:00	5:00	2	2316
06/04/2005	A - RDO	06:00-14:00	0:00	2	2316
06/05/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 22		Subtotal: 40:00			

OVER TIME HOURS	SHIFT HOURS	HOURS TAKEN	HOURS WORKED
1st : 0:00	Shift Hrs.: 0:00	T.O. : 0:00	Wk Per 1 : 52:00
2nd : 0:00	8WK Hrs. : 0:00	Sick : 8:00	Wk Per 2 : 0:00
3rd : 0:00	8WKN Hrs. : 0:00	Vac/AL : 11:00	WP CO : 160:00
Total OT: 0:00	Hol Credit: 0:00	Military: 0:00	
Dead Hrs: 0:00	Hol Paid : 0:00	S.S.T. : 0:00	Hrs. Taken: 136:00
Dock Hrs:112:00	RDO Days : 9	Other : 117:00	
OT Shift: 0:00		Hol Taken: 0:00	
WO Hours: 0:00			
8WK Hrs : 0:00			
8WKN Hrs: 0:00			

S8.22

APR 2005

INSTITUTION NAME: Avenal State Prison - Main Division

Scenario #8

TIME AND ATTENDANCE

04/19/2005 09:32:10

AGY 079 RU 202 PAY PERIOD 05/05 ROLL CD 3 REPORT PAGE 1 BATCH ID

OK ERN	DY	SSN HOURS	RATE	AF	NAME ERN	DY	HOURS	CLASS RATE	SERIAL AF	ERN	DY	HOURS	RATE	AF
	787 - 88 - 9898		C	DAY				9662	008					
No extra pay or recalculate FLSA														

Page Totals: Hours = 0.00 Rates = 0.00 Alternate Funding AF = A

I hereby certify under penalty of perjury that Attendance, Payroll, and Leave Benefit data stated herein is correct, complete and in accordance with all laws and regulations.

SIGNATURE PHONE DATE

S8 23

APR - 2005

Scenario #8

INSTITUTION NAME: Avenal State Prison - Main Division

TIME SHEET FOR: 05/09/2005 to 07/03/2005 UNIT: 202 PRINTED: 04/19/2005

EMPLOYEE:DAY, CAT
ID: 1193 CBID: R06 WWG: 2 TYPE: REGULAR

SSN: 787-88-9898
PAY NUMBER: 079-202-9662-008
EFFECTIVE: 05/23/2001

DATE	QUALIFIER CODE	IN-OUT	HOURS	SHIFT	POST
05/09/2005	A - S/V	06:00-14:00	8:00	2	2316
05/10/2005	A - S/V	06:00-09:00	3:00	2	2316
05/10/2005	A - CTR	09:00-14:00	5:00	2	2316
05/11/2005	A - CTR	06:00-14:00	8:00	2	2316
05/12/2005	A - CTR	06:00-14:00	8:00	2	2316
05/13/2005	A - CTR	06:00-14:00	8:00	2	2316
05/14/2005	A - RDO	06:00-14:00	0:00	2	2316
05/15/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 19		Subtotal:	40:00		
05/16/2005	A - CTR	06:00-14:00	8:00	2	2316
05/17/2005	A - CTR	06:00-14:00	8:00	2	2316
05/18/2005	A - CTR	06:00-14:00	8:00	2	2316
05/19/2005	A - CTR	06:00-14:00	8:00	2	2316
05/20/2005	A - CTR	06:00-14:00	8:00	2	2316
05/21/2005	A - RDO	06:00-14:00	0:00	2	2316
05/22/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 20		Subtotal:	40:00		
05/23/2005	A - CTR	06:00-14:00	8:00	2	2316
05/24/2005	A - CTR	06:00-14:00	8:00	2	2316
05/25/2005	A - CTR	06:00-14:00	8:00	2	2316
05/26/2005	A - CTR	06:00-14:00	8:00	2	2316
05/27/2005	A - CTR	06:00-14:00	8:00	2	2316
05/28/2005	A - RDO	06:00-14:00	0:00	2	2316
05/29/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 21		Subtotal:	40:00		
05/30/2005	A - H	06:00-14:00	8:00	2	2316
05/31/2005	A - CTR	06:00-14:00	8:00	2	2316
06/01/2005	A - S	06:00-14:00	8:00	2	2316
06/02/2005	A - S/V	06:00-14:00	8:00	2	2316
06/03/2005	A - S/V	06:00-09:00	3:00	2	2316
06/03/2005	A - CTR	09:00-14:00	5:00	2	2316
06/04/2005	A - RDO	06:00-14:00	0:00	2	2316
06/05/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 22		Subtotal:	40:00		
06/06/2005	A - CTR	06:00-14:00	8:00	2	2316
06/07/2005	A - CTR	06:00-14:00	8:00	2	2316
06/08/2005	A - CTR	06:00-14:00	8:00	2	2316
06/09/2005	A - CTR	06:00-14:00	8:00	2	2316
06/10/2005	A - CTR	06:00-14:00	8:00	2	2316
06/11/2005	A - RDO	06:00-14:00	0:00	2	2316
06/12/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 23		Subtotal:	40:00		
06/13/2005	A - CTR	06:00-08:00	2:00	2	2316
06/13/2005	A - NDI	08:00-14:00	6:00	2	NDI
06/14/2005	A - NDI	06:00-14:00	8:00	2	2316
06/15/2005	A - NDI	06:00-14:00	8:00	2	2316
06/16/2005	A - NDI	06:00-14:00	8:00	2	2316
06/17/2005	A - NDI	06:00-14:00	8:00	2	2316
06/18/2005	A - RDO	06:00-14:00	0:00	2	2316
06/19/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 24		Subtotal:	40:00		
06/20/2005	A - NDI	06:00-14:00	8:00	2	2316
06/21/2005	A - NDI	06:00-14:00	8:00	2	2316
06/22/2005	A - NDI	06:00-14:00	8:00	2	2316
06/23/2005	A - NDI	06:00-14:00	8:00	2	2316
06/24/2005	A - NDI	06:00-14:00	8:00	2	2316

