



MEMORANDUM

Date: March 9, 2016

To: Board of Retirement

From: Wrally Dutkiewicz, CFE
Compliance Officer

Subject: Consider and Take Possible Action Regarding Compensation Paid to Physicians During Their Final Average Salary Year Was for Payment for Services that was Panel Management Pay and Provide Guidance On Recovery of Pension Overpayments.

Background

Panel Management Pay (PMP) refers to the delivery of primary care services through telephone and electronic communication with patients and other members of the medical team and the coordination of patient care including specialty care delivered at multiple locations. In 2011, the Contra Costa County Health Services Department began to compensate those physicians who performed "Panel Management" duties by paying them one (1) hour and thirty (30) minutes of on-call pay for each day worked at the straight time rate (1.0) of the physician's base rate of pay. This Panel Management Pay was paid to physicians using the existing on-call pay earn code D32 and pension contributions were collected on the PMP amounts paid. The goal of providing physicians with Panel Management on-call pay was to encourage physicians to expand their primary care clinics to increase patient access and provide additional compensation to the physicians for the expanded and after-hours responsibilities it entailed.

In 2011 the Contra Costa Health Services department issued to physicians one of three letters. The first letter provided physicians confirmation that that they had met all the criteria to receive Panel Management on-call compensation. Effective July 1, 2011, physicians who consistently worked five or more clinics in primary care family medicine, internal medicine, adult medicine, pediatrics, and language specific clinics would receive on-call compensation for their Panel Management responsibilities.¹

¹ See Attachment #1, email dated 2/22/2016 with each of the three letters attached.

The qualifying clinics did not appear to be mandatory duty for the physicians, which may have necessitated the need for the Contra Costa Health Services department to send out the second and third type of letters to physicians. The second letter informed a physician that he or she was providing enough direct patient care but did not have an open panel for patient assignment and solicits the physician's interest in accepting automatic panel assignments to qualify for Panel Management on-call pay. The third letter was sent to physicians who may not have had any or a limited number of primary care clinics and encourages the physician to expand the number of qualifying care clinics in order to receive Panel Manager on-call compensation.

Exclusion from Pensionable Compensation

Pursuant to the CERL, pay for overtime work is excluded from pensionable compensation for both Legacy and PEPRA members. Pursuant to GC§31461(b)(3) CCCERA staff reviewed the conditions and duties under which "Panel Management" on-call pay was paid to physicians and deemed that the pay was not pensionable compensation as the payments were for overtime that the physicians worked to provide the additional services.² Upon notification of this determination the County performed the following corrective actions for its active CCCERA membership:

- Adopted Resolution No. 2013/372 on 9/24/2013 to ratify prior PMP payments and establish a designated form of pay to replace the use of the D32 on-call pay code;
- Refunded pension contributions collected on behalf of its active members who received PMP payments for the period 2011 through 2013 and issued corrected W2C for the 2011 and 2012 tax years. The 2013 contributions were refunded and then reported wages adjusted for 2013 W2 tax form reporting;
- Provided CCCERA with the County's correction files including copies of the payment warrants issued to all affected active members who received PMP pay.

CCCERA, based on the data provided by the County, returned interest on pension contributions attributed to Panel Management on-call pay as taxable distributions to the active membership and reported these on Form 1099 for the 2014 tax year.

Pension Overpayments Attributed to the Inclusion of PMP in FAS and Collection Thereof.

During the review of the data that had been provided by the County there were five (5) retired members that were identified that had received PMP payments coded as D32 during their service which, at the time of their retirement, had been included in their final average salary (FAS) for pension calculation purposes.

² See Attachments #2 9/18/2013 email from E. Verigin, CCC –AC, #3 9/26/2013 Letter from B. Compbell, CCC-AC, #3 10/14/2013 Letter of Determination from M. Leedom, CCCERA CEO

Staff reviewed each of the five (5) pension calculations to determine what each retiree's adjusted prospective pension would be with the exclusion of the PMP payments in FAS and, to what extent an overpayment had been made. Once these calculations had been finalized there were four (4) retirees identified as having overpayments. Each of the retirees were notified via letters dated August 7th, 2015.

The following pension overpayments, net of contributions plus interest, were calculated as having been paid to the retirees:

Farey, K.	\$ 17,096.18
Hearst, D.	\$ 37,217.16
Hinman, P	\$ 28,804.44
Slauson, D.	\$ 31,170.73
Total	\$114,288.51

Should the Board of Retirement determine that the payment of on-call (D32) compensation was for services rendered by the retiree was that which has been described as *Panel Management Pay* then the amount of the overpayments would need to be collected by CCCERA in order to return these funds to the retirement system.

Recommendation

- 1) Consider and take possible action to determine whether the on-call (D32) compensation paid to four physicians during their final average salary year was for overtime work providing Panel Management services and therefore should be excluded as pensionable compensation.
- 2) In consideration of possible action #1, then the Board may consider and take possible action to direct staff to pursue collection of the overpayments from either:
 - a. The County pursuant to the amount indicated in Attachment 14. This would be consistent with Internal Revenue Service correction programs which provide that an appropriate correction method may include having the employer contribute the amount of overpayment with appropriate interest in lieu of seeking recoupment from plan participants and beneficiaries. Rev. Proc. 2015-27, Sec. 3.02(3). Compliance with IRS correction provisions would protect the tax-qualified status of the plan.
 - b. Each of the retirees per the statements of overpayment indicated in Attachments 15 through 18. Recovery of benefit overpayments may proceed as set forth in CCCERA's Overpayment of Benefits Policy (Tab III)

3/9/2016 BOR Memo – Panel Management Pay (PMP) Corrections – Background Documents		
Attachment	1.	Email Dated 2/22/2016 From Dr. D Goldstein re: Data Requested by CCCERA <ul style="list-style-type: none"> • Copy Letter #1 dated 5/5/2011 - memo to physicians qualifying for Panel Management on-call pay; • Copy Letter #2 dated 5/5/2011 – memo to physicians to open panel assignment to qualify for Panel Management on-call pay; • Copy Letter #3 dated 5/5/2011 – memo to physicians encouraging them to expand number of primary care clinics to become eligible for Panel Manager on-call pay.
	2.	Email Dated 9/18/2013 from Elizabeth Verigin, Contra Costa County Assistant Auditor Controller to Marilyn Leedom, CCCERA CEO re: Panel Management Pay Final Resolution (Attached)
	3.	Letter from Robert Campbell, Contra Costa County Auditor Controller dated 9/26/2013 re: Retirement Determination for New Pay Code
	4.	Letter from Marilyn Leedom, CCCERA CEO to Robert Campbell, Contra Costa County Auditor Controller dated 10/14/2013 re: Retirement Compensable Determinations of New Pay Codes
	5.	Slauson, D. Summary of On-Call paid for panel management activities with accompanying timesheets for member’s FAS period.
	6.	Farey, K. Summary of On-Call paid for panel management activities with accompanying timesheets for member’s FAS period.
	7.	Hearst, D. Summary of On-Call paid for panel management activities with accompanying timesheets for member’s FAS period.
	8.	Hinman, P. Summary of On-Call paid for panel management activities with accompanying timesheets for member’s FAS period.
	9.	MOU Between Contra Costa County and Physicians’ and Dentists’ Organization of Contra Costa (PDOCC) – October 1, 2005 – September 30, 2008, pgs. 30-34
	10.	MOU Between Contra Costa County and Physicians’ and Dentists’ Organization of Contra Costa (PDOCC) – October 1, 2008 – October 31, 2016, pgs. 17,24-25
	11.	Letter from Kurt Schneider, CCCERA Deputy CEO to Marie Rulloda, Contra Costa County Chief Accountant dated 9/4/2014 re: Prepayment True Up and Panel Management Adjustments
	12.	Copy of Contra Costa County Warrant Listing Report dated 3/25/2014 evidencing Panel Management Pay contribution refunds to active members
	13.	Roster Panel Management Pay – Interest on Contributions Adjustments Completed.
	14.	Summary of Overpayments with Interest a/o 3/1/2016
	15.	Farey, K. – Statement of overpayment and member repayment options.
	16.	Hearst, D. – Statement of overpayment and member repayment options.
	17.	Hinman, P. – Statement of overpayment and member repayment options.
	18.	Slauson, D. – Statement of overpayment and member repayment options.

Attachment #1

Wrally Dutkiewicz

From: David.Goldstein@hsd.cccounty.us
Sent: Monday, February 22, 2016 12:11 PM
To: Wrally Dutkiewicz
Cc: 'Bob Campbell'; William.Walker@hsd.cccounty.us
Subject: RE: Data Requested by CCCERA
Attachments: Memo to physicians regarding panel management compensation-already qualify.docx; Memo to physicians regarding panel management compensation-no automatic assignment.docx; Memo to physicians regarding panel management compensation-do not qualify.docx

Follow Up Flag: Follow up
Flag Status: Flagged

Wrally,

Included below are the three letters sent out by Health Services Management to physicians.

Here are three iterations of the letter:

One acknowledges the provider meets all criteria to receive Panel Management On Call Compensation. The second letter acknowledges the provider is providing enough direct patient care to meet criteria but does not have an appropriately open panel for patient assignment to receive Panel Management On Call Compensation. The third letter encourages a provider to expand the number of primary care clinics in their schedule (and therefore their primary care panel) in order to receive Panel Management On Call Compensation.

As stated in the letters, the goal was to compensate providers who provided significant primary care access with the expanded and after hours responsibilities involved in providing primary care to a large panel of patients.

The nature of primary care physician practice, the need for rapid turn around of requests associated with patient needs, coordinating with hospital physicians, ordering medical equipment, responding to phone calls, timely review of lab and test results, specialty consult review, prescriptions, coordination of care, etc result in routine regular required after hours work in order to provide safe, timely, and appropriate patient care.

David Goldstein MD

(See attached file: Memo to physicians regarding panel management compensation-already qualify.docx)(See attached file: Memo to physicians regarding panel management compensation-no automatic assignment.docx)(See attached file: Memo to physicians regarding panel management compensation-do not qualify.docx)

Letter # 1

To:

From: Chris Farnitano, MD, Ambulatory Care Medical Director

CC:

Date: May 5, 2011

Re: Compensation for panel management responsibilities

As part of an effort to expand our primary care capacity, improve primary care access and recognize the time and effort required to actively manage large panels of primary care patients, I am notifying you of the following opportunity for on-call compensation for panel management activities.

Effective July 1, 2011, physicians who consistently work 5 or more clinics (≥ 18 hours) a week in primary care family medicine, internal medicine, adult medicine, pediatrics, HIV, and language-specific clinics, will receive on each scheduled weekday 6 hours on-call time (1:4) for Panel Management responsibilities, exclusive of Saturdays, Sundays, Holidays, sick days and vacation days.

Qualifying clinics must be vulnerable to automatic panel assignment and must count towards weekly clinic hours for panel size calculation. Qualifying clinics must all be at the same health center. Family Medicine Precepting at the PCP's home site will count toward the qualifying hours if the physician has a continuity clinic scheduled whenever there are no residents scheduled to precept (or a reduced roster if 1 resident).

Physicians who work a variable schedule will be eligible based on the average number of weekly qualifying clinic hours. The panel size calculation will reflect this average clinic hour number. Short notice float hours will count toward qualifying clinic hours as long as these are scheduled according to system need, the physician is willing to float to whichever health center site is needed, and the short notice clinic is replaced with a continuity clinic whenever space at the home site allows. These float hours will also be included in panel size calculations.

My understanding is that your current schedule qualifies for this on-call compensation. Effective July 1, 2011 you may begin charging this time on column 9 (on call 1:4) on your timesheets. I appreciate all the long hours you are currently putting in delivering high quality care to your large panel of patients.

Already qualify.docx

Letter # 2

To:

From: Chris Farnitano, MD, Ambulatory Care Medical Director

CC:

Date: May 5, 2011

Re: Compensation for panel management responsibilities

As part of an effort to expand our primary care capacity, improve primary care access and recognize the time and effort required to actively manage large panels of primary care patients, I am notifying you of the following opportunity for on-call compensation for panel management activities.

Effective July 1, 2011, physicians who consistently work 5 or more clinics (≥ 18 hours) a week in primary care family medicine, internal medicine, adult medicine, pediatrics, HIV, and language-specific clinics, will receive on each scheduled weekday 6 hours on-call time (1:4) for Panel Management responsibilities, exclusive of Saturdays, Sundays, Holidays, sick days, vacation and other leave days.

Qualifying clinics must be vulnerable to automatic panel assignment and must count towards weekly clinic hours for panel size calculation. Qualifying clinics must all be at the same health center. Family Medicine Precepting at the PCP's home site will count toward the qualifying hours if the physician has a continuity clinic scheduled whenever there are no residents scheduled to precept (or a reduced roster if 1 resident).

Physicians who work a variable schedule will be eligible based on the average number of weekly qualifying clinic hours. The panel size calculation will reflect this average clinic hour number. Short notice float hours will count toward qualifying clinic hours as long as these are scheduled according to system need, the physician is willing to float to whichever health center site is needed, and the short notice clinic is replaced with a continuity clinic whenever space at the home site allows. These float hours will also be included in panel size calculations.

My understanding is that your current schedule has sufficient hours in primary care clinics, but that those clinics are not currently vulnerable to automatic panel assignment. If you are interested in accepting automatic panel assignment to qualify for panel management call, please communicate this to me by mail or email.

No automatic assignment.docx

Letter # 3

To:

From: Chris Farnitano, MD, Ambulatory Care Medical Director

CC:

Date: May 5, 2011

Re: Compensation for panel management responsibilities

As part of an effort to expand our primary care capacity, improve primary care access and recognize the time and effort required to actively manage large panels of primary care patients, I am notifying you of the following opportunity for on-call compensation for panel management activities.

Effective July 1, 2011, physicians who consistently work 5 or more clinics (≥ 18 hours) a week in primary care family medicine, internal medicine, adult medicine, pediatrics, HIV, and language-specific clinics, will receive on each scheduled weekday 6 hours on-call time (1:4) for Panel Management responsibilities, exclusive of Saturdays, Sundays, Holidays, sick days and vacation days.

Qualifying clinics must be vulnerable to automatic panel assignment and must count towards weekly clinic hours for panel size calculation. Qualifying clinics must all be at the same health center. Family Medicine Precepting at the PCP's home site will count toward the qualifying hours if the physician has a continuity clinic scheduled whenever there are no residents scheduled to precept (or a reduced roster if 1 resident).

Physicians who work a variable schedule will be eligible based on the average number of weekly qualifying clinic hours. The panel size calculation will reflect this average clinic hour number. Short notice float hours will count toward qualifying clinic hours as long as these are scheduled according to system need, the physician is willing to float to whichever health center site is needed, and the short notice clinic is replaced with a continuity clinic whenever space at the home site allows. These float hours will also be included in panel size calculations.

My understanding is that your current schedule does not qualify for this on-call compensation. If you are interested in increasing your primary care clinic hours to qualify for panel management call, please work with your department chair on ways to add primary care clinics to your schedule. If you think your current schedule already qualifies, please communicate by mail or email what your current schedule is and how you believe it meets the above requirements.

Do not qualify.docx

Attachment #2

From: Elizabeth Verigin
Sent: Wednesday, September 18, 2013 9:47 AM
To: Marilyn Leedom
Attachments: Panel Management Final Res.pdf

Attached is the document. Note it is for in excess of employee's position hours, which is in excess of scheduled hours.



Contra
Costa
County

To: Board of Supervisors
From: Ted Cwiek
Date: September 24, 2013

Subject: Panel Management Pay for Physicians in Specified Clinics

RECOMMENDATION(S):

ADOPT Resolution No. 2013/372 to allow Exempt Medical Staff Physicians employed by Contra Costa County in the Health Services Department to receive Panel Management Pay for panel management duties as described below and RATIFY prior payments for this purpose as Panel Management Pay. To the extent that employees previously received payments for performing panel management duties, no recoupment is required.

FISCAL IMPACT:

The implementation of this recommendation will not create any fiscal impact to the County. Physicians already receive an equivalent amount for these services.

BACKGROUND:

Recently, there have been many changes to how health care services are provided to patients in the United States and specifically at the Contra Costa County Health Centers. Although those changes partially are driven by the federal Affordable Care Act, they also represent the outcome of a continual effort to provide more effective medical care, develop patient-centered medical homes, and provide primary care services to patients that are more comprehensive.

In the old model

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: 09/24/2013 APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYES 5 NOES _____

ABSENT _____ ABSTAIN _____

RECUSE _____

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: September 24, 2013

David J. Twa, County Administrator and Clerk of the Board of Supervisors

Contact: Dorothy Sansoe,
925-335-1009

By: Chris Heck, Deputy

cc: Bob Campbell, Elizabeth Verigin, Dorette McCollum, William Walker, David Goldstein

BACKGROUND: (CONT'D)

of health care, physicians provided primary care services mainly through direct patient contact during a medical visit. In the new model of health care, primary care services are delivered throughout the year through telephone and electronic communications with the patient and with other members of the medical home team, and by coordinating all aspects of patient care including specialty care and care delivered at multiple locations . This new model of health care often is referred to as “panel management.”

The duties required to implement the new panel management model often are performed outside of a physician’s traditional work schedule. In 2011, the Health Services Department began to compensate those physicians who performed the new panel management duties by paying them one (1) hour and thirty (30) minutes of on-call pay for each day worked at the straight time rate (1.0) of the physician’s base rate of pay.

The proposed action before the Board would establish a designated form of pay for panel management duties to replace the current use of on-call pay and would authorize the County to pay the new Panel Management Pay differential to those physicians performing panel management duties under the criteria set forth in the resolution.

CONSEQUENCE OF NEGATIVE ACTION:

If the recommended action is not implemented, staff in the specified clinics will not be appropriately compensated for their time. This could adversely impact recruitment and retention in these vital clinics.

CHILDREN'S IMPACT STATEMENT:

Not Applicable.

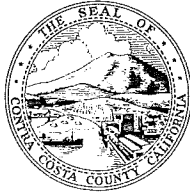
Attachment #3

Office of the Auditor-Controller
Contra Costa County

REC'D OCT 01 2013

Robert R. Campbell
Auditor-Controller

Elizabeth A. Verigin
Assistant Auditor-Controller



625 Court Street
Martinez, California 94553-1282
Phone (925) 646-2181
Fax (925) 646-2649

September 26, 2013

Kurt Schneider, Deputy Chief Executive Officer
CCCERA
1355 Willow Way Suite 221
Concord, CA 94518

Re: Retirement Determination for New Pay Code

Dear Mr. Schneider,

The Contra Costa County Board of Supervisors approved Resolution 2013/372 on September 24, 2013 which allows Exempt Medical Staff Physicians to receive Panel Management Pay. Our office will need to establish a new pay code as result of this action. Attached is a copy of the Resolution and the Board of Supervisors approval.

We are requesting the Contra Costa County Employees' Retirement Association (CCCERA) review the attached language and provide a written response with a determination of whether this new pay item is to be established as Retirement Compensable earnings or Non Retirement Compensable earnings.

If you have any questions regarding this request, please contact Harjit Nahal (Haj), Assistant Auditor Controller, at (925) 646-2660 or Michelle Johnston, Accountant III, at (925) 646-2167.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Campbell".

Robert Campbell
Auditor-Controller
By Harjit S. Nahal
Assistant Auditor Controller

c: Tanya Stulken Duarte, Payroll Systems Administrator

Attachment #4



October 14, 2013

Robert Campbell
Auditor-Controller
625 Court Street
Martinez, CA 94518

Dear Mr. Campbell:

This letter is in response to your request for a determination as to whether the following three new County pay codes are retirement compensable.

- Sheriff Law Enforcement Longevity Differential
(20 years of sworn County service, 2%)
- Executive Assistant to the County Administrator Differential
(while performing work on special project assignments, 5%)
- Panel Management Pay
(1.5 hours of straight time pay for each day worked)

Please note that the statutes and CCCERA Board policies governing retirement compensable pay are different for "classic/legacy" members and for PEPRA members. In accordance with these statutes and policies, we find as follows:

Sheriff Law Enforcement Longevity Differential

Legacy Members: Included* in Compensation Earnable.

PEPRA Members: Excluded from Pensionable Compensation, since it is in excess of base pay. On September 4, 2013, after consideration and analysis of all pay items beyond base pay, the CCCERA Board determined that no pay items beyond base pay will be used in the calculation of the retirement benefit for members covered by the PEPRA benefit formulas, and that all employers should continue to report to CCCERA as pensionable, and collect contributions, on base pay only.

Executive Assistant to the County Administrator Differential

Legacy Members: Included* as "compensation earnable" so long as it is for hours worked within the normally scheduled or regular working hours (i.e., not paid for overtime work). The resolution does not make it clear whether the additional pay is being paid because the special projects require additional skill, additional time, etc., or some combination of factors.

PEPRA Members: Excluded from Pensionable Compensation, since it is in excess of base pay.

October 14, 2013
Robert Campbell
Page 2

Panel Management Pay

Legacy Members: Excluded from Compensation Earnable, since it is paid for overtime work.

PEPRA Members: Excluded from Pensionable Compensation, since it is paid for overtime work, and it is in excess of base pay.

***IMPORTANT NOTE REGARDING INCLUDED PAY ITEMS:** CCCERA's general determination as to the "pensionability" of pay items for Legacy members is without prejudice to its rights under law to determine at any time that any included pay item or any portion thereof should be *excluded* from a particular member's calculation for reasons including, but not limited to, that it was paid to enhance the member's retirement benefit (*see* Government Code Section 31461(b)(1)).

Finally, please note that this advisory reflects our understanding of current law and the Board's current policies. This issue has not been placed before the Board for specific action, and the Board may come to a different conclusion, based on matters that may be presented to the Board for its consideration.

If you have any further questions, please do not hesitate to contact me.

