



Personnel Management (Part 2):

Purpose: Conservation district administrative functions, such as employee supervision, training, performance appraisals, job descriptions, and payroll, are all the responsibility of the district supervisors. Last month we covered employee supervision, personnel policy and leave. This issue focuses on personnel management documentation. We'll also offer other suggestions that district supervisors should consider to ensure effective employee/supervisor working relationships.

Timesheets: Employees should keep track of time worked using a time sheet (*examples attached have been provided by Pat Johnson, Valley County CD & Ginger Kaufmann, Flathead CD and are posted on DNRC website*). Time sheets should be signed by the employee and conservation district supervisor;

should not contain whiteout; and any corrections should be initialed by both the employee and the supervisor. It is a

80-WEEKLY TIME SHEET		Employee Name
PUT YOUR DISTRICT NAME HERE DISTRICT MAILING ADDRESS CITY STATE ZIP CODE		SSN
		Period Covered: 1/26/2009 - 1/27/2009
Day of Week	SU M TU W TH F SA	SU M TU W TH F SA
Hours Worked	1/4 1/2 3/4 1 1 1/2 2 2 1/2 3 3 1/2 4 4 1/2 5 5 1/2 6 6 1/2 7 7 1/2 8 8 1/2 9 9 1/2 10 10 1/2 11 11 1/2 12	
Overtime Hours	0.00 0.25 0.50 0.75 1.00 1.25 1.50 1.75 2.00 2.25 2.50 2.75 3.00 3.25 3.50 3.75 4.00 4.25 4.50 4.75 5.00 5.25 5.50 5.75 6.00 6.25 6.50 6.75 7.00 7.25 7.50 7.75 8.00 8.25 8.50 8.75 9.00 9.25 9.50 9.75 10.00 10.25 10.50 10.75 11.00 11.25 11.50 11.75 12.00 12.25 12.50 12.75 13.00 13.25 13.50 13.75 14.00 14.25 14.50 14.75 15.00 15.25 15.50 15.75 16.00 16.25 16.50 16.75 17.00 17.25 17.50 17.75 18.00 18.25 18.50 18.75 19.00 19.25 19.50 19.75 20.00 20.25 20.50 20.75 21.00 21.25 21.50 21.75 22.00 22.25 22.50 22.75 23.00 23.25 23.50 23.75 24.00 24.25 24.50 24.75 25.00 25.25 25.50 25.75 26.00 26.25 26.50 26.75 27.00 27.25 27.50 27.75 28.00 28.25 28.50 28.75 29.00 29.25 29.50 29.75 30.00 30.25 30.50 30.75 31.00 31.25 31.50 31.75 32.00 32.25 32.50 32.75 33.00 33.25 33.50 33.75 34.00 34.25 34.50 34.75 35.00 35.25 35.50 35.75 36.00 36.25 36.50 36.75 37.00 37.25 37.50 37.75 38.00 38.25 38.50 38.75 39.00 39.25 39.50 39.75 40.00 40.25 40.50 40.75 41.00 41.25 41.50 41.75 42.00 42.25 42.50 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Personnel Management Cont'd :

Performance Appraisals: Ideally, one supervisor should be appointed to serve as the main contact/supervisor of an employee. This supervisor would conduct performance appraisals as well. Appraisals should be based on an employee's position description, and used to evaluate job knowledge, skills and abilities, quality of work, productivity, reliability, communication, training needed, and working relationships. Appraisals not only evaluate how the employee is meeting expectations, but are also an excellent form of communication between the supervisors and employees.

Appraisals should be conducted annually. Why you ask? Appraisals can open up lines of communication to make sure expectations are being met and to help take care of any issues that may arise in a proactive manner. Remember, the first effort is to help employees do their job better. *(Examples of performance appraisal forms are posted on DNRC website).*

Communication: Conservation district employees are almost always the biggest budgetary investment made by conservation districts. And, as any supervisor will say, conservation district employees are the key to conservation district success. Good communication between employees and supervisors is essential in ensuring district expectations and conservation goals are met. While this issue deals with the nuts and bolts of personnel management, nothing is more important than good communication for paying dividends on your biggest investment.

