

NEW YORK CITY DEPARTMENT OF EDUCATION

CYBERSHIFT TIMEKEEPING PROCEDURES – SUMMER PROGRAM

RE: DOE Nurses, Occupational Therapists and Physical Therapists

Instructions for Nurses and Therapists:

Effective July 1, 2013

Please Note:

The District 75 Chapter 683 Program consists of a 6 hour 5 minute schedule plus a 30 minute lunch for a total workday of 6 hours and 35 minutes.

The Summer Program in the CFN schools consists of a 5 hour workday.

All Nurses and Therapists working during the Summer Program are paid on an hourly basis in accordance with the procedures outlined below.

There are significant differences in the timekeeping procedures for the Summer Program from the regular school year. Please note these changes carefully.

TIMEKEEPING PROCEDURES:

1. **All Nurses and Therapists (SUMMER ONLY) – Pay to Schedule.** A time record will be established in CyberShift for all hourly DOE Nurses and Therapists reflecting their daily schedule on a pay to schedule basis. This means the payroll secretary will only need to enter exceptions to the daily schedule (Bubblesheets) and approve all time in the Bubblesheets on a biweekly basis.
2. Your payroll secretary will provide each of you with a standard time sheet for you to record your daily time of arrival and departure. Timesheets no longer require the entry of Social Security numbers, your employee ID number (which can be found on your pay stub) **must** be entered instead.
3. When you are absent on a particular day, you must write “absent” on the line for that date, followed by the appropriate designation: sick leave (the CyberShift code for this type of absence during the summer is SIC). **(Please refer to the section on accruals below with regards to earning and using sick leave during the summer program.)**
4. Nurses and Therapists arriving late cannot work beyond the end of their scheduled work day in order to make up for the lost time. Nurses and Therapists arriving early will not be paid before the start of the program.
5. You must complete the time sheet biweekly (every two weeks corresponding to the pay period) and submit it to the principal for signature and then to the payroll secretary. **This must be done by 9:00 am on the Monday following payday.** If your payroll secretary prefers you may hand in your time sheet each Monday to facilitate recording any absences or variations to your time in CyberShift.

- The payroll secretary will identify any information that must be entered into CyberShift as exceptions; e.g., absences, lateness, overtime. This must be completed by 10:00 am **Monday** before the CyberShift lockout **every two weeks**.

OVERTIME:

Nurses: Overtime may be authorized, by nursing supervisors, only for service prior to and/or after the regular program schedule. **All** overtime service must have the **prior authorization** of the nursing supervisor. Secretaries will need to enter timekeeping for processing of any authorized overtime payment.

SICK LEAVE ACCRUALS: Summer Program

Annual Employees

- You must be assigned to the summer program within the first five days of the program, and must serve the entire month of July, in order to earn the sick leave session for July. An additional sick leave session is earned if you work the full August session.
- Initially, the sick leave session will be paid; a subsequent deduction would be done by CyberShift if the sick leave session is not actually earned.
- Only one of the paid sick leave sessions may be self-treated—the other **must** be medically certified.
- At the end of the program any unused sick leave will be added to your accrual balance in CyberShift.

Hourly Employees

- Part-time (hourly) nurses and therapists who work during the summer program will continue to accrue sick leave at the same rate as during the school year, i.e., one (1) hour of sick leave accrual for every twenty (20) hours worked.

2013 Summer Program: Z-Bank Schedule

	Payroll Period Start Date	Payroll Period End Date	Cyber Shift Timekeeping Close (10:00 a.m.)	Check Date
1	06/23/13	07/06/13	07/08/13	07/19/13
2	07/07/13	07/20/13	07/22/13	08/02/13
3	07/21/13	08/03/13	08/05/13	08/16/13
4	08/04/13	08/17/13	08/19/13	08/30/13

Please contact your designated Children First Network (CFN) if you have any questions.

Related and Contractual Services Time Report

Occupational and Physical Therapists

(H/Z-BANK PAYROLL)

SERVICE PERIOD ENDING: ____ / ____ / ____

LAST NAME: _____ FIRST NAME: _____ INITIAL: _____

EMPLOYEE I.D. NO.: _____ TITLE: _____

WORK SCHEDULE: From _____ to _____ LUNCH (30 MIN): From _____ to _____

LOCATION 1: _____ PHONE #: _____ SCHEDULE: SU/ M/ T/ W/ TH/ F/ SA

LOCATION 2: _____ PHONE #: _____ SCHEDULE: SU/ M/ T/ W/ TH/ F/ SA

LOCATION 3: _____ PHONE #: _____ SCHEDULE: SU/ M/ T/ W/ TH/ F/ SA

DAY	DATE	TIME OF ARRIVAL	TIME OF DEPARTURE	Out of Office - Official Business	Out of Office - Personal Reasons	Total Hours	Charge to Sick Leave	Charge to Vested Annual Leave
				Indicate Hours, Location and Purpose	Indicate Hours and Reason			
SUN								
MON								
TUE								
WED								
THR								
FRI								
SAT								
SUN								
MON								
TUE								
WED								
THR								
FRI								
SAT								

I hereby certify that the above time record is a true and accurate record of my attendance, and that I have been actually present in the performance of my official duties for the period, except as indicated above.

SIGNATURE OF EMPLOYEE: _____ DATE: _____

The signature below confirms that the timesheet has been submitted as required.

SIGNATURE OF SUPERVISOR 1: _____ DATE: _____

SIGNATURE OF SUPERVISOR 2: _____ DATE: _____

SIGNATURE OF SUPERVISOR 3: _____ DATE: _____

Office of School Health

Nurse Time Report (H/Z-BANK PAYROLL)

SERVICE PERIOD ENDING: ____ / ____ / ____

LAST NAME: _____ FIRST NAME: _____ INITIAL: _____

EMPLOYEE I.D. NO.: _____ TITLE: _____

WORK SCHEDULE: From _____ to _____ LUNCH (30 MIN): From _____ to _____

LOCATION 1: _____ PHONE #: _____ SCHEDULE: SU/ M/ T/ W/ TH/ F/ SA

LOCATION 2: _____ PHONE #: _____ SCHEDULE: SU/ M/ T/ W/ TH/ F/ SA

LOCATION 3: _____ PHONE #: _____ SCHEDULE: SU/ M/ T/ W/ TH/ F/ SA

DAY	DATE	TIME OF ARRIVAL	TIME OF DEPARTURE	Out of Office - Official Business	Out of Office - Personal Reasons	Total Hours	Charge to Sick Leave	Charge to Vested Annual Leave
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SUN								
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SIGNATURE OF SUPERVISOR 2: _____ DATE: _____

SIGNATURE OF SUPERVISOR 3: _____ DATE: _____