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Scenario #8

INSTITUTION NAME: Avenal State Prison - Main Division

TIME SHEET FOR: 05/09/2005 to 07/03/2005 UNIT: 202 PRINTED: 04/19/2005

EMPLOYEE:DAY, CAT	SSN: 787-88-9898
ID: 1193 CBID: R06 WWG: 2 TYPE: REGULAR	PAY NUMBER: 079-202-9662-008 EFFECTIVE: 05/23/2001

DATE	QUALIFIER - CODE	IN-OUT	HOURS	SHIFT	POST
CONTINUED FROM PREVIOUS PAGE					
06/25/2005	A - RDO	06:00-14:00	0:00	2	2316
06/26/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 25		Subtotal:	40:00		
06/27/2005	A - NDI	06:00-14:00	8:00	2	2316
06/28/2005	A - NDI	06:00-14:00	8:00	2	2316
06/29/2005	A - NDI	06:00-14:00	8:00	2	2316
06/30/2005	A - NDI	06:00-14:00	8:00	2	2316
07/01/2005	A - NDI	06:00-14:00	8:00	2	2316
07/02/2005	A - RDO	06:00-14:00	0:00	2	2316
07/03/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 26		Subtotal:	40:00		

OVER TIME HOURS		SHIFT HOURS		HOURS TAKEN		HOURS WORKED	
1st	0:00	Shift Hrs.	0:00	T.O.	0:00	Wk Per 1	164:00
2nd	0:00	8WK Hrs.	0:00	Sick	8:00	Wk Per 2	0:00
3rd	0:00	8WKN Hrs.	0:00	Vac/AL	11:00	WP CO	160:00
Total OT	0:00	Hol Credit	0:00	Military	0:00		
Dead Hrs	0:00	Hol Paid	0:00	S.S.T.	0:00	Hrs. Taken	176:00
Dock Hrs	0:00	RDO Days	8	Other	157:00		
OT Shift	0:00			Hol Taken	0:00		
WO Hours	0:00						
8WK Hrs	0:00						
8WKN Hrs	0:00						

S8.25

APR - 2005

Scenario #8

INSTITUTION NAME: Avenal State Prison - Main Division

TIME SHEET FOR: 06/06/2005 to 08/07/2005 UNIT: 202 PRINTED: 04/19/2005

EMPLOYEE:DAY, CAT
ID: 1193 CBID: R06 WWG: 2 TYPE: REGULAR

SSN: 787-88-9898
PAY NUMBER: 079-202-9662-008
EFFECTIVE: 05/23/2001

DATE	QUALIFIER - CODE	IN-OUT	HOURS	SHIFT	POST
06/06/2005	A - CTR	06:00-14:00	8:00	2	2316
06/07/2005	A - CTR	06:00-14:00	8:00	2	2316
06/08/2005	A - CTR	06:00-14:00	8:00	2	2316
06/09/2005	A - CTR	06:00-14:00	8:00	2	2316
06/10/2005	A - CTR	06:00-14:00	8:00	2	2316
06/11/2005	A - RDO	06:00-14:00	0:00	2	2316
06/12/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 23		Subtotal:	40:00		
06/13/2005	A - CTR	06:00-08:00	2:00	2	2316
06/13/2005	A - NDI	08:00-14:00	6:00	2	NDI
06/14/2005	A - NDI	06:00-14:00	8:00	2	2316
06/15/2005	A - NDI	06:00-14:00	8:00	2	2316
06/16/2005	A - NDI	06:00-14:00	8:00	2	2316
06/17/2005	A - NDI	06:00-14:00	8:00	2	2316
06/18/2005	A - RDO	06:00-14:00	0:00	2	2316
06/19/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 24		Subtotal:	40:00		
06/20/2005	A - NDI	06:00-14:00	8:00	2	2316
06/21/2005	A - NDI	06:00-14:00	8:00	2	2316
06/22/2005	A - NDI	06:00-14:00	8:00	2	2316
06/23/2005	A - NDI	06:00-14:00	8:00	2	2316
06/24/2005	A - NDI	06:00-14:00	8:00	2	2316
06/25/2005	A - RDO	06:00-14:00	0:00	2	2316
06/26/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 25		Subtotal:	40:00		
06/27/2005	A - NDI	06:00-14:00	8:00	2	2316
06/28/2005	A - NDI	06:00-14:00	8:00	2	2316
06/29/2005	A - NDI	06:00-14:00	8:00	2	2316
06/30/2005	A - NDI	06:00-14:00	8:00	2	2316
07/01/2005	A - NDI	06:00-14:00	8:00	2	2316
07/02/2005	A - RDO	06:00-14:00	0:00	2	2316
07/03/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 26		Subtotal:	40:00		
07/04/2005	A - H	06:00-14:00	8:00	2	2316
07/05/2005	A - NDI	06:00-14:00	8:00	2	2316
07/06/2005	A - NDI	06:00-14:00	8:00	2	2316
07/07/2005	A - NDI	06:00-14:00	8:00	2	2316
07/08/2005	A - NDI	06:00-14:00	8:00	2	2316
07/09/2005	A - RDO	06:00-14:00	0:00	2	2316
07/10/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 27		Subtotal:	40:00		
07/11/2005	A - NDI	06:00-14:00	8:00	2	2316
07/12/2005	A - NDI	06:00-14:00	8:00	2	2316
07/13/2005	A - NDI	06:00-14:00	8:00	2	2316
07/14/2005	A - NDI	06:00-14:00	8:00	2	2316
07/15/2005	A - NDI	06:00-14:00	8:00	2	2316
07/16/2005	A - RDO	06:00-14:00	0:00	2	2316
07/17/2005	A - RDO	06:00-14:00	0:00	2	2316
Week: 28		Subtotal:	40:00		
07/18/2005	A - NDI	06:00-14:00	8:00	2	2316
07/19/2005	A - NDI	06:00-14:00	8:00	2	2316
07/20/2005	A - NDI	06:00-14:00	8:00	2	2316
07/21/2005	W - X	06:00-14:00	8:00	2	2316
07/22/2005	W - X	06:00-14:00	8:00	2	2316
07/23/2005	A - RDO	06:00-14:00	0:00	2	2316
07/24/2005	A - RDO	06:00-14:00	0:00	2	2316