Sincerely,



Marilyn Leedom
Retirement Chief Executive Officer

Cc: Harjit S. Nahal
Tanya Stulken Duarte

Attachment #5

Name ID #
 Slauson, Dana 35064

Year	Month	Code	Hours	Decimal
2011	January	D32	0	0
2011	February	D32	0	0
2011	March	D32	0	0
2011	April	D32	0	0
2011	May	D32	0	0
2011	June	D32	0	0
2011	July	D32	22:30	22.5
2011	August	D32	27	27
2011	September	D32	10:30	10.5
2011	October	D32	31:30	31.5
2011	November	D32	30	30
2011	December	D32	31:30	31.5
2012	January	D32	24	24
Total Hours (Decimal)				177

Employee # 35054 Budget/Orig. No. 0540/6387 Class Code VP #9 Employee Name SLAUSON, ANA L
 AS OF 06/01/2011 Vac. Bal. 553.00 Sabb. Bal. 0.00 Sick Bal. 1505.17 Hor. Comp. (C) 0.00 FWS Comp 0.00 Pers. Hol. Bal. (P) 32.20 O.T. Comp. 0.00 CHFC Code PERM Admin. Leave 32.00 PTO Hrs. 0.00 Pos. Hrs. 36.00
 Location Code ADMN11 Period Ending Date 07/15/2011

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: <input type="checkbox"/> 1st HALF <input type="checkbox"/> 2nd HALF	TIME		REG. HRS		O.T. HOURS							NON WORK HOURS				SUMMARY	
	(1) IN	(2) OUT	(3)	(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL	(14) ADMIN. HRS	LOCATION	DIST. SECTION	
16	8	12	4											MARTINEZ	6462		
17	Sat													MARTINEZ	F.P.C.		
18	Sun													MARTINEZ	6387		
19	Holiday													CONCORD	6386		
20	VAC		8											PITTSBURG	6386		
21	VAC		8											BRENTWOOD	6380		
22	VAC		8											RICHMOND	6384		
23	VAC		4											MARTINEZ	DENTAL		
24	Sat													RICHMOND	DENTAL		
25	Sun													PITTSBURG	DENTAL		
26	8	5	8											MARTINEZ	ER		
27	8	5	8											MARTINEZ	6383		
28	8	5	8											MARTINEZ	SPECIALTY		
29	8	5	8											MARTINEZ	6380		
30	8	12	4														
31																	
COLUMN TOTALS																	

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

please use personal holiday first names
 COST CENTER 6387 75.0
 6558 25.0

EMPLOYEE SIGNATURE: *[Signature]* DATE: _____
 SUPERVISOR SIGNATURE: *[Signature]* DATE: _____
 CONTACT PHONE #: _____

PAYROLL COPY

CONTRA COSTA HEALTH SE 2ES - PAYROLL TIME SHEET

Employee # 25064, Budgeting No. 0540/6387, Class Code VPM9, Employee Matrix SLAYSON, DANA L, Sick Bal. 0.00, Vac. Bal. 545.00, Reg. Hrs. 8, S.T./O.T. 0.00, O.T. Hours 0.00, On Call 1:8 0.00, On Call 1:4 0.00, Call Worked 0.00, Sick Bal. 0.00, FVRS Comp 0.00, PTO Hrs. 0.00, PTO Bal. 36.00, PTO Hrs. 0.00, Emp. Type PART, Admin Leave 0.00, O.T. Comp. 0.00, PERS Hol. Bal. (P) 32.00, O.T. Comp. 0.00, Other Paid Time Off / Desc. 0.00, Admin. Hrs. 0.00, PTO Hrs. 0.00, Pay Hrs. 36.00, Ending Date 07/31/2011

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

36

Employee #	1st HALF	2nd HALF	NON WORK HOURS										ADMIN. HRS		DIST. SECTION			
			TIME	REG. HRS	O.T. HOURS	(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL	(14) ADMIN. HRS	LOCATION	HOURS
16	Sat																MARTINEZ 6462	
17	Sun																MARTINEZ F.P.C. 6387	
18	8	5	8	1:30													CONCORD 6386	
19	8	5	8	1:30													PITTSBURG 6388	
20	8	5	8	1:30													BRENTWOOD 6390	
21	8	5	8	1:30													RICHMOND 6384	
22	8	12	4	1:30													MARTINEZ DENTAL 6373	
23	Sat																PITTSBURG DENTAL 6374	
24	Sun																MARTINEZ ER 6383	
25	8	5	8	1:30													MARTINEZ DENTAL 6375	
26	8	5	8	1:30													MARTINEZ DENTAL 6375	
27	8	5	8	1:30													MARTINEZ DENTAL 6375	
28	8	5	8	1:30													MARTINEZ DENTAL 6375	
29	8	12	4	1:30													MARTINEZ DENTAL 6375	
30	Sat																MARTINEZ DENTAL 6375	
31	Sun																MARTINEZ DENTAL 6375	
COLUMN TOTALS																		

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *[Signature]* DATE: 7/28/11
 SUPERVISOR SIGNATURE: *[Signature]* DATE: 7/28/11
 COST CENTER: 6387, 6558
 %: 75.0, 25.0
 R=172

10

Location Code: **ADN11**
 Budget Orig No: **0540/6387** Class Code: **VP #9** Emp Type: **PART** Pos. Hrs: **36.00**
 ASOF: **07/01/2011** Vac. Bal: **546.00** Sabb. Bal: **0.00** Sick Bal: **1512.37** Hol. Comp (C): **0.00** FWS Comp: **0.00** O.T. Comp: **0.00** Admin Leave: **0.00** PTO Hrs: **0.00**
 Employee Name: **SLAUSON, DANA L** CHFC Code: **PERM**

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: <input type="checkbox"/> 1st HALF <input type="checkbox"/> 2nd HALF	TIME		REG. HRS	O.T. HOURS							NON WORK HOURS				ADMIN. HRS	DIST. SECTION
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1-8	(6) ON CALL 1-4	(7) CALL WORKED	(8) VAC	(9) SICK TIME	(10) PERSONAL HOL	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOPIAWOL	(14)		
16	8	5	8		1:30	6										MARTINEZ 6462
17	8	5	8		1:30	6										MARTINEZ F.P.C. 6387
18	8	5	8		1:30	6										CONCORD 6386
19	8	5	8		1:30	6										PITTSBURG 6388
20	8	12	4		1:30	6										BRENTWOOD 6390
21	Sat															RICHMOND 6384
22	Sun															MARTINEZ DENTAL 6373
23	VAC															RICHMOND DENTAL 6374
24	VAC															PITTSBURG DENTAL 6375
25	VAC															MARTINEZ ER 6383
26	VAC															MARTINEZ SPECIALTY 6380
27	VAC															
28	Sat															
29	Sun															
30	8	5	8		1:30	6										
31																
COLUMN TOTALS																

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

Employee Signature: *[Signature]* DATE: _____
 Supervisor Signature: *[Signature]* DATE: _____
 CONTACT PHONE #: _____

Notes: *please whatever use whatever you want in and changed losing Thanks*
 % R-72
 75.0
 25.0



To: Dawn Dougherty <Dawn.Dougherty@ac.cccounty.us>, Haj Nahal
<hnaha@ac.cccounty.us>,
Cc:
Bcc:
Subject: Adjustment: Perm: Slauson, Dana #35064
From: Angie Rivera/MedSrv/HSD/US - Monday 09/12/2011 10:39 AM

Hi Dawn-

Please pay 1 hour OTD for ppe 08/31/11 (was 9, adding 1 hour for 8/3/11)
Data entry error/jc

Thank You,

Angie Rivera

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CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # 35064 Budget/Orig. No. 0540/6387 Class Code VPM9 Employee Name SLAUSSON, DANA L
 AS OF 08/01/2011 Vac. Bal. 547.00 Sabb. Bal. 0.00 Sick Bal. 1519.57 Hol. Comp. (C) 0.00 FWS Comp 0.00 Pers. Hol. Bal. (P) 25.00 O.T. Comp. 0.00
 ADMN11 Period Ending Date 08/31/2011 Pos. Hrs. 36.00 Emp. Type PART P.T.O. Hrs. 0.00
 CHFC Code PERM Admin Leave 0.00

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: <input type="checkbox"/> 1st HALF <input type="checkbox"/> 2nd HALF	TIME		REG. HRS	O.T. HOURS				NON WORK HOURS				(14) ADMIN. HRS	DIST. SECTION	
	(1) IN	(2) OUT	(3)	(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.			(12) HOURS
1	8	5	8			6 1:30								MARTINEZ 6462
2	8	5	8			6 1:30								MARTINEZ F.P.C. 6387
3	8	5	8			6 1:30								CONCORD 6386
4	8	5	8			6 1:30								PITTSBURG 6388
5	Sat													BRENTWOOD 6390
6	Sum													RICHMOND 6384
7	8	5	8			6 1:30								MARTINEZ DENTAL 6373
8	8	5	8			6 1:30								RICHMOND DENTAL 6374
9	8	5	8			6 1:30								PITTSBURG DENTAL 6376
10	8	5	8			6 1:30								MARTINEZ ER 6383
11	8	5	8			6 1:30								MARTINEZ SPECIALTY 6380
12	Sat													
13	Sum													
14	8	5	8			6 1:30								
15	8	5	8			6 1:30								
16	8	5	8			6 1:30								
17	8	5	8			6 1:30								
18	8	5	8			6 1:30								
19	8	5	8			6 1:30								
20	Sat													
21	Sum													
22	8	5	8			6 1:30								
23	8	5	8			6 1:30								
24	8	5	8			6 1:30								
25	8	5	8			6 1:30								
26	8	5	8			6 1:30								
27	Sat													
28	Sum													
29	8	5	8			6 1:30								
30	8	5	8			6 1:30								
31	8	5	8			6 1:30								
COLUMN TOTALS														

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *[Signature]* DATE: _____
 SUPERVISOR SIGNATURE: *[Signature]* DATE: _____
 COST CENTER: 6387 75.0
 COST CENTER: 6558 25.0

CONTACT PHONE # _____
 PAYROLL COPY
 3-1D (1/29/10)

CONTRA COSTA HEALTH SERV 3 - PAYROLL TIME SHEET

Employee Name: **SLADSON, DANA L** Pos. Hrs: **36.00** Date: **09/15/2011**
 Budget/Orig. No: **0540/8387** Class Code: **VP#9** Emp. Type: **PART** PTO Hrs: **0.00**
 Vac. Bal: **547.00** Sabb. Bal: **0.00** Sick Bal: **1519.57** FVS Comp: **0.00** O. T. Comp: **0.00** Admin Leave: **0.00**
 Pers. Hol. Bal. (P): **25.00**

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

KONE L/HALF D/HALF	TIME		REG. HRS			O.T. HOURS				NON WORK HOURS				ADMIN.		DIST. SECTION	
	(1) IN	(2) OUT	(3) REG	(4) SICK	(5) ON CALL 1-8	(6) ON CALL 1-4	(7) CALL WORKED	(8) V	(9) SICK TIME	(10) PERSONAL-HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL	(14) HRS	LOCATION	HOURS	
16	8	5												MARTINEZ 6462			
17	8	5												MARTINEZ F.P.C. 6387			
18	SAT													CONCORD 6386			
19	SUN													PITTSBURG 6388			
20	VAC													BRENTWOOD 6390			
21	VAC													RICHMOND 6384			
22	VAC													MARTINEZ DENTAL 6373			
23	VAC													RICHMOND DENTAL 6374			
24	VAC													PITTSBURG DENTAL 6375			
25	SAT													MARTINEZ ER 6383			
26	SUN													MARTINEZ SPECIALTY 6380			
27	VAC																
28	VAC																
29	VAC																
30	VAC																
31																	
COLUMN TOTALS																	

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER %
 CENTER 6387 75.0
 6558 25.0

Please use personal hub
 no student hub

EMPLOYEE SIGNATURE: *[Signature]* DATE: _____
 SUPERVISOR SIGNATURE: *[Signature]* DATE: _____
 CONTACT PHONE # _____

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Location Code: **ADAMI**

Period Ending Date: **09/30/2011**

Emp. Type: **PART** Pos. Hrs.: **36.00**

CHFC Code: **PERM** Admin Leave: **0.00**

Emp. Code: **VP#9** SSB: **0.00** O.T. Corp.: **0.00**

Emp. Name: **SLAUSON, DANA L** Para. Hd. Bsl. (P): **22.80**

Class Code: **VP#9** Sick Pay: **0.00** FWS Comp: **0.00**

Exempting No.: **0540/6387** Vac. Bsl.: **536.00** Hol. Comp. (C): **0.00**

Employee No.: **35064** Vac. Bsl.: **536.00** O.T. Corp.: **0.00**

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

5K QTR 3484F	TIME		O.T. HOURS							NON WORK HOURS				SUMMARY		
	(1) IN	(2) OUT	(3) REG. HRS	(4) S.T.O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AVOIDANOL.	(14) ADMIN. HRS	LOCATION	DIST. SECTION
16	8	12												MARTINEZ 6452		
17	8	12												MARTINEZ F.P.C. 6387		
18	8	12												CONCORD 6386		
19	8	12												PITTSBURG 6388		
20	8	12												BRENTWOOD 6390		
21	8	12												RICHMOND 6384		
22	8	12												MARTINEZ DENTAL 6373		
23	8	12												RICHMOND DENTAL 6374		
24	8	12												PITTSBURG DENTAL 6375		
25	8	12												MARTINEZ ER 6381		
26	8	12												MARTINEZ SPECIALTY 6380		
27	8	5	8	(1.4)	on call 1:30											
28	8	5	8	(1.4)	on call 1:30											
29	8	5	8	(1.4)	on call 1:30											
30	8	5	8.4	(1.4)	on call 1:30											
31				(4.0)												
COLUMN TOTALS																

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *Dana Slason* DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

COST CENTER: **6387** 75.00

6558 25.00

2 R-76



To: Dawn Dougherty <Dawn.Dougherty@ac.cccounty.us>, Haj Nahal
<hnaha@ac.cccounty.us>,
Cc:
Bcc:
Subject: Adjustment: Perm: Slauson, Dana #35064
From: Angie Rivera/MedSrv/HSD/US - Monday 09/12/2011 10:39 AM

Hi Dawn-

Please pay 1 hour OTD for ppe 08/31/11 (was 9, adding 1 hour for 8/3/11)
Data entry error/jc

Thank You,

Angie Rivera

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CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

ADMN11
 Period Ending Date 09/30/2011
 Pos. Hrs. 36.00
 Emp. Type PART
 CHFC Code PERM
 Admin Leave PTO Hrs. 0.00
 FMS Comp 0.00
 O.T. Comp. 0.00
 Pers Hol. Bal. (P) 22.80
 O.T. Comp. 0.00
 Sick Bal. 0.00
 Hol. Comp. (C) 0.00
 Class Code VPM9
 Employee Name SLAUSON, DANA L
 Budget/Org. No. 0540/6387
 Vac. Bal. 536.00
 Saab. Bal. 0.00
 S.T./O.T. 0.00
 ON CALL 1-8
 ON CALL 1-4
 CALL WORKED
 (6) (7)

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

KONE HALF DATE	TIME		REG. HRS (9)	O.T. HOURS				NON WORK HOURS				ADMIN. HRS (14)	DIST. SECTION	
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1-8	(6) ON CALL 1-4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.			(12) HOURS
16	8	12												MARTINEZ 6462
17	8	12												MARTINEZ F.P.C. 6387
18	8	12												CONCORD 6386
19	8	12												PITTSBURG 6388
20	8	12												BRENTWOOD 6390
21	8	12												RICHMOND 6384
22	8	12												MARTINEZ DENTAL 6373
23	8	12												RICHMOND DENTAL 6374
24	8	12												PITTSBURG DENTAL 6375
25	8	12												MARTINEZ ER 6393
26	8	12												MARTINEZ SPECIALTY 6380
27	8	12												
28	8	12												
29	8	12												
30	8	12												
31	COLUMN TOTALS													

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *[Signature]* DATE: _____
 SUPERVISOR SIGNATURE: *[Signature]* DATE: _____

COST CENTER: 6387 75.00 %
 6558 25.00 %

CONTRA COSTA HEALTH SEF **ES - PAYROLL TIME SHEET** **ES - PAYROLL TIME SHEET**
 Employee Name: **SLAUSSON, DANA L** CHFC Code: **PER** Emp. Type: **PART** Pos. Hrs: **36.00** Plg. Date: **10/15/2011**
 Budget No.: **054076387** Class Code: **VPW9** O. T. Comp.: **0.00** Admin Leave: **0.00**
 Vac. Bal.: **536.00** Sabb. Bal.: **0.00** FWS Comp.: **0.00** Pers. Hol. Bal. (P): **22.80** PTO Hrs.: **0.00**
 /01/2011 Sick Bal.: **1526.77** Hol. Comp. (C): **0.00**

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

KONE: 1/2 HALF	TIME	NON WORK HOURS										ADMIN. HRS	DIST. SECTION			
		(1) IN	(2) OUT	(3) REG. HRS	(4) S.T. J.C. (P)	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.			(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL
16	Sat															MARTINEZ 6462
17	Sun															MARTINEZ F.P.C. 6387
18	S	8	5	8												CONCORD 6386
19	S	8	5	8												PITTSBURG 6388
20	S	8	5	8												BRENTWOOD 6390
21	S	8	5	8												RICHMOND 6384
22	Sat															MARTINEZ DENTAL 6373
23	Sun															RICHMOND DENTAL 6374
24	S	8	5	8												PITTSBURG DENTAL 6375
25	S	8	5	8												MARTINEZ ER 6383
26	S	8	5	8												MARTINEZ SPECIALTY 6380
27	S	8	5	8												
28	S	8	5	8												
29	S	8	5	8												
30																
31																
COLUMN TOTALS																

SUMMARY

PORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER * **Q-72**
 6387 75.00
 6558 25.00

Employee Signature: *[Signature]* DATE: _____
 Supervisor Signature: *[Signature]* DATE: _____

CONTACT PHONE: _____
 CONTACT PHOTO ID: _____
 CONTACT EMAIL: _____

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

ADMIN11

Employee #	Budget/Orig. No.	Class Code	Employee Name	CHFC Code	Emp. Type	Pos. Hrs.	Period Ending Date
3064	0540/6387	VPW9	SLAUSON, DANA L	PERM	PART	36.00	10/31/2011
Start Date	Vac. Bal.	Subb. Bal.	Sick Bal.	FWS Comp	Pers. Hol. Bal. (P)	O. T. Comp.	PTO Hrs.
10/01/2011	467.00	0.00	1533.97	0.00	1.80	0.00	0.00

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

TIME	O.T. HOURS										NON WORK HOURS				SUMMARY	
	(1) IN	(2) OUT	(3) REG. HRS	(4) S.T./O.T.	(5) ON CALL 1-8	(6) ON CALL 1-4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL	(14) ADMIN. HRS	LOCATION	HOURS
16	Sum		8		1:30	6									MARTINEZ	6462
17	8	5	8		1:30	6									MARTINEZ	F.P.C. 6387
18	8	5	8		1:30	6									CONCORD	6386
19	8	5	8		1:30	6									PITTSBURG	6388
20	8	5	8		1:30	6									BRENTWOOD	6390
21	8	5	8		1:30	6									RICHMOND	6384
22	Sat														MARTINEZ	DENTAL 6373
23	9	5	8												RICHMOND	DENTAL 6374
24	8	5	8												PITTSBURG	DENTAL 6375
25	8	5	8												MARTINEZ	ER 6383
26	8	5	8												MARTINEZ	SPECIALTY 6380
27	8	5	8													
28	8	5	8													
29	Sat															
30	Sum		8													
31	8	5	8													
COLUMN TOTALS			8													

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

The amount don't
 include the
 include 1st
 on call
 was

EMPLOYEE SIGNATURE: Alana Slauson MB DATE: 2-80

SUPERVISOR SIGNATURE: _____ DATE: _____

CONTACT PHONE # _____

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # 35064 Budge No. 0540/6387 Class Code VP M9 Employee Name SLAUSON, DANA L
 OF 10/01/2011 Vac. Bal. 467.00 Sick Bal. 1533.97 Hol. Comp. (C) 0.00 FMS Comp 0.00 Pers. Hol. Bal. (P) 1.80 O.T. Comp. 0.00 Admin Leave 0.00 PTO Hrs. 0.00
 Pos. Hrs. 36.00 Pe. 11/15/2011
 Emp. Type PART
 OHFC Code PERM
 DIST. SECTION

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

WEEK ONE: 1st HALF	TIME	(1) IN	(2) OUT	(3) REG. HRS	O.T. HOURS				NON WORK HOURS				(14) ADMIN. HRS	LOCATION	DIST. SECTION	
					(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:8	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.				(12) HOURS
16	8:55	8:55	5:00	8	OTD	6:11:30								MARTINEZ	6462	
17	8:55	8:55	5:00	8	OTD	6:11:30								MARTINEZ	F.P.C. 6387	
18	8:55	8:55	5:00	8	1	6:11:30								CONCORD	6386	
19	8:55	8:55	5:00	8	4	6:11:30								PITTSBURG	6388	
20	8:55	8:55	5:00	8										BRENTWOOD	6390	
21	8:55	8:55	5:00	8										RICHMOND	6384	
22	8:55	8:55	5:00	8										MARTINEZ	DENTAL 6373	
23	8:55	8:55	5:00	8	OTD	6:11:30								RICHMOND	DENTAL 6374	
24	8:55	8:55	5:00	8	3:12	6:11:30								PITTSBURG	DENTAL 6375	
25	8:55	8:55	5:00	8										MARTINEZ	ER 6383	
26	8:55	8:55	5:00	8										MARTINEZ	SPECIALTY 6380	
27	8:55	8:55	5:00	8												
28	8:55	8:55	5:00	8												
29	8:55	8:55	5:00	8												
30	8:55	8:55	5:00	8												
31	8:55	8:55	5:00	8												
COLUMN TOTALS																

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

Employee Signature: *[Signature]* DATE: _____
 Supervisor Signature: *[Signature]* DATE: _____
 CONTACT PHONE # _____

COST CENTER: 6387 75.0
 6558 25.0
 % R-80

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee Name: **SLAUSON, DANA L.**

Employee ID: **ADMI11**

Period Ending Date: **11/30/2011**

Pos. Hrs: **36.00**

Emp. Type: **PART**

CHFC Code: **PERM**

Admin Leave: **0.00**

Pers. Hol. Bal. (P): **3.60**

O.T. Comp.: **0.00**

FWS Comp.: **0.00**

Hol. Comp. (C): **0.00**

Sick Bal.: **1541.17**

Class Code: **VPW9**

Budget/Org. No.: **0540/6387**

Vac. Bal.: **488.00**

11/01/2011

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

PERIOD	TIME		REG. HRS	O.T. HOURS							NON WORK HOURS				ADMIN. HRS	DIST. SECTION	
	(1) IN	(2) OUT		(3)	(4) SCHED. CHANGES	(5) ON CALL	(6) CALL 1-4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL		LOCATION	HOOR
16	8	5	8	1	11:30	6	ON CALL	ON CALL	cross cover					MARTINEZ	6462		
17	8	5	8	1	11:30	6	ON CALL	ON CALL	cross cover					MARTINEZ	F.P.C. 6387		
18	8	5	8	1	11:30	6	ON CALL	ON CALL	cross cover					CONCORD	6386		
19	Sabb																
20	Sabb																
21	8	5	8	1	11:30	6	ON CALL	ON CALL	cross cover					PITTSBURG	6388		
22	8	5	8	1	11:30	6	ON CALL	ON CALL	cross cover					BRENTWOOD	6390		
23	8	5	8	1	11:30	6	ON CALL	ON CALL	cross cover					RICHMOND	6384		
24	holiday																
25	holiday																
26	Sabb																
27	Sabb																
28	8	5	8		11:30	6					partial holiday			RICHMOND	DENTAL 6374		
29	8	5	8		11:30	6								PITTSBURG	DENTAL 6375		
30	8	5	8		11:30	6								MARTINEZ	ER 6383		
31														MARTINEZ	SPECIALTY 6380		
COLUMN TOTALS																	

