

	DEPARTMENT OF CORRECTIONS AND REHABILITATION CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: January 01, 2024	POLICY NO.: COR.03.01
		SUPERSEDES (Policy No. & Date): 493.03.01 of September 04, 1985	
SUBJECT: ATTENDANCE RECORDS		Page 1 of 2	

1.0 PURPOSE

To establish a method for the accounting and reporting of time worked and vacation, sick leave, compensatory time, and regular weekly days off.

2.0 SCOPE

This policy applies to all Correctional Division personnel.

3.0 REFERENCES, DEFINITIONS & FORMS

None

4.0 POLICY

Every employee shall be assigned a regular daily work period and a work week according to the needs of the facility and under State laws governing Civil Service Employment.

- .1 The Section Supervisor shall be responsible for assigning his authorized personnel to their approved posts and periods of work or leave and account for each employee's location for every day. The daily attendance recording form, Attendance Report, Form DSSH 3010 A and B, shall be prepared by each section of each branch or the entire branch, whichever is most appropriate, and certified as being correct by the Section Supervisor or Branch Administrator.
- .2 Every section/branch Daily Personnel Attendance Report shall be gathered and recorded on the branch's alphabetical Attendance Report, DSSH 3010. This form must be compiled in duplicate.
 - a. The Attendance Report, DSSH 3010, shall be routed to the Corrections Division Office no later than the 5th working day following the 1st and 15th of each month. A copy of the Attendance Report, DSSH 3010, shall be retained as a permanent record of personnel attendance.
 - b. Every effort shall be made to grant compensatory time off for approved overtime because of limited overtime appropriation.

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- .3 Employees shall be responsible for submitting to their Section Supervisor all applications for sick leave on Form G-1 in duplicate not less than one week prior to the scheduled vacation.
 - a. Employees shall be responsible for submitting to their section Supervisor all applications for sick leave on Form G-1, no later than five (5) days after their return to work.
 - b. All leave(s) other than sick leave must be planned for in advance of the leave with the Section Supervisor.
- .4 The recording of approved overtime and the subsequent assigned compensatory time off shall be the responsibility of the Section Supervisor. Application for overtime shall be made by the employee.
- .5 The Section Supervisor shall review all applications for leave for accuracy, then sign and forward the application to the Corrections Division Office.
- .6 Branch Administrators shall submit their leave application to Corrections Division Administrator for approval.

5.0 PROCEDURES

None

APPROVAL RECOMMENDED:


JAN 0 1 2024

Deputy Director for Corrections Date

APPROVED:


JAN 0 1 2024

DIRECTOR Date

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**STATE OF HAWAII
DEPARTMENT OF CORRECTIONS AND REHABILITATION**

Attachment A

SIGN-IN REPORT

FACILITY: _____ DATE: _____ DAY: _____
 SECTION: _____ WATCH: _____

Name	Time In	Signature	Time Out	Signature	Leave Taken	Premium WC	ND	H		TA	Comments
								Pay	CT		

I have verified the information as accurate and recommend approval: _____ APPROVED BY: _____

Print Name _____ Signature _____ Date _____
 Watch Commander/Supervisor
 Print Name _____ Signature _____ Date _____
 Watch Commander/Supervisor

Chief of Security/Administrator _____ Date _____

**STATE OF HAWAII
DEPARTMENT OF CORRECTIONS AND REHABILITATION
OVERTIME SIGN-IN REPORT**

FACILITY: _____ DATE: _____ DAY: _____

SECTION: _____

Name	Time In	Signature	Time Out	Signature	Leave Taken	PREMIUM WC	OT		ND	Comments
							Pay	CT		

I have verified the information as accurate and recommend approval:

 Print Name
 Watch Commander/Supervisor

 Signature

 Print Name
 Watch Commander/Administrator

 Signature

 Date

 Date

APPROVED BY: _____
 Chief of Security/Administrator

 Date

**STATE OF HAWAII
DEPARTMENT OF CORRECTIONS AND REHABILITATION
SIGN-IN REPORT – NON-UNIFORMED EMPLOYEE**

FACILITY: _____ DATE: _____ DAY: _____
SECTION: _____

Name	Time In	Signature	Time Out	Signature	Leave Taken	PREMIUM WC	OT		ND	H		TA	Comments
							Pay	CT		Pay	CT		

I have verified the information as accurate and recommend approval: APPROVED BY: _____

Print Name Supervisor _____ Date _____
 Signature _____ Date _____
 Print Name Supervisor _____ Date _____
 Signature _____ Date _____
 DCR 3010B (01/2024)