CONTINUED ON NEXT PAGE

S8.27

APR - 2005

INSTITUTION NAME: Avenal State Prison - Main Division

Scenario #8

TIME AND ATTENDANCE 04/19/2005 08:31:37

AGY 079 RU 202 PAY PERIOD 07/05 ROLL CD 3 REPORT PAGE 1 BATCH ID _____

OK	SSN	NAME	CLASS	SERIAL
___	787 - 88 - 9898	C DAY	9662	008

No extra pay or recalculate FLSA ___

ERN	DY	HOURS	RATE	AF	ERN	DY	HOURS	RATE	AF	ERN	DY	HOURS	RATE	AF

Page Totals: Hours = 0.00 Rates = 0.00 Alternate Funding AF = A

I hereby certify under penalty of perjury that Attendance, Payroll, and Leave Benefit data stated herein is correct, complete and in accordance with all laws and regulations.

SIGNATURE _____ PHONE _____ DATE _____

S8.29

APR - 2005

Scenario #8

FULL-TIME 7K WORKSHEET

Correctional Officers, Medical Technical Assistants, and Fire Captains (Not Subject to MOU Section 17.02)

EMPLOYEE NAME: Cat Day PPAS ID: 9898

WORK PERIOD DATES: 1/17/05 - 2/13/05 PAY PERIOD: 02/05

WORK PERIOD OVERTIME **$ Hourly Rate**

1 Total WORK PERIOD hours reported (Include Holiday, Paid Leave, & Training – if applicable) 160
2 Add PPWA + 4
3 Subtotal (Total WORK PERIOD hours) = 164
4 Subtract required WORK PERIOD hours - 164
5. Total Work Period Overtime hours **(OF6)** = Ø **$_____
(**IF NEGATIVE** – Leave credits must be posted for negative hours. If absence is unapproved or leave is not available, post as Dock)

WORK PERIOD SHIFT (COMPLETE FOR OVERTIME PURPOSES ONLY)

6. Total 1st & 3rd Regular Shift hours worked in the **work period** (SRN) _____ X.50 = $_____
7. Total 1st & 3rd Overtime Shift hours worked in the **work period** (S5N) _____ X.50 = $_____
8. Weekend Shift 1st & 3rd Watch hours worked in the **work period** (8WK) _____ X.15 = $_____
9. Weekend Shift 2nd Watch hours worked in the **work period** (8WKN) _____ X.65 = $_____
10. **TOTAL WORK PERIOD SHIFT FOR FLSA 7k FORMULA** $_____

PAY PERIOD HOLIDAY PAY

11. Hours of Holiday Paid Straight **(HG5)** 4 **$ 20 2
(As determined on 7k FLSA Calculation Worksheet)

PAY PERIOD SHIFT

12. Total 1st & 3rd Regular Shift hours worked in the **pay period** (SRN) _____ **
13. Total 1st & 3rd Overtime Shift hours worked in the **pay period** (S5N) _____ **
14. Weekend Shift 1st & 3rd Watch hours worked in the **pay period** (8WK) _____ **
15. Weekend Shift 2nd Watch hours worked in the **pay period** (8WKN) _____ **

**** POST ON 671/672**

7k SICK LEAVE EXCLUSION TRACKING

16. Total Overtime hours in work period (line 5) _____
17. Total sick leave hours used in work period **(Include any leave type used for sick leave purposes)** _____
18. Total sick leave hours which would have been excluded and paid at straight time prior to 11/1/99 (**Not to exceed Overtime hours on line 16)** _____
19. FLSA OT Rate of Pay $ _____
20. Straight Time Rate of Pay (Based on Salary ÷ 177.67) - $ _____
21. Salary Rate Difference = $ _____
22. **TOTAL SALARY RATE DIFFERENCE** $ _____ (Line 21) X _____ (Line 18) = $ _____

Revised 07/04 $8.30

APR - 2005

7k FLSA CALCULATION WORKSHEET

S8.31

STRAIGHT TIME/HOLIDAY PAID STRAIGHT (HG5) FORMULA

$ 5385 (Based on Salary) ÷ 177.67 = $ 30.31 (Straight Time/Holiday Paid Straight Rate of Pay (HG5))

7k FLSA FORMULA

$ _____ (Based on Salary) + $ _____ (Total Monthly Pay Differentials) = $ _____ (Total Monthly Salary) x 12 = $ _____ (Annual Salary) ÷ 13 = $ _____ (7k Work Period Salary) + $ _____ (Total Work Period Shift Differential)

+ $ _____ (Gross Earnings Additional Positions) = $ _____ (Total Work Period Earnings) ÷ (_____) (164 Hours (+) Hours Worked In Additional Positions) = $ _____ (Avg. FLSA Rate of Pay) x 1.5 = $ _____ (FLSA OT Rate of Pay (OF6))

MONTHLY PAY DIFFERENTIALS

Bilingual	$100.00	$ _____
Education		$ _____
Flight Time		$ _____
Housing	$175.00	$ _____
Out-of-Class		$ _____
Physical Fitness	$65.00	$ _____
Physical Fitness	$130.00	$ 130.00
Senior Peace Officer		$ _____
Van Pool		$ _____
Other		$ _____
	TOTAL	$ 130.00

SELF HELP SPONSOR (SHS) / PART TIME FIRE CAPTAIN

_____ (Hours Worked SHS / Fire Captain) x $ _____ (Hourly Rate) = $ _____ (SHS / Fire Captain Gross Earnings)

ADJUSTMENT

$ _____ (Avg. FLSA Rate of Pay) ÷ 2 = $ _____ (Adjusted Rate (OF)) (x _____ hours) (SHS / Fire Captain OT Hours Worked Keyed at OF Rate) = $ _____ (SHS / Fire Captain Adjustment)