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *[Signature]* DATE: **11-30-11**

SUPERVISOR SIGNATURE: *[Signature]* DATE: **11-30-11**

COST CENTER: **6387** %: **75.0**

COST CENTER: **6558** %: **25.0**

CONTACT PHONE #

-1D (1/29/10)

CONTRA COSTA HEALTH SERVICES - YES - PAYROLL TIME SHEET

Employee Name: **SIAMON, DANAI** | Pos. Hrs: **36.00** | PTO Hrs: **0.00** | Date: **12/15/2011**
 Class Code: **VP M9** | Emp. Type: **PART** | CHFC Code: **PERM**
 Budget: **0540/6387** | Vac. Bal.: **488.00** | Sick Bal.: **0.00** | FWS Comp: **0.00** | O.T. Comp: **0.00** | Admin. Leave: **0.00**
 1/01/2011 | 1541.17 | 3.60

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CK ONE: SH HALF / TH HALF	TIME	REG. HRS			O.T. HOURS				NON WORK HOURS				SUMMARY				
		(1) IN	(2) OUT	(3) HRS	(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL	(14) ADMIN. HRS	LOCATION	HOURS
16	8 5	8	5	8			6 11:30									MARTINEZ	6462
17	8 12	8	12	4			6 11:30									MARTINEZ	F.P.C. 6387
18	Sat																
19	Sun																
20	8 5	8	5	8			6 11:30									CONCORD	6386
21	8 5	8	5	8			6 11:30									PITTSBURG	6388
22	8 5	8	5	8			6 11:30									BRENTWOOD	6390
23	8 5	8	5	8			6 11:30									RICHMOND	6384
24	8 5	8	5	8			6 11:30									MARTINEZ	DENTAL 6373
25	Sat																
26	Sun																
27	8 5	8	5	8			6 11:30									RICHMOND	DENTAL 6374
28	8 5	8	5	8			6 11:30									PITTSBURG	DENTAL 6375
29	8 5	8	5	8			6 11:30									MARTINEZ	ER 6383
30	8 5	8	5	8			6 11:30									MARTINEZ	SPECIALTY 6380
31																	
COLUMN TOTALS																	

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

Employee Signature: *[Signature]* | Date: _____
 Supervisor Signature: *[Signature]* | Date: _____
 Contact Phone #: _____

COST CENTER: 6387 75.0
 COST CENTER: 6550 25.0
 Total: 12-8880

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee Name: **SLAJSON, DANA L**
 Pos. Hrs: **36.00**
 Emp. Type: **PART**
 Period Ending Date: **01/15/2012**
 Admin Leave: **0.00**
 PTO Hrs: **0.00**
 O.T. Comp.: **0.00**
 Pers. Hol. Bal. (P): **5.40**
 FMS Comp.: **0.00**
 O.T. Comp. (C): **0.00**
 Sick Bal.: **1548.37**
 Vac. Bal.: **509.00**
 Subb. Bal.: **0.00**
 Class Code: **VP #9**
 Budget/Orig. No.: **0540/6387**
 CHFC Code: **PERM**
 OF: **2/01/2011**

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

DATE	TIME	REG. HRS	O.T. HOURS				NON WORK HOURS				ADMIN. HRS	DIST. SECTION	
			(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.			(12) HOURS
16	Sun holiday												MARTINEZ 6462
17	8 5												MARTINEZ F.P.C. 6387
18	8 5												CONCORD 6386
19	8 5												PITTSBURG 6388
20	8 5												BRENTWOOD 6390
21	Sat												RICHMOND 6384
22	Sun												MARTINEZ DENTAL 6373
23	8 5												RICHMOND DENTAL 6374
24	8 5												PITTSBURG DENTAL 6375
25	8 5												MARTINEZ ER 6383
26	8 5												MARTINEZ SPECIALTY 6380
27	8 5												
28	Sat												
29	Sun												
30													
31													
COLUMN TOTALS													

SUMMARY

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *Dana Slajson MD* DATE: _____
 SUPERVISOR SIGNATURE: _____ DATE: _____
 CONTACT PHONE #: _____
 SIGNATURE: _____

COST CENTER: 6387 75.0
 COST CENTER: 6558 25.0

101 7:12

Location Code: AN11

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee Name: SLAUSSON, DANAL

Class Code: 42M9

CHFC Code: PERM

Emp. Type: PART

Pos. Hrs: 36.00

Per. Ending Date: 01/31/2012

01/01/2012

Sabb. Bal. 530.00

Sick Bal. 1555.57

FWS Comp: 0.00

O. T. Comp: 0.00

Pers. Hol. Bal. (P): 6.40

PTD Hrs: 72.00

0.00

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

EXCUSE 1st HALF 2nd HALF	TIME	NON WORK HOURS										(14) ADMIN. HRS	DIST. SECTION				
		REG. HRS (9)	S.T./O.T. (4)	ON CALL 1-8 (5)	ON CALL 1-4 (6)	CALL WORKED (7)	VAC. (8)	SICK TIME (9)	PERSONAL HOL. (10)	OTHER PAID TIME OFF / DESC. (11)	HOURS (12)			AWOP/AVOL (13)			
	(1) IN																
	(2) OUT																
(16)	Holiday																
(17)	VAC																
(18)	VAC																
(19)	VAC																
(20)	VAC																
(21)	Sabb																
(22)	Sun																
(23)	8																
(24)	8																
(25)	8																
(26)	8																
(27)	8																
(28)	8																
(29)	8																
(30)	8																
(31)	8																
COLUMN TOTALS																	

SUMMARY

LOCATION	DIST. SECTION	(14) ADMIN. HRS
MARTINEZ 6462		
MARTINEZ F.P.C. 6387		
CONCORD 6386		
PITTSBURG 6388		
BRENTWOOD 6390		
RICHMOND 6384		
MARTINEZ DENTAL 6373		
RICHMOND DENTAL 6374		
PITTSBURG DENTAL 6375		
MARTINEZ ER 6383		
MARTINEZ SPECIALTY 6380		

EMPLOYEE SIGNATURE: *[Signature]* DATE: _____

SUPERVISOR SIGNATURE: *[Signature]* DATE: _____

CONTACT PHONE # _____

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

Notes: *PHL: 48 ACP*, *8 admin leave*, *8 admin leave*, *8 admin leave*, *4 admin leave*, *OTD*, *OT in Costa 6:130*, *OT in Costa 6:130*, *6:130*, *6:130*, *6:130*, *6:130*, *includes*, *OT in Costa*, *6:130*, *6:130*, *6:130*

Cost Center: *admin* (75.00), *vacation* (25.00)

Other notes: *Please use admin instead of vacation*



To: Catherine Zonfrello/MedSrv/HSD/US,
Cc:
Bcc:
Subject: Slauson, Dana #35064
From: Angie Rivera/MedSrv/HSD/US - Friday 01/27/2012 02:47 PM

Hi Catherine-

Dr Slauson put 5 hours OT on 01/30 & 01/31, is this an error because the time in and time out doesn't match.

Thank You,

Angie Rivera

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipients and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution, is PROHIBITED. If you are not the intended recipient, please contact the sender by reply e-mail, and destroy all copies of the original message. Thank you.

----- Forwarded by Angie Rivera/MedSrv/HSD/US on 01/27/2012 02:47 PM -----

From: "Toshiba scanner" <Toshiba305@hsd.cccounty.us>
To: "Angie Rivera" <Angie.Rivera@hsd.cccounty.us>
Date: 01/27/2012 02:45 PM
Subject: Send data from e305seEID28678 01/27/2012 14:44

Scanned from e305seEID28678.
Date: 01/27/2012 14:44
Pages: 1
Resolution: 300x300 DPI



DOC012712.pdf



Re: Slauson, Dana #35064
Catherine Zonfrello to: Angie Rivera

01/30/2012 02:02 PM

i'm laughing
no overtime, she wrote 8-5 for 8 hrs but on 1/30 & 1/31 she wrote 8-5 8-5 (the last 5 should not be there,
the 8 stands for the number of hours she worked)

Catherine Zonfrello
Medical Staff Services Manager
925 370-5158
925 370-5142 fax
Catherine.Zonfrello@hsd.cccounty.us

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Angie Rivera Hi Catherine- Dr Slauson put 5 hours OT on 01/30 & 01/31... 01/27/2012 02:49:12 PM

From: Angie Rivera/MedSrv/HSD/US
To: Catherine Zonfrello/MedSrv/HSD/US@HSD
Date: 01/27/2012 02:49 PM
Subject: Slauson, Dana #35064

Hi Catherine-

Dr Slauson put 5 hours OT on 01/30 & 01/31, is this an error because the time in and time out doesn't match.

Thank You,

Angie Rivera

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----- Forwarded by Angie Rivera/MedSrv/HSD/US on 01/27/2012 02:47 PM -----

From: "Toshiba scanner" <Toshiba305@hsd.cccounty.us>
To: "Angie Rivera" <Angie.Rivera@hsd.cccounty.us>
Date: 01/27/2012 02:45 PM
Subject: Send data from e305seEID28678 01/27/2012 14:44

Scanned from e305seEID28678.
Date: 01/27/2012 14:44
Pages:1
Resolution:300x300 DPI

[attachment "DOC012712.pdf" deleted by Catherine Zonfrello/MedSrv/HSD/US]

CONTRA COSTA COUNTY NOTICE OF SEPARATION

Date Stamp

DEPARTMENT: Health Services/HOSPITAL

DATE: 1/9/12

Notice to Human Resources Department that the following employee is being separated from a Contra Costa County position:

Classified Unclassified Temporary

CLASSIFICATION: <u>EMSP</u>	Dept. Org. No.	Class Code	Empl. No.	Termination Date
NAME: <u>SLAUSON, DANA</u>	0540/ 6387 #7817 36/40	VPW9	35064	LAST DAY IN PAY STATUS
ADDRESS: <u>[REDACTED]</u>				<u>1/31/12</u>
CITY/STATE: <u>[REDACTED]</u>				TERMINATION DATE IF DIFFERENT FROM ABOVE

REASON:

Employee's Social Security Number: [REDACTED]

- 1. RESIGNATION —VOLUNTARY SEPARATIONS MUST HAVE AK219 ATTACHED.
- 2. RETIREMENT — Regular Safety Disability (if deferred, check 1 above).

Attach Order of Layoff and Severance Pay forms if applicable:
- 3. LAYOFF* — Voluntary Demotion in Lieu of Layoff Voluntary Transfer in Lieu of Layoff
- 4. DEATH
- 5. END LIMITED TERM APPOINTMENT—Attach AK219 or note other reason for end limited term under REMARKS below.
- 6. END PROVISIONAL APPOINTMENT*
- 7. DEMOTION —If Involuntary, attach Order of Disciplinary Action and copy of Skelly Notice
- 8. SUSPENSION —Not to exceed 30 days. Attach Order of Disciplinary Action and copy of Skelly Notice.
- 9. DISMISSAL—Attach Order of Disciplinary Action and copy of Skelly Notice.
- 10. REJECTION OF PROBATIONER*—Attach AK54 Probation Report, if available. PMR § 905 prescribe the grounds for appeal and hearing provisions.
- 11. END TEMPORARY UPGRADE ASSIGNMENT*—(Pay for work in a higher class).
- 12. TERMINATION OF PROJECT

*REVERSIONARY RIGHTS TO POSITION _____


REMARKS:

SERVICE RETIREMENT EFFECTIVE 2/1/12

I.D. Card returned?

Yes No

If "No" is checked, separation pay warrant will not be released until the I.D. card is returned to Human Resources Dept.


Dorette McCollum, HSD Personnel Officer
Signature of Appointing Authority

Involuntary Separation — AK218 Mailed to Employee by Personnel Department.

APPROVED FOR HUMAN RESOURCES DEPARTMENT: _____
Signature

Date

01/12

MEMO

Date: January 5, 2012

To: Human Resources - Benefits

From: Retirement Office - Retirement Staff

Subject: Service Retirement of Dana Slauson #35064, Tier I

HEALTH SERVICES DEPARTMENT
RECEIVED

2012 JAN -9 AM 11:46

Dana Slauson, #35064, has filed an application for a service retirement effective 2/01/12.

cc: Dana Slauson
Risk Management
Health Services Department

tj

CCERA

CONTRA COSTA COUNTY
EMPLOYEES RETIREMENT ASSOCIATION
1355 Willow Way, Suite 221
Concord, CA 94520-5728
Telephone: (925) 521-3960
Fax: (925) 646-5747

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

ADMN11
Period Ending Date: 01/15/2011

Employee Name: SLAISON, DAMA I
Class Code: VPM9
Budget/Orig. No.: 054 016387
Subb. Bal.: 560.00
Pos. Hrs.: 36.00
Emp. Type: PART
CHFC Code: PERM
Admin. Leave: 15.20
PTO Hrs.: 0.00
O.T. Comp.: 0.00
Pers. Hol. Bal. (P): 38.40
FMS Comp: 0.00
Hof. Comp. (C): 0.00
Sick Bal.: 1461.97

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

HECKOME 1st HALF 2nd HALF	TIME		REG. HRS (3)	O.T. HOURS							NON WORK HOURS				ADMIN. HRS (14)	DIST. SECTION	
	(1) IN	(2) OUT		(4) S.T.O.T.	(5) ON CALL 1-8	(6) ON CALL 1-4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF /DESC.	(12) HOURS	(13) AWOP/AWOL	LOCATION		HOUR	
16	Sat															MARTINEZ 6462	
17	Sun															MARTINEZ F.P.C. 6387	
18	1	5	4	0D				4								CONCORD 6386	
19	VAC							8								PITTSBURG 6388	
20	VAC							8								BRENTWOOD 6390	
21	VAC							8								RICHMOND 6384	
22	VAC							8								MARTINEZ DENTAL 6373	
23	Sat															RICHMOND DENTAL 6374	
24	Sun															PITTSBURG DENTAL 6375	
25	1	5	4					4								MARTINEZ ER 6389	
26	8	5	8					8								MARTINEZ SPECIALTY 6380	
27	8	5	8					8									
28	1	5	4					4									
29	8	12	4					4									
30	Sat																
31																	
COLUMN TOTALS																	

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *[Signature]* DATE: _____
 SUPERVISOR SIGNATURE: *[Signature]* DATE: _____
 COST CENTER: 6558
 %: 25.0
 6387
 75.0

CONTACT PHONE #

Localion Code: 3MNI1

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # 35064 Budget/Orig. No. 0540/6387 Class Code VPM9 Sabb. Bal. 0.00 Employee Name/SLAUSON, DANA L Sick Bal. 1469.17 Hol. Comp. (C) 0.00 FWS Comp 0.00 Pers. Hol. Bal. (P) 40.00 O.T. Comp. 0.00 Admin Leave 72.00 PTO Hrs. 0.00

AS OF 01/01/2011 Vac. Bal. 560.00

CHFC Code: PERM Emp. Type: PART Pos. Hrs. 36.00 Period Ending Date: 01/31/2011

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: 1st HALF 2nd HALF	TIME		REG. HRS				O.T. HOURS				NON WORK HOURS				SUMMARY	
	(1) IN	(2) OUT	(3)	(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL	(14) ADMIN. HRS	LOCATION	HOUP
16	Sun													MARTINEZ	6462	
17	Holiday													MARTINEZ	F.P.C.	
18	8	5	8											F.P.C.	6387	
19	8	5	8											CONCORD	6386	
20	8	5	8											PITTSBURG	6388	
21	8	12	4											BRENTWOOD	6390	
22	Sat													RICHMOND	6384	
23	Sun		8											MARTINEZ	DENTAL	
24	8	12	4											DENTAL	6373	
25	8	5	8											RICHMOND	DENTAL	
26	8	5	8											DENTAL	6374	
27	8	12	4											PITTSBURG	DENTAL	
28	Sat													DENTAL	6375	
29	Sun													MARTINEZ	ER	
30	8	5	8											MARTINEZ	SPECIALTY	
31	8	5	8											SPECIALTY	6380	
COLUMN TOTALS																

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *[Signature]* DATE: _____
 SUPERVISOR SIGNATURE: _____ DATE: _____

COST CENTER: 6558 25.0
 6387 75.0

% R-80

CONTACT PHONE #

Location Code
ADMN11
Period Ending Date
02/15/201

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # 35064 Budget/Ord. No. 0540/6387 Class Code VPM9 Employee Name SLAUSSON, DANA L
 CHFC Code PERM Emp. Type PART Pos. Hrs. 36.00
 IS OF 01/01/2011 Vac. Bal. 560.00 Sabb. Bal. 0.00 Sick Bal. 1469.17 Hol. Comp. (C) 0.00 FWS Comp 0.00 Pers. Hol. Bal. (P) 40.00 O. T. Comp. 0.00 Admin Leave 72.00 PTO Hrs. 0.00

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: 1st HALF 2nd HALF	TIME		REG. HRS (3)	O.T. HOURS							NON WORK HOURS					ADMIN. HRS (14)	DIST. SECTION	
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL ROL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL	LOCATION	HOUP			
	8	5	8													MARTINEZ	6462	
	8	5	8													MARTINEZ	F.P.C. 6387	
	8	5	8													CONCORD	6386	
	8	12	4													PITTSBURG	6388	
	Sat															BRENTWOOD	6390	
	Sun															RICHMOND	6384	
	8	5	8													MARTINEZ	DENTAL 6373	
	8	5	8													RICHMOND	DENTAL 6374	
	8	5	8													PITTSBURG	DENTAL 6375	
	8	5	8													MARTINEZ	ER 6383	
	8	5	8													MARTINEZ	SPECIALTY 6380	
COLUMN TOTALS																		

Vac 4 hrs admin

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *Dana Slausson* DATE: _____
 SUPERVISOR SIGNATURE: *Catherine Zentgraf* DATE: _____
 COST CENTER: 6558 %: 25.0
 6387 %: 75.0
Please take hrs from whatever I'm absent to close

Location Code
JMN11
Period Ending Date
02/28/2011

CHFC Code
PERM
Admin Leave
0.00

Pos. Hrs.
36.00
PTO Hrs.
0.00

Emp. Type
PART
O. T. Comp.
0.00

CHFC Code
PERM
Admin Leave
0.00

Pos. Hrs.
36.00
PTO Hrs.
0.00

Emp. Type
PART
O. T. Comp.
0.00

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

SUMMARY

WEEK ONE: 1st HALF	TIME		REG. HRS		O.T. HOURS							NON WORK HOURS			ADMIN. HRS		LOCATION	DIST. SECTION
	(1) IN	(2) OUT	(3)	(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HDL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL	(14) HRS	LOCATION	HOUR		
16	8	5	8													MARTINEZ 6462		
17	8	5	8	OTD	1 1/2 hr cross cover											MARTINEZ F.P.C. 6387		
18	8	12	4													CONCORD 6386		
19	Sat																	
20	Sun															PITTSBURG 6388		
21	Holiday															BRENTWOOD 6390		
22	8	5	8													RICHMOND 6384		
23	8	5	8													MARTINEZ DENTAL 6373		
24	8	5	8													RICHMOND DENTAL 6374		
25	8	12	4													PITTSBURG DENTAL 6375		
26	Sat															MARTINEZ ER 6383		
27	Sun															MARTINEZ SPECIALTY 6380		
28	8	5	8															
29																		
30																		
31																		
COLUMN TOTALS																		

7:12 TOI

1:48 Vac

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER %
6558 25.0
6387 75.0

R-64

EMPLOYEE SIGNATURE DATE

SUPERVISOR SIGNATURE DATE

CONTACT PHONE # 412-624-2000
Sallyanne Zottololo at 412-624-5150

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # **15064** Budget/Org. No. **0540/6387** Class Code **VPW9** Employee Name **STANSON, DANA L** CHFC Code **PERM** Emp. Type **PART** Pos. Hrs. **35.00** Period Ending Date **03/15/2011**
 IS OF **02/01/2011** Vac. Bal. **543.20** Sick Bal. **1476.37** Hol. Comp. (C) **0.00** FWS Comp **0.00** O.T. Comp. **0.00** Admin Leave **68.00** PTO Hrs. **0.00**

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: 1st HALF 2nd HALF	TIME		REG. HRS (9)	O.T. HOURS				NON WORK HOURS				ADMIN. HRS (14)	DIST. SECTION	
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.			(12) HOURS
16	8	5	8										MARTINEZ	6462
17	8	5	8										MARTINEZ	F.P.C. 6387
18	8	5	8										CONCORD	6386
19	8	4	4										PITTSBURG	6388
20	Sat												BRENTWOOD	6390
21	Sun												RICHMOND	6384
22	8	5	8										MARTINEZ	DENTAL 6373
23	8	5	8										RICHMOND	DENTAL 6374
24	8	5	8										PITTSBURG	DENTAL 6375
25	8	5	8										MARTINEZ	ER 6383
26	8	12	4										MARTINEZ	SPECIALTY 6380
27	Sat													
28	Sun													
29	8	5	8											
30	8	5	8											
31														
COLUMN TOTALS														

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER 6558 25.00
 COST CENTER 6387 75.00

EMPLOYEE SIGNATURE: *[Signature]* DATE: _____
 SUPERVISOR SIGNATURE: *[Signature]* DATE: _____
 CONTACT PHONE # _____