Supervisor Checklist: *(yes, you should work through this!)*

- ⇒ ***Personnel Policy is updated and current.***
- ⇒ ***Employee(s) position description is current.***
- ⇒ ***Employees are using approved timesheet.***
- ⇒ ***Supervisor approves and signs timesheet.***
- ⇒ ***Supervisors have conducted employee performance appraisal within last year.***

Don't Forget:

- Conservation district supervisors are governmental employers.
- Conservation district supervisors should not delegate any supervisory responsibilities to any other agency.
- Ideally, one supervisor should be appointed to serve as the main contact/supervisor of an employee.
- It is not appropriate for agency personnel that are not conservation district supervisors to sign conservation district employee time sheets.
- A calendar is not a proper substitute for a time sheet.
- Be sure to set up a leave account to avoid breaking the budget if/when an employee leaves their position.

Bi -Weekly Time Record

Conservation District

Employee:

Position:

Pay Period # Beginning Date:

Ending Date:

	Sat	Sun	Mon	Tue	Wed	Th	Fri	Sat	Sun	Mon	Tue	Wed	Th	Fri	Total
Reg Hrs Worked															
Holiday—No Work															
Comp Hrs Used															
Admin Leave															
Sick Leave															
Annual Vacation															
Holiday—Hrs Worked															
Overtime															
TOTAL															
LWOP *															
Comp Earned															

(Information below to be completed by Bookkeeper)

LEAVE RECORD	Computation	Brought Forward	Used	Available	Earned	Balance (A+E)
Sick Leave	See back page				3.69	
Annual Leave	See back page				5.54	

COMP TIME RECORD		Brought Forward	Used	Available	Earned	Balance (A+E)
Comp Time	See back page				x 1.5 =	

Employee Signature/Date : _____ / _____

RC Signature/Date : _____ / _____

Supervisor Signature/Date: _____ / _____

Time Keeper's Initials _____ Check # _____ Amount \$ _____ Date Paid _____

Note: *Holiday-No Work, Comp Hrs Used & Admin Leave are to be combined with regular hours in Accounting system.

Employee Information

Name:

Current Grade:

Current Step:

Hourly Wage: \$

Step increase accrued:

Employee Start Date:

of Months Completed Employment:

of Years Completed Employment:

90 day qualifying period/sick leave payout

6 month qualifying period/annual leave payout:

Date of last evaluation:

Compensatory time shall be administered by the conservation district in accordance with the conditions below:

- a) Employees may not be required to take compensatory time in lieu of paid compensation, and compensatory time in lieu of paid compensation is allowable only with the employee's written consent.
- b) The use of compensatory time will be approved by the immediate supervisor and will be used within 90 days of being earned. Upon accrual of 40 hours of compensatory time by an employee, the immediate supervisor will confer with the employee to arrange for the use of the compensatory time immediately or for payment of overtime at the rate of one and one-half times the current hourly rate. Cash payments for unused compensatory time will be made to the employee upon termination of employment. Compensatory time shall be used before Annual Leave.

Annual Vacation Leave Information

No of completed years of Employment	Vacation Days Accrued Per Year for full-time (80 hours +)	Vacation hours—80 hours or more in pay status per pay period	Vacation hours—less than 80 hours in pay status pay period
<i>1 day to 10 years</i>	15	4.62 hours (5.775% x 80)	.058 x no. hours
<i>10 years to 15 years</i>	18	5.54 hours (6.9% x 80)	.069 x n. hours
<i>15 years to 20 years</i>	21	6.46 hours (8.07% x 80)	.081 x no. hours
<i>More than 20 years</i>	24	7.38 hours (9.22% x 80)	.092 x no. hours

- Annual vacation leave credit & sick leave credit will not accrue for those hours exceeding 40 hours in a workweek that are paid as overtime hours or are recorded as compensatory time hours. **Annual vacation leave** may be accumulated to a total **not to exceed** two times the maximum number of days earned annually, but annual leave time in excess of the maximum is not forfeited if it is taken within 90 calendar days from the last day of the calendar year in which the excess was accrued. (1day—10 yrs/**240 hrs.**; 10 yrs to 15 yrs/**288 hrs.**; 15 yrs– 20 yrs/**336 hrs.**; more than 20 yrs/**384 hrs.**

Sick Leave Information

- If an employee is regularly scheduled to work **80 hours or more** in a bi-weekly period: the employee accrues **3.69** ($4.61\% \times 80$) **hours of sick leave** credit per pay period. If the employee is regularly scheduled to work **less than 80** hours in a bi-weekly pay period or work intermittently; the employee accrues **.046 hours of sick leave** credit for each hour worked.