OTHER 7k ADDITIONAL POSITION (DO NOT USE FOR NON-7k POSITIONS)

_____ (Hours Worked 2nd Position) x $ _____ (Hourly Rate) = $ _____ (2nd Position Gross Earnings)

ADJUSTMENT

$ _____ (Avg. FLSA Rate of Pay) ÷ 2 = $ _____ (Adjusted Rate (OF)) (x _____ hours) (2nd Position OT Hours Worked Keyed at OF Rate) = $ _____ (2nd Position Adjustment)

Scenario #8

APR 2005

Revised 07/04

Scenario #8

FULL-TIME 7K WORKSHEET

Correctional Officers, Medical Technical Assistants, and Fire Captains (Not Subject to MOU Section 17.02)

EMPLOYEE NAME: Cat Day PPAS ID: 9898

WORK PERIOD DATES: 4/11/05 - 5/8/05 PAY PERIOD: 05/05

WORK PERIOD OVERTIME **$ Hourly Rate**

1. Total WORK PERIOD hours reported (Include Holiday, Paid Leave, & Training – if applicable) 48
2. Add PPWA + 4
3. Subtotal (Total WORK PERIOD hours) = 52
4. Subtract required WORK PERIOD hours - 164
5. Total Work Period Overtime hours **(OF6)** = <112> **$
   (**IF NEGATIVE** – Leave credits must be posted for negative hours. If absence is unapproved or leave is not available, post as Dock) Dock

WORK PERIOD SHIFT (COMPLETE FOR OVERTIME PURPOSES ONLY)

6. Total 1st & 3rd Regular Shift hours worked in the **work period** (SRN) X.50 = $
7. Total 1st & 3rd Overtime Shift hours worked in the **work period** (S5N) X.50 = $
8. Weekend Shift 1st & 3rd Watch hours worked in the **work period** (8WK) X.15 = $
9. Weekend Shift 2nd Watch hours worked in the **work period** (8WKN) X.65 = $
10. **TOTAL WORK PERIOD SHIFT FOR FLSA 7k FORMULA** $

PAY PERIOD HOLIDAY PAY

11. Hours of Holiday Paid Straight **(HG5)** **$
    (As determined on 7k FLSA Calculation Worksheet)

PAY PERIOD SHIFT

12. Total 1st & 3rd Regular Shift hours worked in the **pay period** (SRN) **
13. Total 1st & 3rd Overtime Shift hours worked in the **pay period** (S5N)
14. Weekend Shift 1st & 3rd Watch hours worked in the **pay period** (8WK) **
15. Weekend Shift 2nd Watch hours worked in the **pay period** (8WKN) **

**** POST ON 671/672**

7k SICK LEAVE EXCLUSION TRACKING

16. Total Overtime hours in work period (line 5)
17. Total sick leave hours used in work period **(Include any leave type used for sick leave purposes)**
18. Total sick leave hours which would have been excluded and paid at straight time prior to 11/1/99 (**Not to exceed Overtime hours on line 16)**
19. FLSA OT Rate of Pay $
20. Straight Time Rate of Pay (Based on Salary ÷ 177.67) - $
21. Salary Rate Difference = $
22. **TOTAL SALARY RATE DIFFERENCE** $ _____ (Line 21) X _____ (Line 18) = $

Revised 07/04 S8.32

APR - 2005

STATE OF CALIFORNIA

EMPLOYEE ATTENDANCE SUMMARY

STD. 640 (REV. 9/2004c)

1. EMPLOYEE'S NAME

2. SUPERVISOR'S NAME

3. DEPARTMENT, DIVISION, UNIT

Scenario #8

4. RECORD OF ABSENCES: Sick Leave - *Red* Vacation - *Blue* Off Payroll - *Green* Holiday - *Brown* Personal Holiday - *Purple*

STATE PAY PERIOD CALENDAR FOR 2005

NOTE: Holidays and pay periods after July 1, 2004, are subject to collective bargaining agreements negotiated in Fiscal Year 2004–2005 or thereafter. Hours for each pay period **INCLUDE** the holidays.

DOCK CALENDAR

JANUARY — 21 DAYS 168 HRS.

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

FEBRUARY — 21 DAYS 168 HRS.

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	1				

MARCH — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
		2	3	4	5	
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

4/11/05 - 5/8/05 = 112 hours Dock

APRIL — 21 DAYS 168 HRS.

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

5.00 5.00 5.00 5.00 5.00 5.00 5.00

65.12 - converts to 61.6 hours

MAY — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

5.00 5.00 5.00 5.00 5.00 5.00 5.00

46.88 converts to 46.4 hours

JUNE — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
		1	2	3	4	
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

22 DAYS 176 HRS.

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1					

AUGUST — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
		2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

SEPTEMBER — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

OCTOBER — 21 DAYS 168 HRS.

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

NOVEMBER — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

DECEMBER — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

ANALYSIS OF ABSENCE RECORD FROM _____ to _____

5. PERSONAL HOLIDAY
   Number of Hours _____

6. VACATION
   A. Number of Days _____ Number of Hours _____
   B. Number of Different Times _____

7. SICK LEAVE — *This Employee* / *Average Other Employees*
   A. Number of Days _____ Number of Hours _____
   B. Number of Different Times _____
   C. Present Sick Leave Balance: Days _____ Hrs. _____

8. ABSENCE WITHOUT PAY
   A. Number of Days _____ Number of Hours _____
   B. Number of Different Times _____

9. TOTAL ABSENCES
   A. Number of Days _____ Number of Hours _____
   B. Number of Different Times _____

10. NUMBER OF WORKING DAYS IN THE PERIOD _____
    NUMBER OF WORKING HOURS IN THE PERIOD _____

11. PERCENTAGE OF WORKING DAYS ABSENT _____
    PERCENTAGE OF WORKING HOURS ABSENT _____

58.33

(OVER FOR 2006 SUMMARY)

APR - 2005

7k SCO HOUR CONVERSION WORKSHEET

EMPLOYEE NAME: Cat Day PPAS ID/SSN: 9898 PAY PERIOD: 04/05

Based on Salary: $ 5385 Monthly Pay Differentials: $ 130 Hours to be Converted: 65.12
Dock, Lump Sum, Buy-Back, etc.