Location Code

CONTRA COSTA HEALTH SER ES - PAYROLL TIME SHEET

Employee Name: SLAUSON, DANA L

Class Code: VP M9

Budget/Org. No.: 0540/6387

Emp. Type: PARI

Pos. Hrs.: 36.00

Period Ending Date: 03/31/2011

CHFC Code: PERM

Admin Leave: 68.00

PTO Hrs.: 0.00

CHFC Code: Admin Leave

Admin Leave: 68.00

PTO Hrs.: 0.00

Other Paid Time Off / Desc.: 0.00

O.T. Comp.: 0.00

Pers Hol. Bal. (P): 35.60

FWS Comp.: 0.00

Sabb. Bal.: 0.00

Sick Bal.: 1483.57

0.00

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

WEEK ONE: 1st HALF	NON WORK HOURS														DIST. SECTION	
	(1) IN	(2) OUT	(3) REG. HRS	(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HDL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL	(14) ADMIN. HRS	LOCATION	HOUR
16	8	5	8												MARTINEZ	6462
17	8	5	8												MARTINEZ	F.P.C.
18	8	5	8												MARTINEZ	F.P.C.
19	8	5	8												MARTINEZ	F.P.C.
20	8	5	8												MARTINEZ	F.P.C.
21	8	5	8												MARTINEZ	F.P.C.
22	8	5	8												MARTINEZ	F.P.C.
23	8	5	8												MARTINEZ	F.P.C.
24	8	5	8												MARTINEZ	F.P.C.
25	8	5	8												MARTINEZ	F.P.C.
26	8	5	8												MARTINEZ	F.P.C.
27	8	5	8												MARTINEZ	F.P.C.
28	8	5	8												MARTINEZ	F.P.C.
29	8	5	8												MARTINEZ	F.P.C.
30	8	5	8												MARTINEZ	F.P.C.
31	8	5	8												MARTINEZ	F.P.C.
COLUMN TOTALS																

4 hrs personal leave

4 hrs compensatory time

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

R-88

COST CENTER 6558 25.0

COST CENTER 6387 75.0

EMPLOYEE SIGNATURE: *[Signature]* DATE: _____

SUPERVISOR SIGNATURE: *[Signature]* DATE: _____

CONTACT PHONE # _____

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Location Code: **ADMN11**

Period Ending Date: **04/15/2011**

Employee Name: **SLAUSON, DANA L**

Class Code: **VPW9** CHFC Code: **PERM** Emp. Type: **PART** Pos. Hrs.: **36.00**

Budget/Ord. No.: **0540/6387** Vac. Bal.: **560.00** Sick Bal.: **1483.57** Hol. Comp. (C): **0.00** FWS Comp.: **0.00** O.T. Comp.: **0.00** Admin Leave: **68.00** PTO Hrs.: **0.00**

Employee # **35064** 1st Half: **0540/6387** 2nd Half: **0540/6387** 3rd Half: **0540/6387** 4th Half: **0540/6387**

Start Date: **03/01/2011** End Date: **04/15/2011**

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: 1st HALF 2nd HALF	TIME		REG. HRS (3)	O.T. HOURS				NON WORK HOURS					(14) ADMIN. HRS	DIST. SECTION	
	(1) IN	(2) OUT	(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL		LOCATION	HOURS
16	8	12	4											MARTINEZ	6462
17	Sat													MARTINEZ	6387
18	Sun													CONCORD	6386
19	admin leave													PITTSBURG	6388
20	admin leave													BRENTWOOD	6390
21	8	5	8											RICHMOND	6384
22	8	5	8											MARTINEZ	6373
23	8	12	4											RICHMOND	6374
24	Sat													PITTSBURG	6375
25	Sun													MARTINEZ	6383
26	8	5	8											MARTINEZ	6380
27	8	5	8												
28	8	5	8												
29	8	5	8												
30	8	5	8												
31	Sat														
COLUMN TOTALS															

8 hrs admin leave
8 hrs admin leave

PTD
4 hrs extra for Hargrave

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

CCST CENTER %
 6558 25.0
 6387 75.0

Employee Signature: *[Signature]* DATE: _____
 Supervisor Signature: *[Signature]* DATE: _____

R-76

Location Code
JMN11
Period Ending Date
04/30/2011

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # 35064 Budget/Org. No. 0540/6387 Class Code VP#9 Employee Name SLAJSON, DANA L
 CHFC Code PERM Emp. Type PART Pos. Hrs. 36.00
 S O F 04/01/2011 Vac. Bal. 560.00 Sabb. Bal. 0.00 Sick Bal. 1490.77 Hot. Comp. (C) 0.00 FWS Comp 0.00 Pers Hol. Bal. (P) 37.40 O. T. Comp. 0.00 Admin Leave 68.00 PTO Hrs. 0.00

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

REG. CODE 1st HALF 2nd HALF	TIME		REG. HRS (3)	O.T. HOURS				NON WORK HOURS				ADMIN. HRS (14)	LOCATION (15)	DIST. SECTION HOURLY (16)
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HDL.	(11) OTHER PAID TIME OFF / DESC.			
16	Sat												MARTINEZ 6462	
17	Sun												MARTINEZ F.P.C. 6387	
18	8	5	8										CONCORD 6386	
19	8	5	8										PITTSBURG 6388	
20	8	5	8										BRENTWOOD 6390	
21	8	5	8										RICHMOND 6384	
22	8	5	8										MARTINEZ DENTAL 6373	
23	8	5	8										RICHMOND DENTAL 6374	
24	8	5	8										PITTSBURG DENTAL 6375	
25	8	5	8										MARTINEZ ER 6383	
26	8	5	8										MARTINEZ SPECIALTY 6380	
27	8	5	8											
28	8	5	8											
29	8	5	8											
30	Sat													
31	Sun													
COLUMN TOTALS														

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER 6558 25.00
 COST CENTER 6387 75.00

EMPLOYEE SIGNATURE: *[Signature]* DATE: _____
 SUPERVISOR SIGNATURE: *[Signature]* DATE: _____

CONTACT PHONE # _____

11D (1/29/10)

PAYROLL COPY

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

WEEK ONE 1st HALF	TIME (1) IN	REG. HRS (3)	O.T. HOURS				NON WORK HOURS				ADMIN. HRS (14)	DIST. SECTION	
			(4) S.T/O.T.	(5) ON CALL 1-8	(6) ON CALL 1-4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.			(12) HOURS
16	Sun												MARTINEZ 6462
17	8 5	8											MARTINEZ F.P.C. 6387
18	8 5	8											CONCORD 6386
19	1 5	4											PITTSBURG 6388
20	VAC												BRENTWOOD 6390
21	VAC												RICHMOND 6384
22	Sat												MARTINEZ DENTAL 6373
23	Sun												RICHMOND DENTAL 6374
24	VAC												PITTSBURG DENTAL 6375
25	8 5	8											MARTINEZ ER 6383
26	8 5	8											MARTINEZ SPECIALTY 6380
27	1 5	4											
28	8 12												
29	Sat												
30	Sun												
31													
COLUMN TOTALS													

Please use whatever R-72
 I am in danger of
 losing - I have more vac hrs
 scheduled out in May,
 Aug & Sept. Thanks

Employee Signature: *Rava Scauson* DATE: 5/11/11
 Supervisor Signature: *[Signature]* DATE:

Location Code
 ANIL
 Period Ending Date
 05/31/2011

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # 35064
 Budget/Orig. No. 0540/6387
 Class Code VP#9
 Employee Name SLAUSON, ANA L
 Sick Bal. 0.00
 Vac. Bal. 560.00
 CHFC Code PERM
 Emp. Type PART
 Pos. Hrs. 36.00
 O.T. Comp. 0.00
 O.T. Bal. (P) 39.20
 Admin Leave 52.00
 PTO Hrs. 0.00

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

WEEK ONE: 1st HALF 2nd HALF	TIME		REG. HRS (3)	O.T. HOURS				NONWORK HOURS				ADMIN. HRS (14)	DIST. SECTION	
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.		(12) HOURS	(13) AWOP/AWOL
16	8	5	8										MARTINEZ	6462
17	8	5	8										MARTINEZ	6462
18	8	5	8										MARTINEZ	6462
19	8	5	8										MARTINEZ	6462
20	8	12	4										MARTINEZ	6462
21	Sat												MARTINEZ	6462
22	Sun												MARTINEZ	6462
23	8	5	8										MARTINEZ	6462
24	8	5	8										MARTINEZ	6462
25	VAC												MARTINEZ	6462
26	VAC												MARTINEZ	6462
27	VAC												MARTINEZ	6462
28	Sat												MARTINEZ	6462
29	Sun												MARTINEZ	6462
30	holiday												MARTINEZ	6462
31	VAC												MARTINEZ	6462
COLUMN TOTALS														

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION.

Employee Signature: *Ana Lau* DATE: _____
 Supervisor Signature: _____ DATE: _____

Comments: *8 PHL*, *84 APL*, *PHL*, *84:48*, *7:12:701*

Summary Table:

LOCATION	HOUR
MARTINEZ 6462	
MARTINEZ 6387	
CONCORD 6386	
PITTSBURG 6388	
BRENTWOOD 6390	
RICHMOND 6384	
MARTINEZ DENTAL 6373	
RICHMOND DENTAL 6374	
PITTSBURG DENTAL 6375	
MARTINEZ ER 6383	
MARTINEZ SPECIALTY 6380	

Additional Notes: *Please use notes whatever notes center in danger of losing Thank you*

PERCENTAGES: 75.0%, 25.0%

Location Code
ADMN11
 Period Ending Date
06/15/2011

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # **35064** Budget/Org No. **0540/6387** Class Code **VP#9** Employee Name **SLAUSSON, DANA L** CHFC Code **PERM** Emp. Type **PART** Pos. Hrs. **36.00**
 ISO **05/01/2011** Vac. Bal. **560.00** Sick Bal. **1497.97** Hol. Comp. (C) **0.00** FWS Comp **0.00** O.T. Comp. **0.00** Admin Leave **52.00** PTO Hrs. **0.00**

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

HECK ONE: 1st HALF 2nd HALF	TIME		REG. HRS (3)	O.T. HOURS							NON WORK HOURS				(14) ADMIN. HRS	DIST. SECTION	LOCATION	HOUP
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1-8	(6) ON CALL 1-4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL					
16	8	5	8													MARTINEZ 6462		
17	8	5	8													MARTINEZ F.P.C. 6387		
18	8	12	4													CONCORD 6386		
19	SAT															PITTSBURG 6388		
20	SUN															BRENTWOOD 6390		
21	8	5	8													RICHMOND 6384		
22	8	5	8													MARTINEZ DENTAL 6373		
23	10	5	6													RICHMOND DENTAL 6374		
24	8	5	8													PITTSBURG DENTAL 6375		
25	8	12	4													MARTINEZ ER 6383		
26	SAT															MARTINEZ SPECIALTY 6380		
27	SUN																	
28	8	5	8															
29	8	5	8															
30	8	5	8															
31																		
COLUMN TOTALS																		

PHL
(2) PM

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER %
 6387 75.0
 6558 25.0

EMPLOYEE SIGNATURE _____ DATE _____
 SUPERVISOR SIGNATURE _____ DATE _____

CONTACT PHONE # _____

PAYE COPY

3506
 3064
 6/01/2011
 Budget/Ord. No. 0540/6387
 Class Code VPM9
 Employee Name SLAUSON, DANA L
 SICK BAL. 1505.17
 VAC. BAL. 553.00
 CHFC Code PERM
 Emp. Type PART
 Pos. Hrs. 36.00
 Period Ending Date 06/30/2011
 PTO Hrs. 0.00
 O.T. Comp. 0.00
 Pers. Hol. Bal. (P) 32.20
 Admin Leave 0.00
 Location Code MN11

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CK ONE: 1st HALF 2nd HALF	TIME	O.T. HOURS								NON WORK HOURS				SUMMARY		
		(1) IN	(2) OUT	(3) REG. HRS	(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL	(14) ADMIN. HRS	DIST. SECTION
16	8 5			8												MARTINEZ 6462
17	8 12			4												MARTINEZ F.P.C. 6387
18	Salt															CONCORD 6386
19	Salt															PITTSBURG 6388
20	8 5			8												BRENTWOOD 6390
21	VAC															RICHMOND 6384
22	VAC															MARTINEZ DENTAL 6373
23	VAC															RICHMOND DENTAL 6374
24	VAC															PITTSBURG DENTAL 6375
25	Salt															MARTINEZ ER 6383
26	SUN															MARTINEZ SPECIALTY 6380
27	VAC															
28	VAC															
29	VAC															
30	VAC															
31	COLUMN TOTALS															

8884
 VAC

8888
 ALP

PORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

Please use whatever COST CENTER his salary is most likely 6387
 most likely 6558
 Thank you
 R-80

EMPLOYEE SIGNATURE: *Dana Slauson* DATE: _____
 SUPERVISOR SIGNATURE: _____ DATE: _____

CONTACT PHONE # 214-370-5158
 CONTACT PHONE # 214-370-5158

PAYROLL COPY

Employee # 35064 Budget/Orig. No. 0540/6387 Class Code VP#9 Employee Name SLAUSON, DANA L Location Code ADMIN1
 S of 06/01/2011 Vac. Bal. 553.00 Sabb. Bal. 0.00 Sick Bal. 1505.17 Hoi. Comp. (C) 0.00 FWS Comp 0.00 Pers. Hol. Bal. (P) 32.20 O.T. Comp. 0.00 Admin Leave 32.00 PTO Hrs. 0.00
 CHFC Code PERM Emp. Type PART Pos. Hrs. 36.00 Period Ending Date 06/30/2011

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: 1st HALF 2nd HALF	TIME		REG. HRS				O.T. HOURS				NON WORK HOURS				ADMIN. HRS (14)	DIST. SECTION	
	(1) IN	(2) OUT	(3)	(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOPI/AWOL	LOCATION		HOUP	
16	8	5	8											MARTINEZ	6462		
17	8	12	4											MARTINEZ	F.P.C. 6387		
18	Sabb													CONCORD	6386		
19	Sabb													PITTSBURG	6388		
20	8	5	8											BRENTWOOD	6380		
21	VAC													RICHMOND	6384		
22	VAC													MARTINEZ	DENTAL 6373		
23	VAC													RICHMOND	DENTAL 6374		
24	VAC													PITTSBURG	DENTAL 6375		
25	Sabb													MARTINEZ	ER 6383		
26	Sabb													MARTINEZ	SPECIALTY 6380		
27	VAC																
28	VAC																
29	VAC																
30	VAC																
31																	
COLUMN TOTALS																	

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

Please use
 whatever
 hrs you
 most
 to lose
 thank you

EMPLOYEE SIGNATURE: *[Signature]* DATE: _____
 SUPERVISOR SIGNATURE: *[Signature]* DATE: _____
 CONTACT PHONE #: _____

Attachment #6

Name ID #
 Farey, Krista 45612

Year	Month	Code	Hours	Decimal
2012	January	D32	24	24
2012	February	D32	30	30
2012	March	D32	24	24
2012	April	D32	30	30
2012	May	D32	22:30	22.5
2012	June	D32	31:30	31.5
2012	July	D32	18	18
2012	August	D32	7:30	7.5
2012	September	D32	13:30	13.5
2012	October	D32	33	33
2012	November	D32	19:30	19.5
2012	December	D32	21	21

(Kronos has 15....add 15 per adjustment)

Total Hours (Decimal) 274.5

CONTRA COSTA HEALTH VICES - PAYROLL TIME SHEET
 Employee # 45612 - 1st HALF - 4016384 - Class Code VPM9 - Employee Name FAREY KRISTAL C
 AS OF 01/01/2012 - 374.93 - Sabb. Bal. 0.00 - Sick Bal. 533.67 - FMS Comp 0.00 - O.T. Comp. 0.00 - Admin Leave 56.00 - PFTO Hrs. 0.00 - Pos. Hrs. 28.00 - Period Ending Date 01/31/20
 Location Code PICH13

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: 1st HALF 2nd HALF	TIME		REG. HRS (3)	O.T. HOURS				NON WORK HOURS				(14) ADMIN. HRS	DIST. SECTION LOCATION H01
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1-8	(6) ON CALL 1-8	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.		
X	8	9:30	12	(4 here)					ALP 2:40	06 Hol - NAWOL	4		MARTINEZ 6462
	10	12	4										MARTINEZ F.P.C. 6387
	8	12	4										CONCORD 6386
	8	12	8	(2 here)									PITTSBURG 6388
	8	12	12	(2 here)									BRENTWOOD 6390
	10	12	4										RICHMOND 6384
	8	12	4										MARTINEZ DENTAL 6373
	8	5	8										RICHMOND DENTAL 6374
	8	9:30	12	(4 here)									PITTSBURG DENTAL 6375
	COLUMN TOTALS		68	2							4	56	MARTINEZ ER 6383

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER 6384
 % 100.0
 DATE 1/23/12
 EMPLOYEE SIGNATURE [Signature]
 SUPERVISOR SIGNATURE [Signature]
 CONTACT PHONE # B80-12

PAYROLL COPY

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # 45612 Budget/Orig. No. 0540/6384 Class Code VPM9 Employee Name FAREY KRISTIA C
 AS OF 12/01/2011 Vac. Bal. 365.66 Sick Bal. 628.07 FWS Comp 0.00 Pers. Hol. Bal. (P) 31.20 O.T. Comp. 0.00 Admin Leave 0.00 PTO Hrs. 0.00
 CHFC Code PERM Emp. Type PART Pos. Hrs. 28.00
 Location Code RICH13 Period Ending Date 01/15/20

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE <input type="checkbox"/> REGULAR <input type="checkbox"/> PART-TIME	TIME		REG. HRS (3)	O.T. HOURS				NON WORK HOURS				ADMIN. HRS (14)	DIST. SECTION
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALLWORKED	(8) VAS	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.		
<input checked="" type="checkbox"/>	8	9:12	12										MARTINEZ 6462
<input checked="" type="checkbox"/>	10	12	4	1:30 (leave)	1:30	1:30	4			Collected 1:01 5:36 2:4	4		MARTINEZ F.P.C. 6387
<input checked="" type="checkbox"/>	8	8	8	12	12	12	4			Collected 1:2 1:30 1:30 1:30	4		CONCORD 6386
<input checked="" type="checkbox"/>	8	5	8										PITTSBURG 6388
<input checked="" type="checkbox"/>	8	9:12	12										BRENTWOOD 6390
<input checked="" type="checkbox"/>	10	12	4							Collected 5:6 2:4	4		RICHMOND 6384
COLUMN TOTALS			40										MARTINEZ DENTAL 6373
													RICHMOND DENTAL 6374
													PITTSBURG DENTAL 6376
													MARTINEZ ER 6383
													MARTINEZ SPECIALTY 6380

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *[Signature]* DATE: 1/9/11
 SUPERVISOR SIGNATURE: *[Signature]* DATE:

COST CENTER: 6384
 CENTER: 6384
 100.00

B83 - 8

CONTACT PHONE #

REALITY SERVICES DEPARTMENT -- TIME SHEET CORRECTIONS

Employee #: 45612 Name: R Farcy MD
 Pay Period Ending: 1/15/12 Location Code/Mail Drop I.D.: 13
 Emp Type: CHECK ONE Perm PI TEMP (please fill in your code)

Class Code: Contact Phone Number:

DATE	ORG #	IN INDICATE AM or PM or MILITARY TIME	OUT INDICATE AM or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
1/4		1230	1	.5			ST/OT
							Covered
							NST Reading

**List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.

Supervisor Approval: [Signature] Date:
 (supervisor's signature)

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

PAY-1-0 (9/6/05)

WHITE - PAYROLL / CANARY - DEPT.

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # 45612 Budget/Org. No. 0540/6384 Class Code VP #9 Employee Name FAREY, KRISTAC
 AS OF 01/01/2012 Vac. Bal. 374.93 Sabb. Bal. 0.00 Sick Bal. 633.67 Hol. Comp. (C) 0.00 FWS Comp 0.00 O.T. Comp. 0.00 PTO Hrs. 0.00
 Location Code RICH13 CHFC Code PERM Admin Leave Emp. Type PART Pos. Hrs. 28.00 Period Ending Date 02/15/201

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: 1st HALF 2nd HALF	TIME		REG. HRS (3)	O.T. HOURS				NON WORK HOURS				(14) ADMIN. HRS	DIST. SECTION	
	(1) IN	(2) OUT		(4) S.T. OFF.	(5) ON CALL 1-8	(6) ON CALL 1-4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.		(12) HOURS	(13) AWOP/AWOL
16	10	2	4	0.00	1:30	1:30	3.00						MARTINEZ 6462	
17	8A	12	4	6:30	1:30	1:30							MARTINEZ F.P.C. 6387	
18	5P	12	4	12	1:30	1:30							CONCORD 6386	
19	12A	6A	4		1:30	1:30							PITTSBURG 6388	
20	8A	8P	8		1:30	1:30							BRENTWOOD 6390	
21	8	5	8		1:30	1:30							RICHMOND 6384	
22	8	9P	12*	(here)	1:30	1:30							MARTINEZ DENTAL 6373	
23	10	2	4		1:30	1:30							RICHMOND DENTAL 6374	
24	8	12	4		1:30	1:30							PITTSBURG DENTAL 6375	
25			4		1:30	1:30							MARTINEZ ER 6383	
26			4		1:30	1:30							MARTINEZ SPECIALTY 6380	
27			4		1:30	1:30								
28	8	5	8		1:30	1:30								
29	8	9P	12*	(here)	1:30	1:30								
30	10	2	4		1:30	1:30								
31			4		1:30	1:30								
COLUMN TOTALS			60	1	155									

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *[Signature]* DATE: 2/8/12
 SUPERVISOR SIGNATURE: *[Signature]* DATE: _____

COST CENTER 6384 100.00 R-68
 383-8

HEALTH SERVICES DEPARTMENT — TIME SHEET CORRECTIONS

Employee #: 45612 Name: K Farcy MO 13
 Pay Period Ending: 2/15/12 Location Code/Mail Drop I.D.: _____ (please fill in your code)
 Emp Type: CHECK ONE: Perm _____ PI _____ TEMP _____

Class Code: _____ Contact Phone Number: _____

DATE	ORG #	IN INDICATE AM or PM OF MILITARY TIME	OUT INDICATE AM or PM OF MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
2/11				6.6			on-call 1.4
2/12				6.6			
2/13				6.6			
2/14				6.6			
2/15				6.6			
2/16				6.6			
2/17				6.6			
2/18				6.6			
2/19				6.6			
2/20				6.6			
2/21				6.6			
2/22				6.6			

Supervisor Approval: _____ Date: _____
 (supervisor's signature)

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.
 WHITE - PAYROLL / CANARY - DEPT.

