

<b>Baltimore Research and Education Foundation, Inc.</b>	<b>Supervisor Submission of BREF Employee Timecards Policy</b>	No.		4
		Effective Date		04/30/2009
		Revision Letter		B
		Final Approval Signature	Approved at the BREF Board meeting held 1/26/2011.	

1.0 Purpose

The purpose of this policy is to establish the terms whereby the Baltimore Research and Education Foundation, Inc. (BREF) will accept the submission of BREF employee timecards.

2.0 Scope

This policy applies to BREF employees.

3.0 Policy

3.1 BREF employee supervisors are required to submit employee timecards to the BREF payroll clerk no later than 4:00 p.m. on Friday before the last day of the pay period.

3.2 Employees should complete, sign and present their timecard to their supervisor in ample time for their supervisor to review, sign and submit it to the BREF payroll clerk.

3.3 **In no case** should the supervisor sign an employee's timecard and return the signed timecard to the employee for the employee to submit.

3.4 **Policy Exceptions:** If a BREF employee is unable to submit their timecard to their supervisor as outlined above because their supervisor is unavailable, the employee should complete and sign their timecard and make a photo copy. With only the employee's signature, the timecard copy should be submitted by the employee to the BREF payroll clerk by the time and date due with a note of explanation. The original timecard should be signed by the employee's supervisor as outlined above as soon as possible and submitted by the supervisor to the BREF payroll clerk.

3.5 Employees will note the amount of time spent on various projects in increments of not less than one-quarter of an hour.

4.0 Responsibilities

4.1 BREF employees are responsible for completing, signing and submitting their timecard to their supervisor in a timely manner.

4.2 BREF supervisors are responsible for reviewing, signing and submitting employee timecards by the due date and time.

5.0 Revision History

Revision Date	Revision Letter	Name of Document Author	Description of Change
12/4/2008	A	Heather Riley	Policy is entered into approved format.
01/26/2011	B	Shirley Rutledge	No revisions. Policy approved at the BREF Board meeting held 1/26/2011.

NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
DATE							
IN: am/pm	IN: am	IN: am	IN: am	IN: am	IN: am	IN: am/pm	TOTAL HOURS FOR <b>WEEK 1</b>
OUT: am/pm	OUT: pm	OUT: pm	OUT: pm	OUT: pm	OUT: pm	OUT: am/pm	
LUNCH:							
# Hrs. WORKED							

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
DATE							
IN: am/pm	IN: am	IN: am	IN: am	IN: am	IN: am	IN: am/pm	TOTAL HOURS FOR <b>WEEK 2</b>
OUT: am/pm	OUT: pm	OUT: pm	OUT: pm	OUT: pm	OUT: pm	OUT: am/pm	
LUNCH:							
# Hrs. WORKED							

TOTAL HOURS WORKED (WEEK 1 + WEEK 2) = \_\_\_\_\_

I certify that the hours shown above are not a duplication of hours reported to another employer.

Must indicate a percentage of time for each project.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
P.I./Study Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_

**VA and Univ. of MD. Employees Must complete this section. Attach a copy of your VA schedule.**

I worked \_\_\_\_\_ hours for \_\_\_\_\_ during week 1  
VA or UM

\_\_\_\_\_  
Your VA or UM Supervisor's Signature

I worked \_\_\_\_\_ hours for \_\_\_\_\_ during week 2  
VA or UM

# Baltimore Research and Education Foundation, Inc.

## Exempt Employee Timecard

NAME: \_\_\_\_\_

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
DATE	DATE	DATE	DATE	DATE	DATE	DATE	
							Leave Used:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
DATE	DATE	DATE	DATE	DATE	DATE	DATE	
							Leave Used:

Insert appropriate code for each day:

Codes

Codes

Administrative Leave – Paid Leave  
 Annual Leave  
**Required Duties Were Performed**  
 Family Leave – Unpaid  
 Jury Duty – Paid Leave  
 Leave Without Pay

AD  
 AL  
**D**  
 FN  
 JD  
 LW

Military – Paid Leave  
 Official Holiday  
 Sick Leave  
 Sick Leave for Immed. Family  
 Other (please explain)

M  
 H  
 SL  
 SF  
 O

Percent of Time for each Project:

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 P.I./Coordinator Signature

\_\_\_\_\_  
 Date