Grade/Step Information

- As designated by the Flathead Conservation District Board of Supervisors, per motion 12/1978, employees shall accrue **step increases** following federal schedule of time in service, and shall earn federal cost-of-living increases.
- For **Grade increase**, a new job description must be done or an evaluation made by the Personnel Committee.

Step	Length of waiting period (in weeks) between steps increase for full-time & part-time employees	Length of waiting period (in years) between steps increase for full-time & part-time employees
<i>1, 2, 3, 4</i>	52 Calendar Weeks	1 year
<i>5, 6, 7</i>	104 Calendar Weeks	2 years
<i>8, 9, 10</i>	156 Calendar Weeks	3 years

**For use of LWOP refer to Personnel Policy.*

Part Time BI-WEEKLY TIME RECORD

PUT YOUR DISTRICT NAME HERE
DISTRICT MAILING ADDRESS
CITY, STATE ZIP CODE

Employee Name: _____
SSN: _____
Period Covered: 1/04/2009 - 1/17/2009

Day of Week		SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA
Hours Worked		1/4	1/5	1/6	1/7	1/8	1/9	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17
Regular	29.00			5.00		8.00					8.00		8.00		
Overtime Hours	0.00														
Vacation	0.00														
Holiday	0.00														
Sick Leave	3.00			3.00											
Other	0.00														
TOTAL HOURS	32.00														

TOTAL REG. HOURS	29.00	@	\$12.00	=	\$ 348.00
TOTAL VACATION	0.00	@	\$12.00	=	-
TOTAL HOLIDAY	0.00	@	\$12.00	=	-
TOTAL SICK LEAVE	3.00	@	\$12.00	=	36.00
TOTAL OVERTIME	0.00	@	\$18.00	=	-
TOTAL GROSS EARNINGS				=	<u>\$ 384.00</u>

LV ACCRUED	FRWD	ERND	USED	BAL
SICK	20.00	1.476	3.00	18.48
VACATION	14.57	2.213	0.00	16.78

COMMENTS: Sick Leave = Dentist Appt in the morning (tooth pulled) Went home early in the afternoon

EMPLOYEE SIGNATURE

January 20, 2009

DATE

X

SUPERVISOR SIGNATURE

X

DATE

Full Time BI-WEEKLY TIME RECORD

PUT YOUR DISTRICT NAME HERE
DISTRICT MAILING ADDRESS
CITY, STATE ZIP CODE

Employee Name: _____
SSN: _____
Period Covered: 1/04/2009 - 1/17/2009

Day of Week		SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA
Hours Worked		1/4	1/5	1/6	1/7	1/8	1/9	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17
Regular	80.00		8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00	
Vacation	0.00														
Holiday	0.00														
Sick Leave	0.00														
Other	0.00														
TOTAL HOURS	80.00														

TOTAL REG. HOURS	80.00	@	\$12.00	=	\$ 960.00
TOTAL VACATION	0.00	@	\$12.00	=	-
TOTAL HOLIDAY	0.00	@	\$12.00	=	-
TOTAL SICK LEAVE	0.00	@	\$12.00	=	-
TOTAL OVERTIME	0.00	@	\$18.00	=	-
TOTAL GROSS EARNINGS				=	<u>\$ 960.00</u>

LV ACCRUED	FRWD	ERND	USED	BAL
SICK	20.00	3.692	0.00	23.69
VACATION	14.57	5.538	0.00	20.11

COMMENTS:

EMPLOYEE SIGNATURE

X

SUPERVISOR SIGNATURE

January 20, 2009

DATE

X

DATE

Full Time w/ OT BI-WEEKLY TIME RECORD

PUT YOUR DISTRICT NAME HERE
DISTRICT MAILING ADDRESS
CITY, STATE ZIP CODE

Employee Name: _____
SSN: _____
Period Covered: 1/04/2009 - 1/17/2009

Day of Week		SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA
Hours Worked		1/4	1/5	1/6	1/7	1/8	1/9	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17
Regular	80.00		8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00	
Overtime Hours	5.00			2.00			2.00			1.00					
Vacation	0.00														
Holiday	0.00														
Sick Leave	0.00														
Other	0.00														
TOTAL HOURS	85.00														