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: 1st HALF 2nd HALF	TIME		REG. HRS (3)	O.T. HOURS				NON WORK HOURS				(14) ADMIN. HRS	DIST. SECTION		
	(1) IN	(2) OUT		(4) S.T./O.I. ON CALL 1:8	(5) ON CALL 1:8 CALL WORKED	(6) ON CALL 1:8 CALL WORKED	(7) VAC	(8) SICK TIME	(9) PERSONAL HOL.	(10) OTHER PAID TIME OFF / DESC.	(11) HOURS			(12) AWOPI/AWOL	
16	8	5:30	4	4	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	MARTINEZ 6462
17															MARTINEZ F.P.C. 6387
18															CONCORD 6386
19															PITTSBURG 6388
20															BRENTWOOD 6390
21	7.5	12:00	12	4	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	RICHMOND 6384
22	10	2	4	4	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	MARTINEZ DENTAL 6373
23	8	12	4	4	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	RICHMOND DENTAL 6374
24															PITTSBURG DENTAL 6375
25															MARTINEZ ER 6383
26															MARTINEZ SPECIALTY 6380
27	8	8	8	4	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	
28	8	9:30	12	4	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	
29	10	2	4	4	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	
30															
31															
COLUMN TOTALS			486	9											

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER 6384
% 100.0
R-53:36

EMPLOYEE SIGNATURE
SUPERVISOR SIGNATURE
DATE 2/20/12

B83-8
MWH-160

CONTACT PHONE #
DATE

WALTON SERVICES DEPARTMENT — TIME SHEET CORRECTIONS

Employee #: 45612 Name: K FAREY MD
 Pay Period Ending: 2/29/12 Location Code/Mail Drop I.D.: _____ (please fill in your code)
 Emp Type: CHECK ONE: Perm PI _____ TEMP _____

Class Code: _____ Contact Phone Number: _____

DATE	ORG #	IN INDICATE AM or PM or MILITARY TIME	OUT INDICATE AM or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
2/16				6			ON-call 1:4
2/17				6			
2/21				6			
2/22				6			
2/23				6			
2/24				6			
2/27				6			
2/28				6			
2/29				6			

**List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.

Supervisor Approval: [Signature] Date: _____
 (supervisor's signature)

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

Employee #: 45612 **ATTACHMENT I - TIME SHEET CORRECTIONS** B
 Pay Period Ending: 2/29/12 Name: R. Farley MW
 Emp Type: CHECK ONE: Perm _____ Location Code/Mail Drop I.D.: _____
 Class Code: _____ PI _____ TEMP _____ (please fill in your code)
 Contact Phone Number: _____

DATE	ORG #	IN INDICATE AM or PM or MILITARY TIME	OUT INDICATE AM or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
2/28		1200	100				Cover - FAD/NSTS

** List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.
 Supervisor Approval: [Signature] Date: _____
 (supervisor's signature)

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.
 WHITE - PAYROLL / CANARY - DEPT.

Location Code

RJ 13

Period End Date 03/15/2012

Pos. Hrs. 28.00

Emp. Type PART

CHFC Code PERM

Admin Leave

O.T. Comp. 0.00

Pers Hol. Bal. (P) 34.00

FMS Comp 0.00

Hol. Comp. (C) 0.00

Sick Bal. 639.27

Class Code VPW9

Budget/Orig. No. 0540/6384

Employee Name FAREY, KRISTA C

Sick Bal. 0.00

Class Code VPW9

AS OF 02/01/2012

Vac. Bal. 378.60

Class Code VPW9

Budget/Orig. No. 0540/6384

AS OF 02/01/2012

Vac. Bal. 378.60

Sick Bal. 639.27

Hol. Comp. (C) 0.00

FMS Comp 0.00

Pers Hol. Bal. (P) 34.00

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

SUMMARY

CHECK ONE: <input type="checkbox"/> 1st HALF <input checked="" type="checkbox"/> 2nd HALF	TIME		REG. HRS (3)	(4) S.T./O.T.	O.T. HOURS				NON WORK HOURS				(14) ADMIN. HRS	DIST. SECTION
	(1) IN	(2) OUT			(5) ON CALL 1-8	(6) ON CALL 1-4	(7) CALL WORKER	(8) VAC.	(9) SICK TIME	(10) PERSONAL HDL	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS		
1	8	12	4											MARTINEZ 6462
2														MARTINEZ F.P.C. 6387
3	12	12 MN												CONCORD 6386
4	12 MN	8A											4	PITTSBURG 6388
5	8	5	8		6:11:30									BRENTWOOD 6380
6	8	9:30	12.5		6:11:30									RICHMOND 6384
7	10	2	4		6:11:30									MARTINEZ DENTAL 6373
8	8	12	4		6:11:30									RICHMOND DENTAL 6374
9														PITTSBURG DENTAL 6375
10														MARTINEZ ER 6383
11														MARTINEZ SPECIALTY 6380
12														
13														
14														
15														
16														
17														
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19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
COLUMN TOTALS			28	0.5	42	18	28						4	

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET/CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER 6384 % 100.0

DATE 3/8/12 EMPLOYEE SIGNATURE

DATE SUPERVISOR SIGNATURE

CONTACT PHONE #

13

PAYROLL COPY

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # 6302 Budget/Orig # 0540/6384 Employee Name FACEY KRISTA FMS Comp M.D. CHFC Code Emp. Type Pos. Hrs. 228 Location Code RICH
 AS OF Vac. Bal. Sick Bal. Hol. Comp. (C) Pers Hdi. Bal. (P) O. T. Comp. Admin Leave PTO Hrs. Period Ending Date 3/31/12

Check One: <input type="checkbox"/> 1st half <input checked="" type="checkbox"/> 2nd half	TIME		REGULAR HOURS			O.T. HOURS			NONWORK HOURS				SUMMARY						
	(1) ORG.#	(2) IN	(3) OUT	(4) DAY	(5) PM	(6) NIGHT	(7) O.T.	(8) S.T. O.T.	(9) O.T. 1/2	(10) Call Worked	(11) VAC.	(12) Sick Time	(13) HOL. ACC.	(14) Description	(15) Hours	(16) AWOL/AWOL	DIST. SECTION	HOURS WORKED	OT Hrs
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			
16																			
17																			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			
27																			
28																			
29																			
30																			
31																			
Column Totals																			
INDICATE TOTAL COLUMNS 4 THRU 16 HERE																			

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

For Payroll Use Only

DAYS OFF/ROTATION NO. HAZARD HOURS STAT HOURS
 SHIFT DIFFERENTIAL HOURS
 EMPLOYEE SIGNATURE [Signature] DATE 3/31/12
 SUPERVISOR SIGNATURE [Signature] DATE
 CONTACT PHONE #

PAYROLL

VEHICLES DEPARTMENT - TIME SHEET CORRECTIONS

Employment #: 45612 Name: K. Finley MD
 Pay Period Ending: 3/31/12 Location Code/Mail Drop I.D.: 3
 Emp Type: CHECK ONE Perm PI TEMP TEMP (please fill in your code)

Class Code: _____ Contact Phone Number: _____

DATE	ORG #	IN INDICATE AM or PM or MILITARY TIME	OUT INDICATE AM or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
3/20		12	1230		30 mins 30		NST Ready's
3/25		9	5		7		ST/OT DFM Retreat
3/27		12	1230		30 mins 30	14:00 PM	ST/OT

**List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.

Supervisor Approval: [Signature] Date: _____
 (supervisor's signature)

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

WHITE - PAYROLL / CANARY - DEPT.

PAY-0 (9/8/05)

Location Code
 RICHIL3
 Period Ending Date
 04/15/2012

CHFC Code
 PERM
 Admin Leave
 53.33

Emp. Type
 PART
 PTO Hrs.
 0.00

Pos. Hrs.
 28.00

ChFC Code
 PERM
 Admin Leave
 0.00

O.T. Comp.
 0.00

FWS Comp.
 0.00

Pers Hol. Bal. (P)
 35.40

Hol. Comp. (C)
 0.00

Sick Bal.
 54.77

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

K:ONE 4 HALF ID HALF	TIME		REG. HRS		O.T. HOURS						NON WORK HOURS				SUMMARY	
	(1) IN	(2) OUT	(3)	(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL	(14) ADMIN. HRS	LOCATION	DIST. SECTION
	8	5	8	<i>OTD</i>	1:30										MARTINEZ 6462	
	130A	9:30	12	0.5	<i>THRU</i> 1:30				<i>pay tie</i>					4	MARTINEZ F.P.C. 6387	
	10	2	4		1:30										CONCORD 6386	
	8	12	4		1:30										PITTSBURG 6388	
															BRENTWOOD 6380	
	8	5	8		1:30									4	RICHMOND 6384	
	730A	9:30	12	0.5	<i>THRU</i> 1:30										MARTINEZ DENTAL 6373	
	10	2	4		1:30										RICHMOND DENTAL 6374	
	8	12	4		1:30										PITTSBURG DENTAL 6376	
															MARTINEZ ER 6383	
															MARTINEZ SPECIALTY 6380	
	COLUMN TOTALS		56	1.0										8		

PORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER 6384 100.0

EMPLOYEE SIGNATURE: *[Signature]* DATE: 4/10/12

SUPERVISOR SIGNATURE: *[Signature]* DATE: 4-5-12

R-56
B83-8

CONTACT PHONE #

PAYROLL COPY

2 (1/29/10)

VALIUM SERVICES DEPARTMENT — TIME SHEET CORRECTIONS

Employee #: 45612 Name: R. Farley MD
 Pay Period Ending: 4/15/12 Location Code/Mail Drop I.D.#: 19
 (please fill in your code)
 Emp Type: CHECK ONE Perm PI TEMP TEMP

Class Code: _____ Contact Phone Number: _____

DATE	ORG #	IN INDICATE AM or PM or MILITARY TIME	OUT INDICATE AM or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
4/2				6			Panel management on call 1:4
4/3				6			
4/4				6			
4/5				6			
4/6				6			
4/10				6			
4/11				6			
4/12				6			
4/13				6			2012 MAY - 4

**List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.

Supervisor Approval: [Signature] (supervisor's signature) Date: _____

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.



To: Linda Montenegro <Linda.Montenegro@ac.cccounty.us>,
Cc: Haj Nahal <hnaha@ac.cccounty.us>,
Bcc:
Subject: Payline Adj; Perm; Farey, Krista#45612
From: Olga Adams/Per/HSD/US - Friday 05/04/2012 12:51 PM

Hi Linda,

Please change payline to show total 15hrs D32 (1.50hrs on 4-2; 1.50hrs on 4-3 1.50hrs on 4-4; 1.50hrs on 4-5; 1.50hrs on 4-6; 1.50hrs on 4-9; 1.50hrs on 4-10;1.50hrs on 4-11; 1.50hrs on 4-12; 1.50hrs on 4-13

PPE 4-30-12

TSCF

Thanks,

Olga P. Adams

Health Services Payroll

(925) 957-5223 or (7-5223)

(925) 957-5220 - Fax

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CONTRA COSTA HEALTH SERV. S - PAYROLL TIME SHEET

Employee Name: **FAREY, KRISTIA C**
 Class Code: **VPW9**
 Budget/Out. no.: **0540/6384**
 Vac. Bal.: **365.76**
 S.T./O.T.: **0.00**
 Sick Bal.: **550.39**
 Hol. Comp. (C): **0.00**
 FWS Comp: **0.00**
 Pers. Hol. Bal. (P): **36.80**
 O.T. Comp.: **0.00**
 Admin Leave: **53.33**
 PTO Hrs.: **0.00**
 Pos. Hrs.: **28.00**
 Emp. Type: **PART**
 CHFC Code: **PERM**
 Date: **04/30/2012**

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

DATE	TIME		REG. HRS	O.T. HOURS							NON WORK HOURS				ADMIN. HRS	LOCATION	DIST. SECTION
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 18	(6) ON CALL 14	(7) CALL-WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL	(14)			
16	7:50	9:00	12	OTD		D32	8	VAC							MARTINEZ	6462	
17	7:50	9:00	12	0.5	(where)	1:30									MARTINEZ	F.P.C. 6387	
18	8:00	9:00	1	4		1:30									CONCORD	6386	
19	8:00	9:00	1			1:30									PITTSBURG	6388	
20	8:00	9:00	1	12		1:30									BRENTWOOD	6390	
21	8:00	9:00	1	4		1:30									RICHMOND	6384	
22	8:00	9:00	1	4		1:30									MARTINEZ	DENTAL 6373	
23	8:00	9:00	1	1		1:30									RICHMOND	DENTAL 6374	
24	8:00	9:00	1	1		1:30									PITTSBURG	DENTAL 6375	
25	8:00	9:00	1	1		1:30									MARTINEZ	ER 6383	
26	8:00	9:00	1	1		1:30									MARTINEZ	SPECIALTY 6380	
27	8:00	9:00	1	1		1:30											
28	8:00	9:00	1	1		1:30											
29	8:00	9:00	1	1		1:30											
30	8:00	9:00	1	1		1:30											
31																	
COLUMN TOTALS			60	35		60	12	8									

PORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER: 6384
 %: 100.0
 DATE: 4/19/12
 EMPLOYEE SIGNATURE: [Signature]
 SUPERVISOR SIGNATURE: [Signature]

CONTACT PHONE#

HEALTH SERVICES DEPARTMENT — TIME SHEET CORRECTIONS

Employee #: 45612 Name: K Farcy MD
 Pay Period Ending: 4/30/12 Location Code/Mail Drop I.D.: _____ (please fill in your code)
 Emp Type: CHECK ONE Perm _____ PI _____ TEMP _____

Class Code: _____ Contact Phone Number: _____

DATE	ORG #	IN INDICATE AM or PM or MILITARY TIME	OUT INDICATE AM or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
4/26		1200	1230	1.5			ST/OT NST Reading

**List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.

Supervisor Approval: [Signature] (supervisor's signature) Date: _____

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

WHITE - PAYROLL / CANARY - DEPT.

PAY1-0 (9/9/05)

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # 45612	Budget/Crg. No. 0540/6384	Class Code VPM9	Employee Name FAREY, KRISTIA C	ChFC Code PERM	Emp. Type PART	Pos. Hrs. 28.00	Location Code RICH13
ASOF 04/01/2012	Vac. Bal. 365.76	Sabb. Bal. 0.00	Sick Bal. 650.39	Hol. Comp. (C) 0.00	FVS Comp 0.00	Pers Hol. Bal. (P) 36.80	Period Ending Date 05/15/2012
				O. T. Comp. 0.00	Admin Leave 53.33	PTO Hrs. 0.00	

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE REGULAR SABBATH	TIME (1) IN (2) OUT	REG. HRS (3)	S.T.O.T. (4)	O.T. HOURS			NON WORK HOURS				ADMIN. HRS	SUMMARY DIST. SECTION LOCATION HOURS	
				ON CALL 1:8 (5)	ON CALL 1:4 (6)	CALL WORKED (7)	VAC. (8)	SICK TIME (9)	PERSONAL HOL. (10)	OTHER PAID TIME OFF / DESC. (11)			HOURS (12)
	8a	9a	12	3.5		6:11:30							MARTINEZ 6482
	10	2	4			6:11:30							MARTINEZ 6482
	8	12	4			6:11:30							MARTINEZ F.P.C. 6387
						6:11:30							CONCORD 6386
						6:11:30							PITTSBURG 6388
						6:11:30							BRENTWOOD 6390
													RICHMOND 6384
													MARTINEZ DENTAL 6373
													RICHMOND DENTAL 6374
													PITTSBURG DENTAL 6376
													MARTINEZ ER 6383
													MARTINEZ SPECIALTY 6380
COLUMN TOTALS		44				42	12	20			4		

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *[Signature]* DATE: 5/6/12

SUPERVISOR SIGNATURE: *[Signature]* DATE: 5/6/12

COST CENTER: 6384

PERM: 100.00

R-570

B83-8



To: Linda Montenegro <Linda.Montenegro@ac.cccounty.us>
Cc: Haj Nahal <hnaha@ac.cccounty.us>
Bcc:
Subject: Pay Adj; Perm;Farey, Krista#45612
From: Olga Adams/Per/HSD/US - Thursday 09/06/2012 08:14 AM

Hi Linda,
Please delete 12hrs OTD (for date 5-12-12) instead please pay 12hrs D39
PPE 5-31-12
payroll coding error

Thanks,

Olga P. Adams

Health Services Payroll

(925) 957-5223 or (7-5223)

(925) 957-5220 - Fax

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CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # 45612 Bus. No. 0540/5384 Class Code VPM9 Employee Name FAREY, KRISTIA C CHFC Code PERM Emp. Type PART Pos. Hrs. 28.00 Period End Date 05/31/2012

AS OF 05/01/2012 Vac. Bal. 369.43 Sick Bal. 0.00 FWS Comp 0.00 Pers. Hol. Bal. (P) 38.20 O.T. Comp. 0.00 Admin Leave 53.33 PTO Hrs. 0.00

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: <input type="checkbox"/> 1st HALF <input type="checkbox"/> 2nd HALF	TIME		REG. HRS (9)	O.T. HOURS				NON WORK HOURS				ADMIN. HRS (14)	DIST. SECTION		
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.		(12) HOURS	(13) AWOP/ANWOL	LOCATION
1															
2															
3															
4															
5															
6			8												
7	8	5	12												
8	8	9	2												
9	10	2	4												
10	8	12	4												
11															
12															
13															
14	8	9	12												
15	10	2	4												
16	8	12	4												
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															
30															
31															
COLUMN TOTALS			48												

SUMMARY

LOCATION	HOURS
MARTINEZ 6462	
MARTINEZ F.P.C. 6387	
CONCORD 6386	
PITTSBURG 6388	
BRENTWOOD 6390	
RICHMOND 6384	
MARTINEZ DENTAL 6373	
RICHMOND DENTAL 6374	
PITTSBURG DENTAL 6375	
MARTINEZ ER 6383	
MARTINEZ SPECIALTY 6380	

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER 6384 100.00

DATE 5/21/12

DATE 5-21-12

383-8

EMPLOYEE SIGNATURE _____

SUPERVISOR SIGNATURE _____

CONTACT PHONE # _____

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee Name: **FAREY, KRISTIA C** CHFC Code: **PERM** Emp. Type: **PART** Pos. Hrs.: **28.00** Period Ending Date: **06/15/2012**

Budget/Org. No.: **0540/6384** Classes Code: **VP49** Sick Bal.: **0.00** Hal. Comp. (C): **0.00** O.T. Comp.: **0.00** Admin. Leave: **53.33** PTO Hrs.: **0.00**

2/01/2012 Vac. Bal.: **369.43** S.T./O.T.: **4** On Call 1-8: **0.00** Long-Term Call: **0.00** Pers. Hol. Bal. (P): **38.20**

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

ONE HALF DATE	TIME		REG. HRS	O.T. HOURS				NON WORK HOURS				(14) ADMIN. HRS	DIST. SECTION
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1-8	(6) LONG-TERM CALL	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.		
16	1	5	8	4									MARTINEZ 6462
17	8	8p	8										MARTINEZ F.P.C. 6387
18	8	5	8										CONCORD 6386
19	8	9p	12										PITTSBURG 6388
20	6A	12:30P	4										BRENTWOOD 6390
21	8	5	4										RICHMOND 6384
22	5p	10p	5										MARTINEZ DENTAL 6373
23	8	8	8										RICHMOND DENTAL 6374
24	8	9p	12										PITTSBURG DENTAL 6375
25	8	2	4										MARTINEZ ER 6383
26	8	12	4										MARTINEZ SPECIALTY 6380
27	8	12	4										
28	8	12	4										
29	8	12	4										
30	8	12	4										
31													
COLUMN TOTALS			56	27	66	12							

SUMMARY

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *[Signature]* DATE: 5/20/12

SUPERVISOR SIGNATURE: *[Signature]* DATE: _____

COST CENTER: 6384 % 100.0
R-50
B-83-8

CONTRA COSTA HEALTH SERVICES - S - PAYROLL TIME SHEET
 Employee Name: **FAREY, KRISTA C.**
 Class Code: **VPW9** CHFC Code: **PERM** Emp. Type: **PART**
 Budget/Org. No.: **0540/6384** Pos. Hrs.: **28.00** Date: **06/30/2012**
 Vac. Bal.: **354.10** S.I.C. Bal.: **0.00** F.W.S. Comp.: **0.00** O.T. Comp.: **0.00** PTO Hrs.: **0.00**
 Sick Bal.: **661.59** Pers. Hol. Bal. (P): **32.20** Admin Leave: **0.00**

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

KONE 1-HALF 3-HALF	TIME		REG. HRS. (3)	O.T. HOURS				NON WORK HOURS				ADMIN. HRS (14)	LOCATION	DIST. SECTION	
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.				(12) HOURS
16															
17															
18	8	6	8	OTD											
19	8	10 ³⁰	12	1 (extended)											
20	10	2	4	1 (where)											
21	8	12	4												
22															
23															
24															
25	8	5	8												
26	8	10 ³⁰	12	1 - (extended)											
27	10	2	4	4 (where)											
28	8	5	4	4 (extended)											
29															
30															
31															
COLUMN TOTALS			56	87	60										

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *[Signature]* DATE: *6/24/12*
 SUPERVISOR SIGNATURE: _____ DATE: _____

COST CENTER: **6384** 100.00
 CENTER: **6384**

R-56
B88-8

CONTACT PHONE #

Location Code: RICH13
 Period Ending Date: 07/15/2012
 Pos. Hrs.: 28.00
 PTO Hrs.: 0.00
 Emp. Type: PART
 CHFC Code: PERM
 Admin Leave: 53.33
 O.T. Comp.: 0.00
 O.T. Comp.: 32.20
 Pers Hol. Bal. (P): 0.00
 FWS Comp.: 0.00
 Hol. Comp. (C): 0.00
 Sick Bal.: 661.59
 Vac. Bal.: 354.10
 Class Code: VPW9
 Employee Name: FAREY, KRISTA C.
 Budget/Ord. No.: 0540/6384
 AS OF: 06/01/2012
 Budget/Ord. No.: 0540/6384
 Class Code: VPW9
 Employee Name: FAREY, KRISTA C.
 Budget/Ord. No.: 0540/6384
 AS OF: 06/01/2012

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: <input type="checkbox"/> 1st HALF <input type="checkbox"/> 2nd HALF	TIME		REG. HRS (3)	O.T. HOURS				NON WORK HOURS				ADMIN. HRS (14)	DIST. SECTION					
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.		(12) HOURS	(13) AWOP/AWOL	LOCATION	HOURS		
1	8:00	5:00	8															
2	8:00	9:15	8															
3	8:00	9:15	8															
4	8:00	9:15	8															
5	8:00	9:15	8															
6	8:00	9:15	8															
7	8:00	9:15	8															
8	8:00	9:15	8															
9	8:00	9:15	8															
10	8:00	9:15	8															
11	8:00	9:15	8															
12	8:00	9:15	8															
13	8:00	9:15	8															
14	8:00	9:15	8															
15	8:00	9:15	8															
16	8:00	9:15	8															
17	8:00	9:15	8															
18	8:00	9:15	8															
19	8:00	9:15	8															
20	8:00	9:15	8															
21	8:00	9:15	8															
22	8:00	9:15	8															
23	8:00	9:15	8															
24	8:00	9:15	8															
25	8:00	9:15	8															
26	8:00	9:15	8															
27	8:00	9:15	8															
28	8:00	9:15	8															
29	8:00	9:15	8															
30	8:00	9:15	8															
31	8:00	9:15	8															
COLUMN TOTALS			520															

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *[Signature]* DATE: 7/5/12
 SUPERVISOR SIGNATURE: *[Signature]* DATE: _____

COST CENTER: 6384
 %: 100.0

B83-8
Q-56

HEALTH SERVICES DEPARTMENT - TIME SHEET CORRECTIONS

Employee #: _____ Name: H. F. A. y mo
 Pay Period Ending: 7/15/12 Location Code/Mail Drop I.D.: 13
 (please fill in your code)
 Emp Type: CHECK ONE: Perm _____ PI _____ TEMP _____
 Class Code: _____ Contact Phone Number: _____

DATE	ORG #	IN INDICATE AM or PM or MILITARY TIME	OUT INDICATE AM or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
7/8		10A	4P	6			Continuity delivery

**List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.

Supervisor Approval: _____ Date: _____

(supervisor's signature)

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

PAY-0 (6/8/05) WHITE - PAYROLL / CANARY - DEPT.