AVG. FLSA RATE OF PAY

$ 5385 (Based on Salary 1st Position) + $ 130 (Total Monthly Pay Differentials) = $ 5515 (Total Monthly Salary) x 12 = $ 66180 (Annual Salary) ÷ 13 = $ 5090.77 (7k Work Period Salary) + $ Ø (Total Work Period Shift Differential)

+ $ Ø (Gross Earnings Additional Positions) = $ 5090.77 (Total Work Period Earnings) ÷ (164) (164 Hours (+) Hours Worked In Additional Positions) = $ 31.04 (Avg. FLSA Rate of Pay)

SCO HOURLY RATE OF PAY

$ 5515 (Salary Full (As indicated on PAR)) ÷ 168 (168 – OR – 176 (168 for 21 day pay period; 176 for 22 day pay period)) = $ 32.83 (SCO Hourly Rate of pay)

DOLLAR AMOUNT TO BE COVERTED

65.12 (Hours to Convert Dock, Lump Sum, etc. (As determined on FLSA Worksheet)) x $ 31.04 (Avg. FLSA Rate of Pay) = $ 2021.32 (Dollar Amount To Be Converted)

SCO HOUR CONVERSION

$ 2021.32 (Dollar Amount To Be Converted) ÷ $ 32.83 (SCO Hourly Rate of pay) = 61.6 (SCO Hour Conversion) = 7 Days 5.6 Hours (SCO Days/Hours (Rounded to the nearest tenth))

Revised 07/04

Scenario #8

APR - 2005

7k SCO HOUR CONVERSION WORKSHEET

S8.35

EMPLOYEE NAME: Cat Day PPAS ID/SSN: 9898 PAY PERIOD: 05/05

Based on Salary: $ 5385 Monthly Pay Differentials: $ 130 Hours to be Converted: 46.88
Dock, Lump Sum, Buy-Back, etc.

AVG. FLSA RATE OF PAY

$ 5385 (Based on Salary 1st Position) + $ 130 (Total Monthly Pay Differentials) = $ 5515 (Total Monthly Salary) x 12 = $ 66180 (Annual Salary) ÷ 13 = $ 5090.77 (7k Work Period Salary) + $ Ø (Total Work Period Shift Differential)

+ $ Ø (Gross Earnings Additional Positions) = $ 5090.77 (Total Work Period Earnings) ÷ (164) (164 Hours (+) Hours Worked In Additional Positions) = $ 31.04 (Avg. FLSA Rate of Pay)

SCO HOURLY RATE OF PAY

$ 5515 (Salary Full (As indicated on PAR)) ÷ 176 (168 – OR – 176 (168 for 21 day pay period; 176 for 22 day pay period)) = $ 31.34 (SCO Hourly Rate of pay)

DOLLAR AMOUNT TO BE COVERTED

46.88 (Hours to Convert Dock, Lump Sum, etc. (As determined on FLSA Worksheet)) x $ 31.04 (Avg. FLSA Rate of Pay) = $ 1455.16 (Dollar Amount To Be Converted)

SCO HOUR CONVERSION

$ 1455.16 (Dollar Amount To Be Converted) ÷ $ 31.34 (SCO Hourly Rate of pay) = 46.4 (SCO Hour Conversion) = 5 Days 6.4 Hours (SCO Days/Hours (Rounded to the nearest tenth))

APR 2005

Revised 07/04

Scenario #8

Scenario #8

FULL-TIME 7K WORKSHEET

Correctional Officers, Medical Technical Assistants, and Fire Captains (Not Subject to MOU Section 17.02)

EMPLOYEE NAME: Cat Day PPAS ID: 9898

WORK PERIOD DATES: 5/9/05 - 4/5/05 PAY PERIOD: 06/05

WORK PERIOD OVERTIME **$ Hourly Rate**

1. Total WORK PERIOD hours reported (Include Holiday, Paid Leave, & Training – if applicable) 160
2. Add PPWA + 4
3. Subtotal (Total WORK PERIOD hours) = 164
4. Subtract required WORK PERIOD hours - 164
5. Total Work Period Overtime hours **(OF6)** = Ø **$_____
   (**IF NEGATIVE** – Leave credits must be posted for negative hours. If absence is unapproved or leave is not available, post as Dock)

WORK PERIOD SHIFT (COMPLETE FOR OVERTIME PURPOSES ONLY)

6. Total 1st & 3rd Regular Shift hours worked in the **work period** (SRN) - X.50 = $
7. Total 1st & 3rd Overtime Shift hours worked in the **work period** (S5N) - X.50 = $
8. Weekend Shift 1st & 3rd Watch hours worked in the **work period** (8WK) X.15 = $
9. Weekend Shift 2nd Watch hours worked in the **work period** (8WKN) - X.65 = $
10. **TOTAL WORK PERIOD SHIFT FOR FLSA 7k FORMULA** $

PAY PERIOD HOLIDAY PAY

11. Hours of Holiday Paid Straight **(HG5)** **$
    (As determined on 7k FLSA Calculation Worksheet)

PAY PERIOD SHIFT

12. Total 1st & 3rd Regular Shift hours worked in the **pay period** (SRN) _____ **
13. Total 1st & 3rd Overtime Shift hours worked in the **pay period** (S5N) _____ **
14. Weekend Shift 1st & 3rd Watch hours worked in the **pay period** (8WK) _____ **
15. Weekend Shift 2nd Watch hours worked in the **pay period** (8WKN) _____ **