TOTAL REG. HOURS	80.00	@	\$12.00	=	\$ 960.00
TOTAL VACATION	0.00	@	\$12.00	=	-
TOTAL HOLIDAY	0.00	@	\$12.00	=	-
TOTAL SICK LEAVE	0.00	@	\$12.00	=	-
TOTAL OVERTIME	5.00	@	\$18.00	=	90.00
TOTAL GROSS EARNINGS				=	\$ 1,050.00

LV ACCRUED	FRWD	ERND	USED	BAL
SICK	20.00	3.692	0.00	23.69
VACATION	14.57	5.538	0.00	20.11

COMMENTS: **Overtime hours due to work on newsletter**

EMPLOYEE SIGNATURE

January 20, 2009

DATE

X

SUPERVISOR SIGNATURE

X

DATE

Full time w/ Comp Time BI-WEEKLY TIME RECORD

PUT YOUR DISTRICT NAME HERE

DISTRICT MAILING ADDRESS

CITY, STATE ZIP CODE

Employee Name: _____

SSN: _____

Period Covered: 1/04/2009 - 1/17/2009

Day of Week		SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA
Hours Worked		1/4	1/5	1/6	1/7	1/8	1/9	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17
Regular	80.00		8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00	
Comptime x 1.5	7.50			2.00			2.00			1.00					
Vacation	0.00														
Holiday	0.00														
Sick Leave	0.00														
Other	0.00														
TOTAL HOURS	87.50														

TOTAL REG. HOURS	80.00	@	\$12.00	=	\$ 960.00
TOTAL VACATION	0.00	@	\$12.00	=	-
TOTAL HOLIDAY	0.00	@	\$12.00	=	-
TOTAL SICK LEAVE	0.00	@	\$12.00	=	-
TOTAL COMPTIME	7.50	@	\$ -	=	-
TOTAL GROSS EARNINGS				=	\$ 960.00

LV ACCRUED	FRWD	ERND	USED	BAL
SICK	20.00	3.692	0.00	23.69
VACATION	14.57	5.538	0.00	20.11
COMP TIME	3.00	7.500	0.00	10.50

COMMENTS: **Overtime hours due to work on newsletter**

 EMPLOYEE SIGNATURE

January 20, 2009

 DATE

X

 SUPERVISOR SIGNATURE

X

 DATE

COMPENSATORY TIME IN LIEU OF OVERTIME INSTRUCTIONS

1. The agreement form must be signed by the employee and supervisor (must be a conservation district supervisor) and dated ***before*** the extra hours are worked.
2. Attach the agreement form to the back of the time sheet.
3. The extra hours must show on the time sheet. Then show the calculation for 1.5 x the number of extra hours in the period.
4. Compensatory time in lieu of overtime only applies to hours worked over 40 in a work week. A work week runs from 12:00 am Saturday thru 11:59 pm Friday.

COMPENSATORY TIME AGREEMENT

I understand that my position is covered under the federal Fair Labor Standards Act (FLSA). I also understand that I am eligible to receive overtime pay at one and one-half times my current rate of pay, OR, in lieu thereof, to receive paid time off at the rate of one and one-half hours off for each hour of employment for which overtime compensation is required.

I voluntarily waive my right to overtime pay for compensation of overtime worked in the payroll ending _____ (*date*) and elect, in lieu thereof, to receive FLSA compensatory time, which time will accrue and be credited to my payroll records as FLSA compensatory time.

I acknowledge that I may use accrued FLSA compensatory time as paid time off according to the conservation district policies and procedures.

Employee Signature

Date

Approved by:

Supervisor

Date

THIS FORM MUST BE ATTACHED TO THE TIME SHEET THAT INCLUDES THE EXTRA HOURS WORKED.

10-minute Training Topic: Personnel Management (Part 2):

Administrators: Please allow ten minutes for this training during your board meeting. It is suggested to try to keep on time as much as possible. Below is a space to write questions down as they arise. When you have completed the 10-minute training, please take a minute to provide us feedback from the board in the survey section below. Also, please write down then names of everyone who attended this training. **Please mail, email or fax back to Karl at 444-6721.** Thank you for your help on this!

CD: _____

Date: _____

Questions: Please write down any questions the board may have. The DNRC will compile all questions and respond by months end. _____

[illegible]

Attending: Please note all supervisor/administrators/others who attended and worked thru this 10-minute training:

[illegible]