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # 45612	Budget/Ord. No. 05406384	Class Code VP#9	Employee Name FARLEY, KRISTIA C	CHFC Code PERM	Emp. Type PART	Pos. Hrs. 28.00	Period Ending Date 07/31/2012
AS OF 07/01/2012	Vac. Bal. 365.77	Sabb. Bal. 3.00	Sick Bal. 567.19	FWS Comp 0.00	Admin Leave 53.33	PTO Hrs. 0.00	
			Hol. Comp. (C) 0.00	Pers Hdl. Bal. (P) 33.60	O. T. Comp. 0.00		

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: <input type="checkbox"/> 1st HALF <input checked="" type="checkbox"/> 2nd HALF	TIME		REG. HRS (3)	O.T. HOURS				NON WORK HOURS				ADMIN. HRS (14)	DIST. SECTION	
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.		(12) HOURS	(13) AWOP/AWOL
1	8	5	8			08:15							MARTINEZ 6462	
2	8	9:45	12	(Ahere)		08:15							MARTINEZ F.P.C. 6387	
3	10	2	4			08:15							CONCORD 6386	
4	8	1:20	4			08:15							PITTSBURG 6388	
5						08:15							BRENTWOOD 6390	
6						08:15							RICHMOND 6384	
7						08:15							MARTINEZ DENTAL 6373	
8	8	5	8			08:15							RICHMOND DENTAL 6374	
9	8	9:45	12			08:15							PITTSBURG DENTAL 6375	
10	8	1:20	4			08:15							MARTINEZ ER 6383	
11						08:15							MARTINEZ SPECIALTY 6380	
12						08:15								
13						08:15								
14						08:15								
15	8	5	8			08:15								
16	8	9:45	12	(Ahere)		08:15								
17						08:15								
18						08:15								
19						08:15								
20						08:15								
21						08:15								
22						08:15								
23						08:15								
24						08:15								
25						08:15								
26						08:15								
27						08:15								
28						08:15								
29						08:15								
30	8	5	8			08:15								
31	8	9:45	12	(Ahere)		08:15								
COLUMN TOTALS						72								

SUMMARY

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER: 6384 %: 100.0
 R-76
 B83-12

EMPLOYEE SIGNATURE: _____ DATE: 7/19/12
 SUPERVISOR SIGNATURE: _____ DATE: _____
 CONTACT PHONE #: _____

PAYROLL COPY

Location Code

RC 3
Period Ending 8/12/12

CONTRA COSTA HEALTH SERVICES - S - PAYROLL TIME SHEET

CHFC Code

Pos. Hrs.

Employee Name: PAULEY, KRISTA

O.T. Comp.

Pers. Holi. Bal. (P)

FWS Comp

Sabb. Bal.

Sick Bal.

Hol. Comp. (C)

Vac. Bal.

Budget/Orig. No.

Class Code

Class Code

Admin Leave

PTO Hrs.

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

SUMMARY

WEEK ONE: Start Half End Half	TIME		REG. HRS (3)	O.T. HOURS							NON WORK HOURS			ADMIN. HRS (14)	DIST. SECTION	
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1-8	(6) ON CALL 1-4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL		LOCATION	HOURS
1																
2							4									
3							4									
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
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22																
23																
24																
25																
26																
27																
28																
29																
30																
31																
COLUMN TOTALS																
ADMIN. HRS																
AWOP/AWOL																
OTHER PAID TIME OFF / DESC.																
PERSONAL HOL.																
SICK TIME																
VAC.																
CALL WORKED																
ON CALL 1-4																
ON CALL 1-8																
S.T./O.T.																
REG. HRS																
TIME																
IN																
OUT																
Vac. Bal.																
Sabb. Bal.																
Class Code																
Employee Name																
Sick Bal.																
Hol. Comp. (C)																
FWS Comp																
Pers. Holi. Bal. (P)																
O.T. Comp.																
CHFC Code																
Pos. Hrs.																
Admin Leave																
PTO Hrs.																
Location Code																
Period Ending																

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

DATE: 7/19/12

EMPLOYEE SIGNATURE: *[Signature]*

SUPERVISOR SIGNATURE: *[Signature]*

DATE: 8-60

CONTACT PHONE #

24 5233

4 22

28 2933

4.20

1.53

267

10

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee: ESAR Budget/Orig. No.: 82413 Class Code: 82413 Emp. Type: 82413 Pos. Hrs.: 82413
 AS OF: 8/31/12 Vac. Bal.: 0 Sick Bal.: 0 FWS Comp: 0 O. T. Comp: 0 Admin Leave: 0 PTO Hrs.: 0

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: <input type="checkbox"/> 1st HALF <input checked="" type="checkbox"/> 2nd HALF	TIME		REG. HRS (3)	O.T. HOURS			NON WORK HOURS				ADMIN. HRS (14)	DIST. SECTION			
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1-8	(6) ON CALL 1-4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.		(11) OTHER PAID TIME OFF / DESIGNATED	(12) HOURS	(13) ANNOYANCE	LOCATION
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12	8	5	8												
13	8	9	12												
14	10	2	4												
15	8	12:30	4												
16	8	12:30	4												
17	12:30	6:30A													
18															
19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															
30															
31															
COLUMN TOTALS			20				20	13.5	2.67				29.83		

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: [Signature] DATE: 7/19/12
 SUPERVISOR SIGNATURE: _____ DATE: _____

R-60

P-1D (1/29/10) CONTACT PHONE #

PAYROLL COPY

6

HEALTH SERVICES DEPARTMENT — TIME SHEET CORRECTIONS

Employee #: 45612 Name: K. Farney MD
 Pay Period Ending: 8/31/12 Location Code/Mail Drop I.D.# _____ (please fill in your code)
 Emp Type: CHECK ONE: Perm _____ PI _____ TEMP _____
 Class Code: _____ Contact Phone Number: _____

DATE	ORG #	IN INDICATE AM or PM or MILITARY TIME	OUT INDICATE AM or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST/OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
8/28		9p	12A	3			Continuity
							delivered

**List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.

Supervisor Approval: [Signature] Date: _____
 (supervisor's signature)

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

WHITE - PAYROLL / CANARY - DEPT.

PAY1-0 (9/8/05)

HEALTH SERVICES DEPARTMENT -- TIME SHEET CORRECTIONS

Employee #: 45612 Name: R. Farey MD
 Pay Period Ending: 8/31/12 Location Code/Mail Drop I.D.: 13
 Emp Type: CHECK ONE: Perm PI TEMP TEMP
 Class Code: _____ Contact Phone Number: _____

DATE	ORG #	IN INDICATE AM or PM or MILITARY TIME	OUT INDICATE AM or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
8/31		8	12	4			epic

HEALTH SERVICES PAYROLL RECEIVED
 2012 SEP -4 AM 10:58
 HEALTH SERVICES RECEIVED
 2012 SEP -4

**List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.

Supervisor Approval: _____ Date: _____
 (supervisor's signature)

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

WHITE - PAYROLL / CANARY - DEPT.

PAY-0 (9/8/05)



To: Linda Montenegro <Linda.Montenegro@ac.cccounty.us>,
Cc: Haj Nahal <hnaha@ac.cccounty.us>,
Bcc:
Subject: Pay Adj; Perm; Farey; Krista#45612
From: Olga Adams/Per/HSD/US - Wednesday 09/05/2012 02:51 PM

Hi Linda,
Please change payline to show total 7hrs OTD (add 4hrs on 8-31-12) was posted 3hrs should be 7hrs
PPE 8-31-12
TSCF

Thanks,

Olga P. Adams

Health Services Payroll

(925) 957-5223 or (7-5223)

(925) 957-5220 - Fax

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To: Linda Montenegro <Linda.Montenegro@ac.cccounty.us>
Cc: Haj Nahal <hnaha@ac.cccounty.us>
Bcc:
Subject: Pay Adj; Perm; Farey, Krista 45612
From: Olga Adams/Per/HSD/US - Wednesday 09/26/2012 10:24 AM

Hi Linda,
Please pay 4hrs B83 (for date 8-28-12)
PPE 8-31-12
pyroll not coded

Thanks,

Olga P. Adams

Health Services Payroll

(925) 957-5223 or (7-5223)

(925) 957-5220 - Fax

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CONTRA COSTA HEALTH SERVICES S - PAYROLL TIME SHEET

Employee Name: FAREY, KRISTIA C

Class Code: VPM9

Emp. Type: PART

Pos. Hrs: 28.00

Period Ending Date: 09/15/2012

CHFC Code: PERM

Admin Leave: 0.00

PTO Hrs: 0.00

Pers Hol. Bal. (P): 35.00

O.T. Comp: 0.00

FWS Comp: 0.00

Sick Bal.: 568.79

Call Worked: 0.00

Reg. Hrs: 377.44

Subb. Bal.: 0.00

Class Code: VPM9

Budget/Op. No.: 0540/6384

Vac. Bal.: 377.44

Period: 01/2012

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

KONE: 1/2 HALF	TIME		REG. HRS				O.T. HOURS				NON WORK HOURS				SUMMARY	
	(1) IN	(2) OUT	(3)	(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOL/AVOL	(14) ADMIN. HRS	LOCATION	DIST. SECTION
18	8:00	9:00	12	(three)		6:1:30										
19	10:00	2:00	4	OTD		6:1:30										
20	8:00	5:00	4	4-1/2 hrs		6:1:30										
21						6:1:30										
22																
23																
24																
25	8:00	5:00	8	2		6:1:30										
26	8:00	9:00	12	(dhrs)		6:1:30										
27	10:00	2:00	4			6:1:30										
28	8:00	12:00	4	OTD		6:1:30										
29	2:30P	7:30P		2:30		6:1:30										
30																
31																
COLUMN TOTALS			48	6		54						5.6	2.4	18		

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER 6384 100.0 %

EMPLOYEE SIGNATURE: *[Signature]* DATE: 9/15/12

SUPERVISOR SIGNATURE: *[Signature]* DATE:

CONTACT PHONE #

R-56
B88-8

HEALTH SERVICES DEPARTMENT I - TIME SHEET CORRECTIONS

Employee #: 45612 Name: K. FAREY MD
 Pay Period Ending: 9/15/12 Location Code/Mail Drop I.D.: 13
 Emp Type: CHECK ONE: Perm PI _____ TEMP _____
 (please fill in your code)

Class Code: _____ Contact Phone Number: _____

DATE	ORG #	IN INDICATE AM or PM MILITARY TIME	OUT INDICATE AM or PM MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
9/13		2:30p	7:30p		5		Continuity delivery

** List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.

Supervisor Approval: [Signature] Date: _____
 (supervisor's signature)

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

WHITE - PAYROLL / CANARY - DEPT.

13



To: Linda Montenegro <Linda.Montenegro@ac.cccounty.us>
Cc: Haj Nahal <hnaha@ac.cccounty.us>
Bcc:
Subject: Pay Adj; Perm;Farey, Krista#45612
From: Olga Adams/Per/HSD/US - Thursday 09/06/2012 08:14 AM

Hi Linda,
Please delete 12hrs OTD (for date 5-12-12) instead please pay 12hrs D39
PPE 5-31-12
payroll coding error

Thanks,

Olga P. Adams

Health Services Payroll

(925) 957-5223 or (7-5223)

(925) 957-5220 - Fax

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For
g.p.
ls



To: Linda Montenegro <Linda.Montenegro@ac.cccounty.us>,
Cc: Haj Nahal <hnaha@ac.cccounty.us>,
Bcc:
Subject: Pay Adj; Perm; Farey, Krista 45612
From: Olga Adams/Per/HSD/US - Wednesday 09/26/2012 10:24 AM

Hi Linda,
Please pay 4hrs B83 (for date 8-28-12)
PPE 8-31-12
pyroll not coded

Thanks.

Olga P. Adams

Health Services Payroll

(925) 957-5223 or (7-5223)

(925) 957-5220 - Fax

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CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # 45612 RIDGER/Org. No. 0540/6384 Class Code VP#9 Employee Name FAREY, KRISTA C
 AS OF 09/01/2012 Vac. Bal. 350.44 Sick Bal. 674.39 Hdl. Comp. (C) 0.00 FWS Comp 0.00 Pers. Hdl. Bal. (P) 36.40 O.T. Comp. 0.00 Admin Leave 0.00
 Emp. Type PART Pos. Hrs. 28.00 PTO Hrs. 0.00

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: <input type="checkbox"/> 1st HALF <input checked="" type="checkbox"/> 2nd HALF	TIME		REG. HRS				O.T. HOURS				NON WORK HOURS				DI	SUMM
	(1) IN	(2) OUT	(3)	(4) S.T/O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HIL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL	(14) ADMIN. HRS		
1															MARTI 646	
2	8	5	8											2 (travel)	MARTI 646	
3	8	9p	12	(4 here)										1	MARTI 646	
4	10	12N	4											4	MARTI 646	
5	8	12N	4											2	MARTI 646	
6	5p	12N													MARTI 646	
7	12MN	6:30A													MARTI 646	
8															MARTI 646	
9	8	5	8												MARTI 646	
10	8	9p	12	(4 here)											MARTI 646	
11	10	2	4											4	MARTI 646	
12	8	12	4											25 (travel)	MARTI 646	
13															MARTI 646	
14															MARTI 646	
15															MARTI 646	
16															MARTI 646	
17															MARTI 646	
18															MARTI 646	
19															MARTI 646	
20															MARTI 646	
21															MARTI 646	
22															MARTI 646	
23															MARTI 646	
24															MARTI 646	
25															MARTI 646	
26															MARTI 646	
27															MARTI 646	
28															MARTI 646	
29															MARTI 646	
30															MARTI 646	
31															MARTI 646	
COLUMN TOTALS			56			13.5								16.5		

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER 6384 100.0

EMPLOYEE SIGNATURE DATE 9/16/12

SUPERVISOR SIGNATURE DATE

CONTACT PHONE #

P-ID (1/28/10)

Handwritten notes: 736, 883-8

PAYROLL COPY

Location Code: **RICH13**
 Period Ending Date: **10/15/12**

Employee # **45612** Budget/Ord. No. **0540/6384** Class Code **VPW9** Employee Name **FAREY, KRISTA C** CHFC Code **PERM** Emp. Type **PART** Pos. Hrs. **28.00**

ASOF **09/01/2012** Vac. Bal. **350.44** Sabb. Bal. **0.00** Sick Bal. **574.39** Hol. Comp. (C) **0.00** FWS Comp **0.00** O.T. Comp. **0.00** Admin Leave **0.00** PTO Hrs. **0.00**

Pers. Hol. Bal. (P) **36.40**

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE <input type="checkbox"/> 1st HALF <input type="checkbox"/> 2nd HALF	TIME		REG. HRS (8)	O.T. HOURS				NON WORK HOURS				(14) ADMIN. HRS	DIST. SECT	
	(1) IN	(2) OUT		(3) S.T./O.T.	(4) ON CALL 1-8	(5) ON CALL 1-4	(6) ON CALL 1-4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL			(11) OTHER PAID TIME OFF / DESC.
1	8	5	8	0.5	6	6	1:30							MARTINEZ 6462
2	7:00 A	9:00	12	0.5	6	6	1:30							MARTINEZ F.P.C. 6387
3	8	5	4	4	4	4	1:30							CONCORD 6386
4	8	12	4	4	4	4	1:30							PITTSBURG 6388
5														BRENTWOOD 6390
6	8	5	8		6	6	1:30							RICHMOND 6384
7	8	9:00	12		6	6	1:30							MARTINEZ DENTAL 6373
8	10	2	4		6	6	1:30							RICHMOND DENTAL 6374
9	8	12	4		6	6	1:30							PITTSBURG DENTAL 6375
10														MARTINEZ ER 6383
11														MARTINEZ SPECIALTY 6380
12														
13														
14														
15	8	5	8		6	6	1:30							
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
COLUMN TOTALS			64	4.5	66	66							8	

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER 6384 % 100.00

EMPLOYEE SIGNATURE: *[Signature]* DATE: 10/11/12
 SUPERVISOR SIGNATURE: *[Signature]* DATE:

CONTACT PHONE # _____
 SUPERVISOR SIGNATURE: *[Signature]*
 CONTACT PHONE # _____

R-64
R83-8

caution Code: **RICH13**
CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET
 Employee # **45512** Budgeted Org. No. **0540/6384** Class Code **VDW9** Employee Name **FAREY, KRISTA C** CHFC Code **PERM** Emp. Type **PART** Pos. Hrs. **28.00** Period Ending Date **10/31/201**
 ASOF **10/01/2012** Vac Bal. **352.11** Sick Bal. **0.00** FWS Comp **0.00** Pers Hol. Bal. (P) **35.40** O.T. Comp. **0.00** Admin Leave **0.00** PTO Hrs. **0.00**

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: <input type="checkbox"/> FULL TIME <input checked="" type="checkbox"/> PART TIME	TIME		REG. HRS	(3)	(4)	O.T. HOURS		NON WORK HOURS					(14)	DIST. SECTION	
	(1) IN	(2) OUT	(5) S.T./O.T.	(6) ON CALL 1:30	(7) ON CALL 1:30	(8) CALL WORKED	(9) VAC.	(10) SICK TIME	(11) PERSONAL HOL.	(12) OTHER PAID TIME OFF / DESC.	(13) HOURS	ADMIN	LOCATION	HC	
	8	9	8			ON CALL 1:30							MARTINEZ	6462	
	10	2	4			ON CALL 1:30							MARTINEZ	6462	
	8	9	8			ON CALL 1:30							CONCORD	6386	
	8	9	8			ON CALL 1:30							PITTSBURG	6388	
	10	2	4			ON CALL 1:30							BRENTWOOD	6390	
	8	9	8			ON CALL 1:30							RICHMOND	6384	
	8	9	8			ON CALL 1:30							MARTINEZ	DENTAL 6373	
	8	9	8			ON CALL 1:30							RICHMOND	DENTAL 6374	
	8	9	8			ON CALL 1:30							PITTSBURG	DENTAL 6375	
													MARTINEZ	ER 6383	
													MARTINEZ	SPECIALTY 6380	
COLUMN TOTALS			68	2	2	66	135								

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER **6384** % **100.00**
 DATE **10/17/12**
 EMPLOYEE SIGNATURE _____
 SUPERVISOR SIGNATURE _____
 CONTACT PHONE # _____

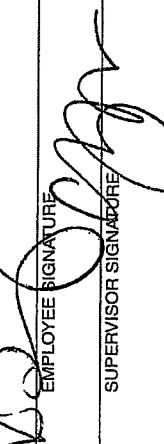
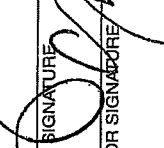
CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # 45612 Budget/Orig. No. 0540/6384 Class Code VPM9 Employee Name FAREY, KRISTIA C
 S/OF 10/01/2012 Vac. Bal. 362.11 Sick Bal. 679.99 Hol. Comp. (C) 0.00 FWS Comp 0.00 Post Hol. Bal. (P) 35.40 O. T. Comp. 0.00 Admin Leave 0.00
 CHFC Code PERM Emp. Type PART Pos. Hrs. 28.00 Period Ending Date 11/15/2012

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE S/HALF 3/4H 1/2H 1/4H 1/8H 1/16H 1/32H	TIME		REG. HRS (3)	O.T. HOURS				NON WORK HOURS				ADMIN. HRS (14)	DIST. SECTION	
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1-8	(6) ON CALL 1-4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF /DESC.			(12) HOURS
	8	5	8											MARTINEZ 6462
	8	9p	12	(where)										MARTINEZ F.P.C. 6387
	10	2	4											CONCORD 6386
	8	12	4											PITTSBURG 6388
	8p	12MN	4										4	BRENTWOOD 6390
	12MN	8A	4										2	RICHMOND 6384
	8	9p	12	(where)									4	MARTINEZ DENTAL 6373
	8	10	4										4	RICHMOND DENTAL 6374
	8	12MN	4										3.5	PITTSBURG DENTAL 6375
	8p	12MN	4										9.6	MARTINEZ ER 6383
			48				48						21.5	MARTINEZ SPECIALTY 6380
	COLUMN TOTALS		48				19							

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE:  DATE: 11/8/12
 SUPERVISOR SIGNATURE:  DATE: _____
 COST CENTER: 6384 % 100.00
 CONTACT PHONE #: 888-888-8888

LC code
RICH3
Period Ending Date
11/30/201

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # 45612 Budget/Orig. No. 0540/6384 Class Code VPM9 Employees Name FAREY, KRISTAL C
 AS OF 11/01/2012 Vac. Bal. 373.78 Sick Bal. 685.59 Hol. Comp. (C) 0.00 FWS Comp 0.00 O.T. Comp. 0.00 PTO Hrs. 0.00 Admin. Leave 0.00
 CHFC Code PERM Emp. Type PART Pos. Hrs. 28.00
 Dist. Section 6462

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: <input type="checkbox"/> 1st HALF <input checked="" type="checkbox"/> 2nd HALF	TIME		NON WORK HOURS										SUMMARY			
	(1) IN	(2) OUT	(3) REG. HRS	(4) S.T./O.T.	(5) ON CALL 1-8	(6) ON CALL 1-4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL	(14) ADMIN. HRS	LOCATION	DIST. SECTION
1	12:00	6:30				6	1:00-2:00 6.5							3	MARTINEZ 6462	
2	10:00	2:00	4												MARTINEZ 6387	
3	9:00	12:00													CONCORD 6386	
4	12:00	8:00													PITTSBURG 6388	
5	12:00	8:00													BRENTWOOD 6390	
6	8:00	7:30													RICHMOND 6384	
7	8:00	9:00	8												MARTINEZ DENTAL 6373	
8	10:00	12:00	4												RICHMOND DENTAL 6374	
9	9:00	12:00	4												PITTSBURG DENTAL 6375	
10	8:00	12:00	4												MARTINEZ ER 6389	
11	8:00	12:00	8												MARTINEZ SPECIALTY 6380	
12	8:00	12:00	4													
13	8:00	12:00	4													
14	8:00	12:00	4													
15	8:00	12:00	4													
16	8:00	12:00	4													
17	8:00	12:00	4													
18	8:00	12:00	4													
19	8:00	12:00	4													
20	8:00	12:00	4													
21	8:00	12:00	4													
22	8:00	12:00	4													
23	8:00	12:00	4													
24	8:00	12:00	4													
25	8:00	12:00	4													
26	8:00	12:00	4													
27	8:00	12:00	4													
28	8:00	12:00	4													
29	8:00	12:00	4													
30	8:00	12:00	4													
COLUMN TOTALS			32	6	36	305								97		