**** POST ON 671/672**

7k SICK LEAVE EXCLUSION TRACKING

16. Total Overtime hours in work period (line 5) _____
17. Total sick leave hours used in work period **(Include any leave type used for sick leave purposes)** _____
18. Total sick leave hours which would have been excluded and paid at straight time prior to 11/1/99 (**Not to exceed Overtime hours on line 16)** _____
19. FLSA OT Rate of Pay $ _____
20. Straight Time Rate of Pay (Based on Salary ÷ 177.67) - $ _____
21. Salary Rate Difference = $ _____
22. **TOTAL SALARY RATE DIFFERENCE** $ _____ (Line 21) X _____ (Line 18) = $ _____

Revised 07/04

S8.36

APR - 2005

Scenario #8

FULL-TIME 7k WORKSHEET
PARTIAL WORK PERIOD
All 7k Employees (Not Subject to MOU Section 17.02)

EMPLOYEE NAME: Cat Day PPAS ID/SSN: 9898

WORK PERIOD DATES: 7/21/05 - 7/31/05 PAY PERIOD: 07/05

WORK PERIOD OVERTIME

$ Hourly Rate

1. Total WORK PERIOD hours reported (Include Holiday, Paid Leave, & Training – if applicable) . 51
2. Prorated PPWA (If applicable) 2
3. Subtotal (Total WORK PERIOD hours) 58
4. Subtract **REQUIRED** WORK PERIOD hours (Work period **CALENDAR** days 11 X 5.86 hours per day = (64.46) - 64.46
5. Total Work Period Overtime **(OF6)** = <6.46>**$ Dock
   (**IF NEGATIVE** – Leave credits must be posted for negative hours. If absence is unapproved or leave is not available, post as Dock)

WORK PERIOD SHIFT (COMPLETE FOR OVERTIME PURPOSES ONLY)

6. Total 1st & 3rd Regular Shift hours worked in the **work period** (SRN) _____ X.50 = $
7. Total 1st & 3rd Overtime Shift hours worked in the **work period** (S5N) _____ X.50 = $
8. Weekend Shift 1st & 3rd Watch hours worked in the **work period** (8WK) _____ X.15 = $
9. Weekend Shift 2nd Watch hours worked in the **work period** (8WKN) _____ X.65 = $
10. **TOTAL WORK PERIOD SHIFT FOR FLSA 7k FORMULA** $

PAY PERIOD HOLIDAY PAY

11. Hours of Holiday Paid Straight **(HG5)** **$
    (As determined on 7k FLSA Calculation Worksheet)

PAY PERIOD SHIFT

12. Total 1st & 3rd Regular Shift hours worked in the **pay period** (SRN) _____
13. Total 1st & 3rd Overtime Shift hours worked in the **pay period** (S5N) _____**
14. Weekend Shift 1st & 3rd Watch hours worked in the **pay period** (8WK) _____**
15. Weekend Shift 2nd Watch hours worked in the **pay period** (8WKN) _____**

**** POST ON 671/672**

7k SICK LEAVE EXCLUSION TRACKING

16. Total Overtime hours in work period (line 5) _____
17. Total sick leave hours used in work period **(Include any leave type used for sick leave purposes)** _____
18. Total sick leave hours which would have been excluded and paid at straight time prior to 11/1/99 (**Not to exceed Overtime hours on line 16)** _____
19. FLSA OT Rate of Pay $ _____
20. Straight Time Rate of Pay (Based on Salary ÷ 177.67) - $ _____
21. Salary Rate Difference = $ _____
22. **TOTAL SALARY RATE DIFFERENCE** $ _____ (Line 21) X _____ (Line 18) = $ _____

STATE OF CALIFORNIA

EMPLOYEE ATTENDANCE SUMMARY

STD. 640 (REV. 9/2004c)

1. EMPLOYEE'S NAME

2. SUPERVISOR'S NAME

3. DEPARTMENT, DIVISION, UNIT

Scenario #8

4. RECORD OF ABSENCES: Sick Leave - *Red* Vacation - *Blue* Off Payroll - *Green* Holiday - *Brown* Personal Holiday - *Purple*

STATE PAY PERIOD CALENDAR FOR 2005

NOTE: Holidays and pay periods after July 1, 2004, are subject to collective bargaining agreements negotiated in Fiscal Year 2004–2005 or thereafter. Hours for each pay period **INCLUDE** the holidays.

DOCK CALENDAR

JANUARY — 21 DAYS 168 HRS.

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

FEBRUARY — 21 DAYS 168 HRS.

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	1				

MARCH — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
			2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

APRIL — 21 DAYS 168 HRS.

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

MAY — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

JUNE — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

7/21/05 - 7/31/05 = 6.46 hours Dock

JULY — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30 .6
5.8	1					

6.46 - converts to 6.4 hours

AUGUST — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
		2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

SEPTEMBER — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

OCTOBER — 21 DAYS 168 HRS.

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

NOVEMBER — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

DECEMBER — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

ANALYSIS OF ABSENCE RECORD FROM _____ to _____

5. PERSONAL HOLIDAY
Number of Hours _____

VACATION
A. Number of Days _____ Number of Hours _____
B. Number of Different Times _____

7. SICK LEAVE — *Average Other Employees*
A. Number of Days _____ Number of Hours _____
B. Number of Different Times
C. Present Sick Leave Balance: Days _____ Hrs. _____

8. ABSENCE WITHOUT PAY
A. Number of Days _____ Number of Hours _____
B. Number of Different Times _____

9. TOTAL ABSENCES
A. Number of Days _____ Number of Hours _____
B. Number of Different Times _____

10. NUMBER OF WORKING DAYS IN THE PERIOD _____
NUMBER OF WORKING HOURS IN THE PERIOD _____

11. PERCENTAGE OF WORKING DAYS ABSENT
PERCENTAGE OF WORKING HOURS ABSENT _____

S8.38

(OVER FOR 2006 SUMMARY)

APR - 2005

7k SCO HOUR CONVERSION WORKSHEET

EMPLOYEE NAME: Cat Day PPAS ID/SSN: 9898 PAY PERIOD: 07/05

Based on Salary: $ 5385 Monthly Pay Differentials: $ 130 Hours to be Converted: 6.46
Dock, Lump Sum, Buy-Back, etc.

