



ADMINISTRATIVE POLICIES AND PROCEDURES

Policy: Perfect Attendance Program

Creation Date: March 1, 2016

Revision Date:

Prepared By: Human Resources Department

Approved By: City Manager

Legal Review:

POLICY: PERFECT ATTENDANCE PROGRAM

Regular attendance and punctuality by employees are essential elements in the City of El Paso's efforts to maintain high levels of customer service and satisfaction. As part of the FY2016 adopted budget, the El Paso City Council approved the institution of a goal-based attendance incentive program for employees who have perfect attendance during a designated six (6) month period, as established herein.

This policy establishes and outlines the procedures and guidelines that must be followed, and the goals that must be attained, in order for eligible employees to receive an award – a monetary payment and/or the conversion of sick leave hours to personal leave hours – under this program. This policy has been established to ensure fair and equal treatment of all types of leave for the attendance awards.

ELIGIBILITY:

All regular employees in City service who accumulate sick and personal leave are eligible to receive a \$50 monetary payment and/or to convert eight (8) hours of sick leave to personal leave, on a semi-annual basis, so long as they have perfect attendance, as defined below, during a designated six-month period. Uniformed Police and Fire employees covered under a Collective Bargaining Agreement (CBA) are not eligible to participate in or receive a monetary payment under the monetary award portion of this program. Uniformed Police employees are eligible to participate in the sick leave conversion portion of this program; uniformed fire employees are not.

GUIDELINES AND CRITERIA:

Perfect attendance is defined as having:

- No sick leave usage;
- No absences for work-related injuries/Workers Compensation time;
- No leave of absence time (voluntary or involuntary) (defined as, a period of time that one is away from his or her job with the City of El Paso, while maintaining the status of employee);
- No unexcused or unauthorized absence of any kind;
- No absence for any disciplinary action; and
- No unpaid excused absences.

The following approved absences will not affect perfect attendance:

- Paid vacation;
- Paid personal leave (SPD);
- City holidays;
- Absences for attendance at authorized City-related business (*e.g.*, conferences, training, etc.);
- Funeral leave taken in accordance with Ord. 8065, Rule 6;
- Civil leave taken in accordance with Ord. 8064, Section 4.6; and
- Military leave (up to 15 days).

The designated six-month periods are as follows:

- September 1 – February 28
- March 1 – August 31

PROCEDURE:

I. Monetary Attendance Award:

The monetary attendance award payment will be distributed to successful employees in their first paycheck issued during the months of May and November, subject to the following:

1. The employee must be a current City employee on the day the award is paid.
2. The award amount will be included in the employee's regular paycheck.
3. The award is subject to all applicable taxes.
4. The award is not subject to Pension.
5. To participate in the Attendance Award Program, the employee must complete the "Perfect Attendance Program Request Form" and submit it to his/her department head or designee for approval no later than the thirtieth (30th) day following the last day of the designated six-month period in which there has been no sick leave used.

6. Upon receipt of "Perfect Attendance Program Request Form," the departmental payroll clerk, or designee, will verify eligibility and attendance during the designated six-month period.

II. Sick Leave Conversion:

In recognition of the fact that employees may need to be absent from their regularly scheduled work hours for a variety of circumstances not covered under the rules and policies governing paid sick leave, the City offers eligible employees with perfect attendance the option of converting accrued sick leave to personal leave, subject to the following terms and conditions:

1. The conversion ratio from sick to personal leave is one-to-one.
2. Eligible employees may accrue a maximum of eight (8) hours of personal leave from sick leave conversion during each designated six-month period.
3. Full-time or part-time employees who accrue sick leave may elect to convert up to eight (8) hours of sick leave to personal leave for any designated six-month period that no sick leave has been used (maximum accrual of sixteen (16) hours of personal leave from sick leave conversion during each fiscal year).
4. To elect conversion of sick leave hours to personal leave hours, the employee must complete the Sick Leave Conversion Incentive Request Form and submit it to his/her department head or designee for approval no later than the thirtieth (30th) day of the month following the designated six-month period in which there has been no sick leave used.
5. Upon receipt of the Sick Leave Conversion Incentive Request Form, the departmental payroll clerk, or designee, will verify eligibility and attendance during the designated six-month period.

APPROVED BY:



TOMMY GONZALEZ, City Manager

DATE:

March 9, 2016

for Tommy Gonzalez



CITY OF EL PASO, TEXAS
Human Resources Department

PERFECT ATTENDANCE PROGRAM Request Form

(type or print in ink)

NAME (Last, First, Middle Initial):		SOCIAL SECURITY #: (Last 4)	KRONOS ID#
DEPARTMENT:		DATE:	
<input type="checkbox"/> September 1 st through February 28 th , ____ (year). <input type="checkbox"/> March 1 st through August 31 st , ____ (year).			
ATTENDANCE AWARD			
<input type="checkbox"/> I have read and meet all the requirements under the City of El Paso's Perfect Attendance Program for the six-month period listed above and wish to apply for the \$50 Attendance Award. I understand that if my form is not received by the deadline, I am not eligible to receive the Perfect Attendance Award.			
SICK LEAVE CONVERSION			
<input type="checkbox"/> I have read and meet all the requirements under the City of El Paso's Perfect Attendance Program for the six-month period listed above and wish to convert eight (8) hours of my SLP into SPD. It is my responsibility to complete this form and to forward it through my chain of command. I understand that only the six (6) month period indicated above will be considered. No prior periods of time will be considered for this program. At the completion of the City's fiscal year, my SPD balance will be zeroed and the new fiscal year's SPD balances will be added.			
EMPLOYEE'S SIGNATURE:		DATE:	
SUPERVISOR'S SIGNATURE:		DATE:	
Reviewed by the Department Payroll Section:		DATE:	
DEPARTMENT HEAD'S SIGNATURE:		DATE:	

FOR HUMAN RESOURCES ONLY	
Approved: _____	Processed : _____
By: _____	Date: _____