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION (2012)

EMPLOYEE SIGNATURE: *[Signature]* DATE: 11/21/12
 SUPERVISOR SIGNATURE: *[Signature]* DATE:
 COST CENTER: 5384 100.00
 R-56
 B83-4

Location: **Cox**

Local: **RICH13**

Period Ending Date: **12/15/12**

Pos. Hrs.: **28.00**

Emp. Type: **PART**

CHFC Code: **PERM**

Admin Leave: **CDC**

O.T. Comp.: **0.00**

Pers. Hol. Bal. (P): **36.80**

FWS Comp.: **0.00**

Hol. Comp. (C): **0.00**

Sick Bal.: **65.5 = 59**

Class Code: **VPW9**

Budget/Ord. No.: **0540/6384**

Employee Name: **FAREY, KRISTAC**

Class Code: **VPW9**

Sabb. Bal.: **0.00**

Vac. Bal.: **373.78**

AS OF: **11/01/2012**

REG. HRS: **373.78**

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE 1st HALF 2nd HALF	TIME		REG. HRS	(4) S.T.O.T.	(5) O.M.T.B. TON. C.	(6) D.32 1:30 1:30 1:30 1:30	(7) CALL WORKED 00 4 00 8 00 8 00 8	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AVOL	ADMIN. HRS (14)	DIST. SER
	(1) IN	(2) OUT													
	6P	12MN	8												MARTINEZ 6462
	9A	5A	12												MARTINEZ F.P.C. 6387
	8	9P	4											4	CONCORD 6386
	10	2	4											4	PITTSBURG 6388
	8	12	4												BRENTWOOD 6390
															RICHMOND 6384
	8	9P	12											4	MARTINEZ DENTAL 6373
	10	2	4											4	RICHMOND DENTAL 6374
	8	12	4												PITTSBURG DENTAL 6375
															MARTINEZ ER 6383
															MARTINEZ SPECIALTY 6380
COLUMN TOTALS												9		16	

SUMMARY

PERM PDOCX

CME

700

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER: **6384** %: **100.0**

EMPLOYEE SIGNATURE: *[Signature]* DATE: **12/5/12**

SUPERVISOR SIGNATURE: *[Signature]* DATE: _____

P-1D (1/28/10)

PAYROLL COPY

B83-8

Loc. db
MAIL 13
 Project Ending Date
12/31/2012

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee Name: **FAREY, KRISTA C.**
 Class Code: **VPW9**
 Budget/Orig. No.: **0540/6384**
 Sick Bal.: **691.19**
 FMS Comp.: **0.00**
 O.T. Comp.: **0.00**
 Admin Leave: **0.00**
 PTO/Hrs.: **0.00**
 Pos. Hrs.: **28.00**
 Emp. Type: **PART**
 CHFC Code: **PERM**
 O.T. Bal. (P): **38.20**
 O.T. Comp.: **0.00**
 Admin Leave: **0.00**

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

EMPLOYEE ID	DATE	TIME		REG. HRS (9)	O.T. HOURS (6)	NON WORK HOURS					ADMIN. HRS (14)	DIST. SECTION LOCATION HOURS	
		(1) IN	(2) OUT			(4) S.V.O.T.	(5) ON CALL 1st	(7) CALL-WORKED	(8) VAC.	(9) SICK TIME			(10) PERSONAL HDL
5	12/15/12	8:00	5:00	8	1:30								MARTINEZ 6482
5	12/16/12	8:00	9:00	12	1:30								MARTINEZ F.P.C. 6387
5	12/17/12	10:00	2:00	4	1:30								CONCORD 6386
5	12/18/12	8:00	12:00	4	1:30								PITTSBURG 6388
5	12/19/12	8:00	12:00	4	1:30								BRENTWOOD 6390
5	12/20/12	8:00	12:00	4	1:30								RICHMOND 6394
5	12/21/12	8:00	12:00	4	1:30								MARTINEZ DENTAL 6373
5	12/22/12	8:00	12:00	4	1:30								RICHMOND DENTAL 6374
5	12/23/12	8:00	12:00	4	1:30								PITTSBURG DENTAL 6375
5	12/24/12	8:00	12:00	4	1:30								MARTINEZ ER 6383
5	12/25/12	8:00	12:00	4	1:30								MARTINEZ SPECIALTY 6380
5	12/26/12	8:00	12:00	4	1:30								
5	12/27/12	8:00	12:00	4	1:30								
5	12/28/12	8:00	12:00	4	1:30								
5	12/29/12	8:00	12:00	4	1:30								
5	12/30/12	8:00	12:00	4	1:30								
5	12/31/12	8:00	12:00	4	1:30								
COLUMN TOTALS				28	4	30	54						

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

Employee Signature: *[Signature]* DATE: **12/15/12**
 Supervisor Signature: *[Signature]* DATE: _____
 COST CENTER: **6384** *
 COST CENTER: **100.0**
 CONTRACT PHONE #: _____

PAYROLL Data Stamp

CONTRA COSTA COUNTY NOTICE OF SEPARATION

DEPARTMENT: Health Services/Hospital

DATE: 12/5/12

Notice to Human Resources Department that the following employee is being separated from a Contra Costa County position:

Classified

Unclassified

Temporary

CLASSIFICATION: EXEMPT MED STF PHYSICIAN	Dept. Org. No.	Class Code	Empl. No.	Termination Date
NAME: <u>Farey, Krista C.</u>	<u>0540/6384</u>	<u>VPW9</u>	<u>45612</u>	LAST DAY IN PAY STATUS
ADDRESS: <u>[REDACTED]</u>	<u>#8234</u>			<u>12/30/12</u>
CITY/STATE: <u>[REDACTED]</u>	<u>28/40</u>			TERMINATION DATE IF DIFFERENT FROM ABOVE

REASON:

Employee's Social Security Number: [REDACTED]

- 1. RESIGNATION —VOLUNTARY SEPARATIONS MUST HAVE AK219 ATTACHED.
- 2. RETIREMENT — Regular Safety Disability (if deferred, check 1 above).
Attach Order of Layoff and Severance Pay forms if applicable.
- 3. LAYOFF* — Voluntary Demotion in Lieu of Layoff Voluntary Transfer in Lieu of Layoff
- 4. DEATH
- 5. END LIMITED TERM APPOINTMENT—Attach AK219 or note other reason for end limited term under REMARKS below.
- 6. END PROVISIONAL APPOINTMENT*
- 7. DEMOTION —If Involuntary, attach Order of Disciplinary Action and copy of Skelly Notice
- 8. SUSPENSION —Not to exceed 30 days. Attach Order of Disciplinary Action and copy of Skelly Notice.
- 9. DISMISSAL—Attach Order of Disciplinary Action and copy of Skelly Notice.
- 10. REJECTION OF PROBATIONER*—Attach AK54 Probation Report, if available. PMR § 905 prescribe the grounds for appeal and hearing provisions.
- 11. END TEMPORARY UPGRADE ASSIGNMENT*—(Pay for work in a higher class).
- 12. TERMINATION OF PROJECT

*REVERSIONARY RIGHTS TO POSITION _____

REMARKS:

**SERVICE RETIREMENT EFFECTIVE 12/31/12
RE-HIRED AS A TEMP RETIREE EFFECTIVE 12/31/12**

I.D. Card returned?

Yes No

If "No" is checked, separation pay warrant will not be released until the I.D. card is returned to Human Resources Dept.

JK

Dorette McCollum, HSD Personnel Officer

Signature of Appointing Authority

Involuntary Separation — AK218 Mailed to Employee by Personnel Department.

APPROVED FOR HUMAN

RESOURCES DEPARTMENT: _____

Signature

Date



Farey CME completion Dec. 2012

Krista Farey

to:

Catherine Zonfrello

01/07/2013 03:03 PM

Cc:

Olga.Adams, christine.houser

Hide Details

From: Krista Farey <kristafarey@gmail.com>

To: Catherine Zonfrello <Catherine.Zonfrello@hsd.cccounty.us>

Cc: Olga.Adams@hsd.cccounty.us, christine.houser@hsd.cccounty.us

Dear Doctor Farey,

Thank you for contacting the American Board of Family Medicine. The Preventive Care certificate is having a problem and we are aware and our IT department is working to fix this issue.

If you need any additional assistance, please contact our Support Center at [877-223-7437](tel:877-223-7437) or use our Live Chat feature on our website <http://www.theabfm.org>

Dear Doctor Krista Farey,

Congratulations on your successful completion of the Self-Assessment Module: Knowledge Assessment and Clinical Simulation required for MC-FPI. The Board has invested substantial time and energy in creating these modules, and we encourage you to provide us with any thoughts or feedback you might have about the process and content.

If you have not already done so, you may apply for CME credit as well as leave feedback for us by clicking on "Modules" in your Physician Portfolio and under the "Modules you have completed", click on "View/Print" under CME Certificate.

As a reminder, you may repeat your completed modules as often as you like for the remainder of the year for no additional charge or credit in the MC-FP process.

Again, congratulations on your achievement!

James C. Puffer, M.D.
President and Chief Executive Officer, ABFM

Attachment #7

Name ID #
 Hearst, David 43747

Year	Month	Code	Hours	Decimal
2011	November	D32	15	15
2011	December	D32	31:30	31.5
2012	January	D32	22:30	22.5
2012	February	D32	22:30	22.5
2012	March	D32	33	33
2012	April	D32	31:30	31.5
2012	May	D32	30	30
2012	June	D32	31:30	31.5
2012	July	D32	31:30	31.5
2012	August	D32	27	27
2012	September	D32	21	21
2012	October	D32	31:30	31.5
Total Hours (Decimal)				328.5

(Kronos had 32 adjustment to add 1 hr)

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

ADMN13

Employee # 43747	Budget/Obj. No. 0540/6390	Class Code VP#9	Employee Name HEARST, DAVID P	OHFC Code PERM	Emp. Type PART	Pos. Hrs. 32.00	Period Ending Date 11/15/2011
AS OF 10/01/2011	Vac. Bal. 348.20	Sabb. Bal. 0.00	Sick Bal. 1297.57	O.T. Comp. 0.00	Admin. Leave 0.00	PTO Hrs. 0.00	
			FWS Comp 0.00	Pers. Hol. Bal. (P) 30.40			

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: <input type="checkbox"/> 1st HALF <input checked="" type="checkbox"/> 2nd HALF	TIME		REG. HRS (3)	O.T. HOURS					NON WORK HOURS				(14) ADMIN. HRS	DIST. SECTION	
	(1) IN	(2) OUT		(4) OTD	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) SICK TIME	(9) PERSONAL HOL.	(10) OTHER PAID TIME OFF / DESC.	(11) HOURS	(12) AWOP/AWOL		LOCATION	HOURS
1	8	5	4	OTD		6:1:30						MARTINEZ	6462		
2	8	9	12	OTD		6:1:30						MARTINEZ	F.P.C. 6387		
3	8	5	4			6:1:30						CONCORD	6386		
4	8	12	4			6:1:30						PITTSBURG	6388		
5	8	5	4			6:1:30						BRENTWOOD	6390		
6	8	5	4			6:1:30						RICHMOND	6384		
7	8	5	4			6:1:30						MARTINEZ	DENTAL 6373		
8	8	5	4			6:1:30						RICHMOND	DENTAL 6374		
9	8	9	12			6:1:30						PITTSBURG	DENTAL 6375		
10	8	5	4			6:1:30						MARTINEZ	ER 6383		
11	8	5	4			6:1:30						MARTINEZ	SPECIALTY 6380		
12	8	5	4			6:1:30									
13	8	5	4			6:1:30									
14	8	5	4			6:1:30									
15	8	5	4			6:1:30									
16	8	5	4			6:1:30									
17	8	5	4			6:1:30									
18	8	5	4			6:1:30									
19	8	5	4			6:1:30									
20	8	5	4			6:1:30									
21	8	5	4			6:1:30									
22	8	5	4			6:1:30									
23	8	5	4			6:1:30									
24	8	5	4			6:1:30									
25	8	5	4			6:1:30									
26	8	5	4			6:1:30									
27	8	5	4			6:1:30									
28	8	5	4			6:1:30									
29	8	5	4			6:1:30									
30	8	5	4			6:1:30									
31	COLUMN TOTALS		64			60									

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER: 6387
 COST CENTER: 6390
 %: 21.0
 %: 79.0
 DATE: 11/4/11
 EMPLOYEE SIGNATURE: [Signature]
 SUPERVISOR SIGNATURE: [Signature]
 DATE: 11/4/11
 CONTACT PHONE #: [Blank]

17

PAYROLL COPY



Pay Adj; Perm; Hearst, David# 43747 (REVISED)
Olga Adams to: Karen Hogue
Cc: Haj Nahal

13
11/08/2011 08:35 AM

Hi Karen,
Please pay .50hrs OTD (for date 10-31-11)
Please pay additional 8hrs B83 (4hrs on 10-3 and 4hrs on 10-10) (was posted 12hrs should be 20)
PPE 10-31-11
tscf
Thanks,
Olga P. Adams
Health Services Payroll
(925) 957-5223 or (7-5223)
(925) 957-5220 - Fax

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To: Jan Lake <JLake@ac.cccounty.us>
Cc: Haj Nahal <hnaha@ac.cccounty.us>
Bcc:
Subject: Pay Adj; Perm;Hearst, David#43747
From: Olga Adams/Per/HSD/US - Wednesday 12/28/2011 01:47 PM

Hi Jan,
Please pay 12hrs OTD (4hrs on 11-11 and 8hrs on 11-12)
PPE 11-30-11
tscf

Thanks,
Olga P. Adams
Health Services Payroll
(925) 957-5223 or (7-5223)
(925) 957-5220 - Fax

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To: Jan Lake <JLake@ac.cccounty.us>,
Cc: Haj Nahal <hnaha@ac.cccounty.us>,
Bcc:
Subject: Pay Adj;Perm; Hearst, David#43747
From: Olga Adams/Per/HSD/US - Wednesday 01/18/2012 03:59 PM

Hi Jan,

Please pay .50hrs OTD (for 11-7-11)
PPE 11-30-11
TSCF

Thanks,
Olga P. Adams
Health Services Payroll
(925) 957-5223 or (7-5223)
(925) 957-5220 - Fax

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CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

ADMIN 3

Employee # 43747	Budget/Org. No. 0540/6390	Class Code VP N9	Employee Name HEARST, DAVID P	CHFC Code PERM	Emp. Type PART	Pos. Hrs. 32.00	Period Ending Date 11/30/2011
AS OF 11/01/2011	Vac. Bal. 361.54	Sabb. Bal. 0.00	Sick Bal. 1304.07	FWS Comp 0.00	O.T. Comp. 0.00	Admin Leave 0.00	PTO Hrs. 0.00

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET


CHECK ONE: <input type="checkbox"/> 1st HALF <input type="checkbox"/> 2nd HALF	TIME		REG. HRS (3)	O.T. HOURS				NON WORK HOURS				ADMIN. HRS (14)	DIST. SECTION				
	(1) IN	(2) OUT		(5) ON CALL 1-8 CROSS COVER	(6) ON CALL 1-4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS		(13) AWOP/ANOL	LOCATION	HOURS		
1	8	9	12	OTD S.T.O.T. 1:30													
2	1	5	4	1:30													
3	8	12	4	1:30													
4																	
5																	
6	8	5	4	1:30													
7	1	5	4	1:30													
8	8	9	12	1:30													
9																	
10																	
11																	
12																	
13	8	5	4	1:30													
14	1	5	4	1:30													
15	8	9	12	1:30													
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28	8	5	4	1:30													
29	1	5	4	1:30													
30	8	9	12	1:30													
31																	
COLUMN TOTALS			68	1 1/2	54												

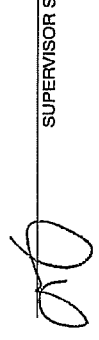
2011 DEC 13 AM 7:13

6:24 AM
6:24 AM

HOURS
HOURS

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE:  DATE: 11/20/11

SUPERVISOR SIGNATURE:  DATE: 11/20/11

COST CENTER 6387 21.0
6390 79.0

B80-12

CONTACT PHONE #



To: Jan Lake <JLake@ac.cccounty.us>
Cc: Haj Nahal <hnaha@ac.cccounty.us>
Bcc:
Subject: Pay Adj; Perm; Hearst, David#43747
From: Olga Adams/Per/HSD/US - Tuesday 12/13/2011 12:49 PM

Hi Jan,
Please pay additional 7.30hrs OTD (.50hrs on 11-16; .50hrs on 11-21; 5.30hrs on 11-23; .50hrs on 11-28 and .50hrs on 11-30) was posted 3.67 should be 7.97hrs
additional 13.50hrs D32 (1.50hrs on 11-16; 1.50hrs on 11-17; 1.50hrs on 11-18; 1.50hrs on 11-21; 1.50hrs on 11-22;
1.50hrs on 11-23; 1.50hrs on 11-28; 1.50hrs on 11-29; 1.50hrs on 11-30) was poste 15hrs should
be 28.50
additional 12hrs B83 (4hrs on 11-16; (4hrs on 11-23; 4hrs on 11-30) was posted 12
PPE 11-30-11
timesheet

Thanks,
Olga P. Adams
Health Services Payroll
(925) 957-5223 or (7-5223)
(925) 957-5220 - Fax

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HEALTH SERVICES DEPARTMENT — TIME SHEET CORRECTIONS

Employee #: 43747 Name: DAVID HEARST

Pay Period Ending: 11-30-11 Location Code/Mail Drop I.D.: _____ (please fill in your code)

Emp Type: CHECK ONE: Perm PI _____ TEMP _____

Class Code: _____ Contact Phone Number: _____

DATE	ORG #	IN INDICATE AM or PM or MILITARY TIME	OUT INDICATE AM or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
11-11-11					4		HEALTH SERVICES PAYROLL RECEIVED 2011 DEC 19 CME
11-21-11					8		AM 11:49 V
							PER PROCC # MOUCC

** List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.

Supervisor Approval: _____ Date: _____

(supervisor's signature)

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

WHITE - PAYROLL / CANARY - DEPT.

PAY-1-0 (6/6/05)

HEALTH SERVICES DEPARTMENT — TIME S. .ET CORRECTIONS

Employee #: 43747 Name: DAVID HEANST MD 13

Pay Period Ending: 11.30 Location Code/Mail Drop I.D.: _____ (please fill in your code)

Emp Type: CHECK ONE: Perm PI _____ TEMP _____

Class Code: ET0017 NON STAFF Contact Phone Number: 513 6800

DATE	ORG #	IN INDICATE AM or PM or MILITARY TIME	OUT INDICATE AM or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
11-7	6390				1/2		CROSS COVERAGE
11-21	6390	Duf	Duf		1/2		HEALTH SERVICES PAYROLL RECEIVED
11-28	6390	Duf			1/2		2012 JAN 18 PM 3:30

**List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.

Supervisor Approval: [Signature] Date: _____
(supervisor's signature)

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

WHITE - PAYROLL / CANARY - DEPT.

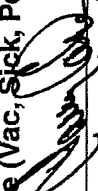
PAY-0 (9/8/05)

HEALTH SERVICES DEPARTMENT — TIME SHEET CORRECTIONS

Employee #: 43747 Name: DANIEL HEWITT
 Pay Period Ending: 11.30.11 Location Code/Mail Drop I.D.: _____ (please fill in your code)
 Emp Type: **CHECK ONE:** Perm _____ PI _____ TEMP _____

Class Code: _____ Contact Phone Number: 519 6800

DATE	ORG #	IN INDICATE AM or PM or MILITARY TIME	OUT INDICATE AM or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
11.2.1					1/2		CROSS CARRYOVERS
11.2.2					1/2		CROSS CARRYOVERS

**List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.
 Supervisor Approval:  Date: 12/2/11
 HEALTH SERVICES PAYROLL
 WHITE - PAYROLL / CANARY - DEPT.