AVG. FLSA RATE OF PAY

$ 5385 (Based on Salary 1st Position) + $ 130 (Total Monthly Pay Differentials) = $ 5515 (Total Monthly Salary) x 12 = $ 66180 (Annual Salary) ÷ 13 = $ 5090.77 (7k Work Period Salary) + $ Ø (Total Work Period Shift Differential)

+ $ Ø (Gross Earnings Additional Positions) = $ 5090.77 (Total Work Period Earnings) ÷ (164) (164 Hours (+) Hours Worked In Additional Positions) = $ 31.04 (Avg. FLSA Rate of Pay)

SCO HOURLY RATE OF PAY

$ 5515 (Salary Full (As indicated on PAR)) ÷ 176 (168 – OR – 176 (168 for 21 day pay period; 176 for 22 day pay period)) = $ 31.34 (SCO Hourly Rate of pay)

DOLLAR AMOUNT TO BE COVERTED

6.46 (Hours to Convert Dock, Lump Sum, etc. (As determined on FLSA Worksheet)) x $ 31.04 (Avg. FLSA Rate of Pay) = $ 200.52 (Dollar Amount To Be Converted)

SCO HOUR CONVERSION

$ 200.52 (Dollar Amount To Be Converted) ÷ $ 31.36 (SCO Hourly Rate of pay) = 6.4 (SCO Hour Conversion) = Ø Days 6.4 Hours (SCO Days/Hours (Rounded to the nearest tenth))

Scenario #8

APR - 2005

Revised 07/04

Scenario #8

FULL-TIME 7k WORKSHEET
PARTIAL WORK PERIOD
All 7k Employees (Not Subject to MOU Section 17.02)

EMPLOYEE NAME: Cat Day PPAS ID/SSN: 9898

WORK PERIOD DATES: 6/6/05 - 6/13/05 PAY PERIOD: 06/05

WORK PERIOD OVERTIME

	$ Hourly Rate
1. Total WORK PERIOD hours reported (Include Holiday, Paid Leave, & Training – if applicable)	42
2. Prorated PPWA (If applicable)	2
3. Subtotal (Total WORK PERIOD hours)	44
4. Subtract **REQUIRED** WORK PERIOD hours (Work period **CALENDAR** days 8 X 5.86 hours per day = 46.88)	- 46.88
5. Total Work Period Overtime **(OF6)** (**IF NEGATIVE** – Leave credits must be posted for negative hours. If absence is unapproved or leave is not available, post as Dock)	= <2.88> **$ Dock

WORK PERIOD SHIFT (COMPLETE FOR OVERTIME PURPOSES ONLY)

6. Total 1st & 3rd Regular Shift hours worked in the **work period** (SRN) _____ X.50 = $
7. Total 1st & 3rd Overtime Shift hours worked in the **work period** (S5N) _____ X.50 = $
8. Weekend Shift 1st & 3rd Watch hours worked in the **work period** (8WK) _____ X.15 = $
9. Weekend Shift 2nd Watch hours worked in the **work period** (8WKN) _____ X.65 = $
10. **TOTAL WORK PERIOD SHIFT FOR FLSA 7k FORMULA** $

PAY PERIOD HOLIDAY PAY

11. Hours of Holiday Paid Straight **(HG5)** (As determined on 7k FLSA Calculation Worksheet) _____ **$ _____

PAY PERIOD SHIFT

12. Total 1st & 3rd Regular Shift hours worked in the **pay period** (SRN) _____
13. Total 1st & 3rd Overtime Shift hours worked in the **pay period** (S5N) _____ **
14. Weekend Shift 1st & 3rd Watch hours worked in the **pay period** (8WK) _____ **
15. Weekend Shift 2nd Watch hours worked in the **pay period** (8WKN) _____ **

**** POST ON 671/672**

7k SICK LEAVE EXCLUSION TRACKING

16. Total Overtime hours in work period (line 5) _____
17. Total sick leave hours used in work period **(Include any leave type used for sick leave purposes)** _____
18. Total sick leave hours which would have been excluded and paid at straight time prior to 11/1/99 (**Not to exceed Overtime hours on line 16)** _____
19. FLSA OT Rate of Pay $ _____
20. Straight Time Rate of Pay (Based on Salary ÷ 177.67) - $ _____
21. Salary Rate Difference = $ _____
22. **TOTAL SALARY RATE DIFFERENCE** $ _____ (Line 21) X _____ (Line 18) = $ _____

Revised 07/04

58.40

APR - 2005

7k SCO HOUR CONVERSION WORKSHEET

EMPLOYEE NAME: Cat Day PPAS ID/SSN: 9898 PAY PERIOD: 06/05

Based on Salary: $ 5385 Monthly Pay Differentials: $ 130 Hours to be Converted: 2.88
Dock, Lump Sum, Buy-Back, etc.

AVG. FLSA RATE OF PAY

$ 5385 (Based on Salary 1st Position) + $ 130 (Total Monthly Pay Differentials) = $ 5515 (Total Monthly Salary) x 12 = $ 66180 (Annual Salary) ÷ 13 = $ 5090.77 (7k Work Period Salary) + $ Ø (Total Work Period Shift Differential)

+ $ Ø (Gross Earnings Additional Positions) = $ 5090.77 (Total Work Period Earnings) ÷ (164) (164 Hours (+) Hours Worked In Additional Positions) = $ 31.04 (Avg. FLSA Rate of Pay)

SCO HOURLY RATE OF PAY

$ 5515 (Salary Full (As indicated on PAR)) ÷ 176 (168 – OR – 176 (168 for 21 day pay period; 176 for 22 day pay period)) = $ 31.34 (SCO Hourly Rate of pay)

DOLLAR AMOUNT TO BE COVERTED

2.88 (Hours to Convert Dock, Lump Sum, etc. (As determined on FLSA Worksheet)) x $ 31.04 (Avg. FLSA Rate of Pay) = $ 89.40 (Dollar Amount To Be Converted)

SCO HOUR CONVERSION

$ 89.40 (Dollar Amount To Be Converted) ÷ $ 31.34 (SCO Hourly Rate of pay) = 2.9 (SCO Hour Conversion) = Ø Days 2.9 Hours (SCO Days/Hours (Rounded to the nearest tenth))

Revised 07/04

Scenario #8

APR - 2005

4. RECORD OF ABSENCES: Sick Leave - *Red* Vacation - *Blue* Off Payroll - *Green* Holiday - *Brown* Personal Holiday - *Purple*

STATE PAY PERIOD CALENDAR FOR 2005

NOTE: Holidays and pay periods after July 1, 2004, are subject to collective bargaining agreements negotiated in Fiscal Year 2004–2005 or thereafter. Hours for each pay period **INCLUDE** the holidays.

DOCK CALENDAR

JANUARY — 21 DAYS 168 HRS.

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

FEBRUARY — 21 DAYS 168 HRS.

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	1				

MARCH — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
		2	3	4	5	
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

6/6/05 - 6/13/05 = 2.88 hours dock

APRIL — 21 DAYS 168 HRS.

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

MAY — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

JUNE — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	2.88	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

2.88 - converts to 2.9 hours

JULY — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1					

AUGUST — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

SEPTEMBER — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

OCTOBER — 21 DAYS 168 HRS.

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

NOVEMBER — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
	1	2	3	4	5	
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

DECEMBER — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

ANALYSIS OF ABSENCE RECORD FROM _____ to _____

5. PERSONAL HOLIDAY
Number of Hours _____

6. VACATION
A. Number of Days _____ Number of Hours _____
B. Number of Different Times _____

7. SICK LEAVE — *This Employee* — *Average Other Employees*
A. Number of Days _____ Number of Hours _____
B. Number of Different Times
C. Present Sick Leave Balance: Days _____ Hrs. _____

8. ABSENCE WITHOUT PAY
A. Number of Days _____ Number of Hours _____
B. Number of Different Times _____

9. TOTAL ABSENCES
A. Number of Days _____ Number of Hours _____
B. Number of Different Times _____

NUMBER OF WORKING DAYS IN THE PERIOD _____
NUMBER OF WORKING HOURS IN THE PERIOD _____

11. PERCENTAGE OF WORKING DAYS ABSENT
PERCENTAGE OF WORKING HOURS ABSENT _____

(OVER FOR 2006 SUMMARY)

58.42

APR - 2005

STATE OF CALIFORNIA

EMPLOYEE ATTENDANCE SUMMARY

STD. 640 (REV. 9/2004c)

1. EMPLOYEE'S NAME

2. SUPERVISOR'S NAME

3. DEPARTMENT, DIVISION, UNIT

Scenario #8

4. RECORD OF ABSENCES: Sick Leave - *Red* Vacation - *Blue* Off Payroll - *Green* Holiday - *Brown*

STATE PAY PERIOD CALENDAR FOR 2005

NOTE: Holidays and pay periods after July 1, 2004, are subject to collective bargaining agreements negotiated in Fiscal Year 2004–2005 or thereafter. Hours for each pay period **INCLUDE** the holidays.

FMLA CALENDAR (Summary)

JANUARY — 21 DAYS 168 HRS.

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31 VA					

FEBRUARY — 21 DAYS 168 HRS.

S	M	T	W	T	F	S
		SL 1	VA 2	VA 3	VA 4	5
6	VA 7	VA 8	VA 9	VA 10	VA 11 *	12
13	14 VA	15	16	17	18	19
20	21 H	22	23	24	25	26
27	28	1				

Time to be paid = 11 days
FMLA = 104 hours

MARCH — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
			SL 2	HC 3	HC 4	5
6	HC 7	VA 8	VA 9	VA 10 CTB	11 CTB	12
13	14 CTB	15 CTB	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	H		

Time to be paid = 11 days
FMLA = 176 hours

APRIL — 21 DAYS 168 HRS.

S	M	T	W	T	F	S
					SL 1	2
3	VA 4	VA 5 CTB	6 CTB	7 CTB	8 CTB	9
10	11 CTB	12 CTB	13 CTB	14 CTB	15 CTB	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Time to be paid = 11 days
FMLA = 168 hours

MAY — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
1	2	3	4	5 *	6 SL	7
8	9 VA	10 VA/CTB	11 CTB	12 CTB	13 CTB	14
15	16 CTB	17 CTB	18 CTB	19 CTB	20 CTB	21
22	23 CTB	24 CTB	25 CTB	26 CTB	27 CTB	28
29	30 H	31 CTB				

Time to be paid = 16 days, 1.6 hours
(46.4 hours dock)

JUNE — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
			SL 1	VA 2	VA/CTB 3	4
5	6 CTB	7 CTB	8 CTB	9 CTB	10 CTB	11
12	13 CTB	14 **	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Time to be paid = 8 days, 5.1 hours
(2.9 hours dock)

JULY — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20 **	21 RTW	22	23
24	25	26	27	28	29	30
31	1					

AUGUST — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
		2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

SEPTEMBER — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

OCTOBER — 21 DAYS 168 HRS.

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

NOVEMBER — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

DECEMBER — 22 DAYS 176 HRS.

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

*FMLA approved:
2/11/05 - 5/1/05 (Employee elects to receive only 11 days pay while on NOI.)

Exhausts leave credits receives and exhausts CTB donations.

** NOI approved: S49 - Effective 06/13/05, 5.1
6/13/05 - 7/20/05

S8.43

7/21/05

APR - 2005