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # **63747** Budget/Orig. No. **054076390** Class Code **VPMS** Employee Name **HEARST, DAVID P**
 Title **IS OF** Vac. Bal. **361.54** Sick Bal. **1304.07** FWS Comp **0.00** Hol. Comp. (C) **0.00** Call Worked **32**
 Date **11/01/2011** Vac. Bal. **361.54** Sabb. Bal. **0.00** O.T. Hours **0.00** Pers. Hol. Bal. (P) **32.00** O.T. Comp. **0.00** Admin. Leave **0.00** PTO Hrs. **0.00** Emp. Type **PARI** Pos. Hrs. **32.00** Period Ending Date **11/15/2011**

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

EMPLOYEE	TIME	O.T. HOURS			NONWORK HOURS				ADMIN. HRS	DIST. SECTION					
		(1) IN	(2) OUT	(3) REG. HRS	(4) S.T./O.T.	(5) ON CALL 1-8	(6) ON CALL 1-4	(7) CALL WORKED			(8) VAC	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS
1	8	5	12	4	6:15:30	6:15:30	32								MARTINEZ 6462
2	8	5	12	4	6:15:30	6:15:30	32								MARTINEZ F.P.C. 6387
3	8	5	12	4	6:15:30	6:15:30	32								CONCORD 6386
4	8	5	12	4	6:15:30	6:15:30	32								PITTSBURG 6388
5	8	5	12	4	6:15:30	6:15:30	32								BRENTWOOD 6380
6	8	5	12	4	6:15:30	6:15:30	32								RICHMOND 6384
7	8	5	12	4	6:15:30	6:15:30	32								MARTINEZ DENTAL 6373
8	8	5	12	4	6:15:30	6:15:30	32								RICHMOND DENTAL 6374
9	8	5	12	4	6:15:30	6:15:30	32								PITTSBURG DENTAL 6375
10	8	5	12	4	6:15:30	6:15:30	32								MARTINEZ ER 6383
11	8	5	12	4	6:15:30	6:15:30	32								MARTINEZ SPECIALTY 6380
12	8	5	12	4	6:15:30	6:15:30	32								
13	8	5	12	4	6:15:30	6:15:30	32								
14	8	5	12	4	6:15:30	6:15:30	32								
15	8	5	12	4	6:15:30	6:15:30	32								
16	8	5	12	4	6:15:30	6:15:30	32								
17	8	5	12	4	6:15:30	6:15:30	32								
18	8	5	12	4	6:15:30	6:15:30	32								
19	8	5	12	4	6:15:30	6:15:30	32								
20	8	5	12	4	6:15:30	6:15:30	32								
21	8	5	12	4	6:15:30	6:15:30	32								
22	8	5	12	4	6:15:30	6:15:30	32								
23	8	5	12	4	6:15:30	6:15:30	32								
24	8	5	12	4	6:15:30	6:15:30	32								
25	8	5	12	4	6:15:30	6:15:30	32								
26	8	5	12	4	6:15:30	6:15:30	32								
27	8	5	12	4	6:15:30	6:15:30	32								
28	8	5	12	4	6:15:30	6:15:30	32								
29	8	5	12	4	6:15:30	6:15:30	32								
30	8	5	12	4	6:15:30	6:15:30	32								
31	8	5	12	4	6:15:30	6:15:30	32								
COLUMN TOTALS		68	3	66											

PAT HOURS
 2
 100
 CME

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER %
 6387 21.0
 6390 79.0
 R-68
 B80 = 8

EMPLOYEE SIGNATURE _____ DATE 12/9/11
 SUPERVISOR SIGNATURE _____ DATE _____

CONTACT PHONE # _____

HEALTH SERVICES DEPARTMENT — TIME SHEET CORRECTION

Name: David Hearn MD (please fill in your code)

Employee #: 43741 Location Code/Mail Drop I.D.: _____

Pay Period Ending: 12-31 Contact Phone Number: _____

Emp Type: CHECK ONE: Perm TEMP _____

Class Code: _____

DATE	ORG #	IN INDICATE AM or PM or MILITARY TIME	OUT INDICATE AM or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
<u>12-17</u>	<u>6340</u>				<u>1/2</u>		<u>CROSS COVERAGE</u>
<u>12-14</u>							

Date: _____

Supervisor Approval: _____ (supervisor's signature)
 ***List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.

WHITE - PAYROLL / CANARY - DEPT.

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

CONTRA COSTA HEALTH SERVICES / ICES - PAYROLL TIME SHEET

Employee # 43747 / 0540/8390 / VP M 9 / Class Code VP M 9 / Employee Name HEARST, DAVID P.
 AS OF 12/01/2011 / Vac. Bal. 374.88 / Sabb. Bal. 0.00 / FMS Comp 0.00 / Pers. Hol. Bal. (P) 33.60 / O.T. Comp. 0.00 / Admin. Leave 0.00 / PTO Hrs. 0.00 / Pos. Hrs. 32.00 / Per. 12/31/2011

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: <input type="checkbox"/> 1st HALF <input type="checkbox"/> 2nd HALF	TIME		REG. HRS	O.T. HOURS				NON WORK HOURS				ADMIN. HRS	DIST. SECTION	
	(1) IN	(2) OUT		(4) S.T.O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.			(12) HOURS
1	7	12	4			7:30								MARTINEZ 6462
2														MARTINEZ 6462
3														MARTINEZ 6462
4	8	5	8	12:30	6:11:30									MARTINEZ 6462
5	1	5	4		6:11:30									MARTINEZ 6462
6	8	9	12	12:30	6:11:30									MARTINEZ 6462
7	1	5	4		6:11:30									MARTINEZ 6462
8	8	12	4		6:11:30									MARTINEZ 6462
9														MARTINEZ 6462
10														MARTINEZ 6462
11														MARTINEZ 6462
12	1	5	4		6:11:30									MARTINEZ 6462
13	8	9	12	12:30	6:11:30									MARTINEZ 6462
14	8	5	12		6:11:30									MARTINEZ 6462
15	8	12	4		6:11:30									MARTINEZ 6462
16														MARTINEZ 6462
17														MARTINEZ 6462
18														MARTINEZ 6462
19														MARTINEZ 6462
20														MARTINEZ 6462
21														MARTINEZ 6462
22														MARTINEZ 6462
23														MARTINEZ 6462
24														MARTINEZ 6462
25														MARTINEZ 6462
26														MARTINEZ 6462
27														MARTINEZ 6462
28														MARTINEZ 6462
29														MARTINEZ 6462
30														MARTINEZ 6462
31														MARTINEZ 6462
COLUMN TOTALS			60											

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *[Signature]* DATE: 12-23-11
 SUPERVISOR SIGNATURE: *[Signature]* DATE: _____
 SUPERVISOR CONTACT: _____
 COST CENTER: 6387 21.0
 COST CENTER: 6390 79.0
 B83-8



To: Jan Lake <JLake@ac.cccounty.us>,
Cc: Haj Nahal <hnaha@ac.cccounty.us>,
Bcc:
Subject: Pay Adj; Perm;Hearst, David#43747
From: Olga Adams/Per/HSD/US - Wednesday 12/28/2011 01:47 PM

Hi Jan,
Please pay 12hrs OTD (4hrs on 11-11 and 8hrs on 11-12)
PPE 11-30-11
tscf

Thanks,
Olga P. Adams
Health Services Payroll
(925) 957-5223 or (7-5223)
(925) 957-5220 - Fax

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HEALTH SERVICES DEPARTMENT - TIME SHEET CORRECTIONS

MD

Davis Hebert

Employee #: 43747 Name: _____ Location Code/Mail Drop I.D.: _____ (please fill in your code)

Pay Period Ending: 12-31 PI _____ TEMP _____ 513 6800

Emp Type: CHECK ONE Perm _____ START Contact Phone Number: _____

Class Code: EXCISE

DATE	ORG #	IN INDICATE AM or PM or MILITARY TIME	OUT INDICATE AM or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
12-12	6390				<i>1/2</i>		<i>CROSS COVERAGE</i>

**List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column. Date: _____

Supervisor Approval: _____ (supervisor's signature)

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

WHITE - PAYROLL / CANARY - DEPT.

PAY-0 (9/8/05)

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

ADMN13

Employee # 43747	Budget/Org. No. 0540/6390	Class Code VPH9	Employee Name HEARST, DAVID P	CHFC Code PERM	Emp. Type PART	Pos. Hrs. 32.00	Period Ending Date 01/15/2012
AS OF 12/01/2011	Vac. Bal. 374.28	Sabb. Bal. 0.00	Sick Bal. 1310.47	Admin Leave 0.00	PTO Hrs. 0.00		
			FWS Comp 0.00	O. T. Comp. 0.00			
			Hrs. Bal. (P) 33.60				

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE <input type="checkbox"/> 1st HALF <input type="checkbox"/> 2nd HALF	TIME		REG. HRS (3)	O.T. HOURS				NON WORK HOURS				ADMIN. HRS (14)	DIST. SECTION
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1-8	(6) ON CALL 1-4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.		
1													MARTINEZ 6462
2													MARTINEZ F.P.C. 6387
3													CONCORD 6386
4													PITTSBURG 6388
5													BRENTWOOD 6390
6													RICHMOND 6384
7													MARTINEZ DENTAL 6373
8													RICHMOND DENTAL 6374
9													PITTSBURG DENTAL 6375
10													MARTINEZ ER 6383
11													MARTINEZ SPECIALTY 6380
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
COLUMN TOTALS			52	1									

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

2-R-64
B83

COST CENTER
6387 21.0
6390 79.0

EMPLOYEE SIGNATURE
SUPERVISOR SIGNATURE

DATE
DATE

CONTACT PHONE#



To: Jan Lake <JLake@ac.cccounty.us>,
Cc: Haj Nahal <hnaha@ac.cccounty.us>,
Bcc:
Subject: Pay Adj;Perm; Hearst, David#43747
From: Olga Adams/Per/HSD/US - Wednesday 01/18/2012 03:59 PM

Hi Jan,

Please pay .50hrs OTD (for 11-7-11)
PPE 11-30-11
TSCF

Thanks,
Olga P. Adams
Health Services Payroll
(925) 957-5223 or (7-5223)
(925) 957-5220 - Fax

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HEALTH SERVICES DEPARTMENT — TIME SHEET CORRECTIONS

Employee #: 65747 Name: DAVID HORRIS MD 13
 Pay Period Ending: 1.15.12 Location Code/Mail Drop I.D.: _____ (please fill in your code)

Emp Type: CHECK ONE Perm PI _____ TEMP _____
 Class Code: EXCUN7 MED STAFF Contact Phone Number: 513 6800

DATE	ORG #	IN INDICATE AM or PM MILITARY TIME	OUT INDICATE AM or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
1-6-12	6390			2		2	2 hrs RESEARCH (not 4 hrs due) 2 hrs SICK
1-9-12	6390					8	SHOULD BE SICK NOT WORK
1-12-12	6390	10	12	2			NO ON CALL TIME
							MEETING

**List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.

Supervisor Approval: [Signature] Date: _____
 (Supervisor's signature)

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

PAY-1-0 (9/8/05) WHITE - PAYROLL / CANARY - DEPT.

CONTRA COSTA HEALTH SERVICES - YES - PAYROLL TIME SHEET

Employee # 43747, Date 01/31/2012, Pos. Hrs. 32.00, Emp. Type PART, PTO Hrs. 0.00

Class Code VPW9, Employee Name HEARST, DAVID P, CHFC Code PERM, Admin Leave 64.00

AS OF 01/01/2012, Vac. Bal. 386.62, Sick Bal. 1316.87, FMS Comp 0.00, O.T. Comp. 0.00, Pers. Hdl. Bal. (F) 35.20

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: <input type="checkbox"/> 1st HALF <input type="checkbox"/> 2nd HALF	TIME		REG. HRS	O.T. HOURS				NON WORK HOURS				(14) ADMIN. HRS	DIST. SECTION	
	(1) IN	(2) OUT		(3)	(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.			(11) OTHER PAID TIME OFF / DESC.
1														MARTINEZ 6462
2														MARTINEZ F.P.C. 6987
3														CONCORD 6386
4														PITTSBURG 6388
5														BRENTWOOD 6390
6														RICHMOND 6384
7														MARTINEZ DENTAL 6373
8														RICHMOND DENTAL 6374
9														PITTSBURG DENTAL 6375
10														MARTINEZ ER 6383
11														MARTINEZ SPECIALTY 6380
12														
13														
14														
15														
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21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
COLUMN TOTALS														

SUMMARY

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *[Signature]* DATE: 1/27/12

SUPERVISOR SIGNATURE: *[Signature]* DATE: _____

COST CENTER: 6387 21.00
6390 79.00

2-76
B80-4

CONTACT PHONE #

Location Code: ADMN13
 Period Ending Date: 02/15/2012
 Pos. Hrs: 32.00
 PTO Hrs: 0.00
 Emp. Type: PART
 CHFC Code: PERM
 Admin Leave: 64.00
 O.T. Comp.: 0.00
 Pers. Hol. Bal. (P): 35.20
 FWS Comp.: 0.00
 S.T./O.T. Sick Bal.: 0.00
 Hol. Comp. (C): 0.00
 Vac. Bal.: 0.00
 Class Code: VPM9
 Employee Name: HEARST, DAVID P
 Budget/Org. No.: 0540/6390
 Vac. Bal.: 386.62
 S.T./O.T. Sick Bal.: 0.00
 Class Code: VPM9
 Employee Name: HEARST, DAVID P
 Budget/Org. No.: 0540/6390
 Vac. Bal.: 386.62
 S.T./O.T. Sick Bal.: 0.00
 Hol. Comp. (C): 0.00
 Pers. Hol. Bal. (P): 35.20
 FWS Comp.: 0.00
 O.T. Comp.: 0.00
 Admin Leave: 64.00
 PTO Hrs: 0.00
 Pos. Hrs: 32.00
 CHFC Code: PERM
 Emp. Type: PART
 Period Ending Date: 02/15/2012

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

ECK ONE: 1st HALF 2nd HALF	TIME		REG. HRS		O.T. HOURS		NON WORK HOURS							SUMMARY		
	(1) IN	(2) OUT	(3) REG. HRS	(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VACA	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL	(14) ADMIN. HRS	LOCATION	DIST. SECTION
16	8	9	12	12:30	1:30	1:30	32								MARTINEZ 6462	
17	1	5	4	1:30	1:30	1:30									MARTINEZ F.P.C. 6387	
18	11	12	2												CONCORD 6386	
19	8	5	9												PITTSBURG 6388	
20	1	5	4												BRENTWOOD 6380	
21	8	9	12	12:30	1:30	1:30									RICHMOND 6384	
22	1	5	4												MARTINEZ DENTAL 6373	
23	8	9	12	12:30	1:30	1:30									RICHMOND DENTAL 6374	
24	1	5	4												PITTSBURG DENTAL 6375	
25	8	12	4												MARTINEZ ER 6383	
26	1	5	4												MARTINEZ SPECIALTY 6380	
27	8	5	9													
28	1	5	4													
29	8	9	12	12:30	1:30	1:30										
30	1	5	4													
31																
COLUMN TOTALS			74	2 1/2	66				2							

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *DAVID P HEARST* DATE: 2/10/12
 SUPERVISOR SIGNATURE: *[Signature]* DATE: *[Date]*

COST CENTER %
 6387 21.0
 6390 79.0

B83-12

-1D (1/29/10)

PAYROLL COPY

CONTRA COSTA HEALTH SF CES - PAYROLL TIME SHEET

Employee ID: 3747, Class Code: VP #9, Employee Name: HEARST, DAVID P, CHFC Code: PERM, Emp. Type: PART, Pos. Hrs: 32.00, Ending Date: 02/29/2012

Start Date: 01/2012, Vac. Bal: 374.36, Sabb. Bal: 0.00, Sick Bal: 1313.27, Hol. Comp. (C): 0.00, FWS Comp: 0.00, O.T. Comp: 0.00, Admin Leave: 62.40, PTO Hrs: 0.00

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

ECK ONE: 1st HALF 2nd HALF	TIME		REG. HRS	O.T. HOURS				NON WORK HOURS				(14) ADMIN. HRS	DIST. SECTION		
	(1) IN	(2) OUT		(3)	(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:8	(7) ALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.			(11) OTHER PAID TIME OFF / DESC.	(12) HOURS
17	5		4												MARTINEZ 6462
18															MARTINEZ F.P.C. 6387
19															CONCORD 6386
20															PITTSBURG 6388
21															BRENTWOOD 6390
22															RICHMOND 6384
23															MARTINEZ DENTAL 6373
24															RICHMOND DENTAL 6374
25															PITTSBURG DENTAL 6375
26															MARTINEZ ER 6383
27			4												MARTINEZ SPECIALTY 6380
28			4												
29			4												
30															
31															
COLUMN TOTALS			24												

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER: 6387 (21.0%), 6390 (79.0%)

EMPLOYEE SIGNATURE: [Signature]

SUPERVISOR SIGNATURE: [Signature]

DATE: 2/27/12

CONTACT PHONE #

PAYROLL COPY

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # **43747** Budget/Org. No. **0540/6390** Class Code **VPW9** Employee Name **HEARST, DAVID P** CHFC Code **PERM** Emp. Type **PART** Pos. Hrs. **32.00** Period Ending Date **03/15/2011**
 AS OF **02/01/2012** Vac. Bal. **374.36** Sick Bal. **0.00** FWS Comp **0.00** PERS Hol. Bal. (P) **28.80** O.T. Comp. **0.00** Admin Leave **62.40** PTO Hrs. **0.00**

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: <input type="checkbox"/> Full HLF <input type="checkbox"/> Part HLF	TIME		REG. HRS (8)	O.T. HOURS			NON WORK HOURS					ADMIN. HRS (14)	DIST. SECTIO			
	(1) IN	(2) OUT		(3) S.T./O.T.	(4) ON CALL	(5) ON CALL	(6) ON CALL	(7) CALL WORKED	(8) VAC	(9) SICK TIME	(10) PERSONAL HOL.		(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL	LOCATION
	1	8	4												MARTINEZ	6462
	2	12	4												MARTINEZ	F.P.C.
	3														CONCORD	6386
	4														PITTSBURG	6388
	5	5	8												BRENTWOOD	6390
	6	5	4												RICHMOND	6384
	7	5	12												MARTINEZ	DENTAL
	8	5	4												RICHMOND	DENTAL
	9	5	4												PITTSBURG	DENTAL
	10	12	4												MARTINEZ	ER
	11														MARTINEZ	6383
	12	5	8												MARTINEZ	DENTAL
	13	5	4												RICHMOND	DENTAL
	14	9	12												PITTSBURG	DENTAL
	15	5	7												MARTINEZ	ER
	16														MARTINEZ	6380
	17															
	18															
	19															
	20															
	21															
	22															
	23															
	24															
	25															
	26															
	27															
	28															
	29															
	30															
	31															
	COLUMN TOTALS			68	1 1/2	66										

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE _____ DATE **3/9/12**
 SUPERVISOR SIGNATURE _____ DATE _____
 CONTACT PHONE # _____
 COST CENTER **6387** % **21.0**
 COST CENTER **6390** % **79.0**
D-12
B83-8



To: Jan Lake <JLake@ac.cccounty.us>
Cc: Haj Nahai <hnaha@ac.cccounty.us>
Bcc:
Subject: Pay Adj; Perm;Hears, David #43747
From: Olga Adams/Per/HSD/US - Wednesday 04/11/2012 11:27 AM

Hi Jan,
Please pay additional 1hrs D32 (for date 3-2-12) was posted .50hrs should be 1.5
ppe 3-12-12
payroll coding

Thanks,

Olga P. Adams

Health Services Payroll

(925) 957-5223 or (7-5223)

(925) 957-5220 - Fax

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To: Jan Lake <JLake@ac.cccounty.us>
Cc: Haj Nahal <hnaha@ac.cccounty.us>
Bcc:
Subject: Admin Leave; Perm; Hearst, Davit #43747
From: Olga Adams/Per/HSD/US - Friday 04/20/2012 09:03 AM

Hi Jan,
Please restore 4hrs ALP (for date 3-2-12)
ppe 3-31-12
payroll coding

Thanks,

Olga P. Adams

Health Services Payroll

(925) 957-5223 or (7-5223)
(925) 957-5220 - Fax

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HEALTH SERVICES DEPARTMENT — TIME SHEET CORRECTIONS

Employee #: 43747 Name: PALLO Fern 57 MD
 Pay Period Ending: 3-31-12 Location Code/Mail Drop I.D.: _____ (please fill in your code)
 Emp Type: CHECK ONE: Perm PI _____ TEMP _____
 Class Code: _____ Contact Phone Number: 370 5728

DATE	ORG #	IN INDICATE AM or PM or MILITARY TIME	OUT INDICATE AM or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
3-1	6396			1/2			CROSS COVERAGE
3-8	6396			1/2			CROSS COVERAGE
3-15	6396			1/2			CROSS COVERAGE

**List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.

Supervisor Approval: [Signature] (supervisor's signature) Date: _____

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.



To: Jan Lake <JLake@ac.cccounty.us>
Cc: Haj Nahal <hnaha@ac.cccounty.us>
Bcc:
Subject: Pay Adj; Perm; Hears, David#43747
From: Olga Adams/Per/HSD/US - Monday 05/07/2012 10:45 AM

Hi Jan,
Please pay 1hr OTD (.50hr son 3-1 and .50hrs 3-15)
PPE 3-30-12
TSCF

Thanks,

Olga P. Adams

Health Services Payroll

(925) 957-5223 or (7-5223)

(925) 957-5220 - Fax

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CONTRA COSTA HEALTH VICES - PAYROLL TIME SHEET
 Employee # 43747 AS OF 03/01/2012 Class Code 0540/6390 VPMS Sallib. Bal. 354.10
 Employee Name HEARSI, DAVID P Sick Bal. 1317.67 FMS Comp 0.00
 OHFC Code PERM Admin Leave 62.40
 Pos. Hrs. 32.00 PTO Hrs. 0.00
 Location Code ADMN13 Period Ending Date 03/31/20

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: <input type="checkbox"/> 1st HALF <input type="checkbox"/> 2nd HALF	TIME		REG. HRS	O.T. HOURS							NON WORK HOURS					ADMIN. HRS (14)	DIST. SECTIC LOCATION	HI
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL					
1	8	12	4			1:30											MARTINEZ 6462	
2																	MARTINEZ 6462	
3																	MARTINEZ 6462	
4	8	5	8			1:30											MARTINEZ 6462	
5	1	5	7			1:30											MARTINEZ 6462	
6	8	9	12			1:30											MARTINEZ 6462	
7	1	5	4			1:30											MARTINEZ 6462	
8	8	12	9			1:30											MARTINEZ 6462	
9			3														MARTINEZ 6462	
10																	MARTINEZ 6462	
11	8	5	8			1:30											MARTINEZ 6462	
12	1	5	7			1:30											MARTINEZ 6462	
13	8	9	12			1:30											MARTINEZ 6462	
14	1	5	4			1:30											MARTINEZ 6462	
15	8	12	4			1:30											MARTINEZ 6462	
16			3														MARTINEZ 6462	
17																	MARTINEZ 6462	
18																	MARTINEZ 6462	
19																	MARTINEZ 6462	
20																	MARTINEZ 6462	
21																	MARTINEZ 6462	
22																	MARTINEZ 6462	
23																	MARTINEZ 6462	
24																	MARTINEZ 6462	
25																	MARTINEZ 6462	
26																	MARTINEZ 6462	
27																	MARTINEZ 6462	
28																	MARTINEZ 6462	
29																	MARTINEZ 6462	
30																	MARTINEZ 6462	
31																	MARTINEZ 6462	
COLUMN TOTALS			68														MARTINEZ 6462	

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION
 EMPLOYEE SIGNATURE: *[Signature]* DATE: 3-23-12
 SUPERVISOR SIGNATURE: *[Signature]* DATE: 3-23-12
 COST CENTER: 6387 21.0%
 COST CENTER: 6390 79.0%

DEPARTMENT -- TIME SHEET CORRECTIONS

Employee #: 43747 Name: DAVID HARRIS MD
 Pay Period Ending: 3.31.12 Location Code/Mail Drop I.D.: _____
 Emp Type: CHECK ONE: Perm PI TEMP (please fill in your code)
 Class Code: _____ Contact Phone Number: _____

DATE	ORG #	IN INDICATE AM or PM or MILITARY TIME	OUT INDICATE AM or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
3.24	6340	9	12	3			R.P. MEETING
							HEALTH SERVICES PAYROLL
							2012 MAR 33 AM 8:55

**List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.

Supervisor Approval: [Signature] Date: _____
 (supervisor's signature)

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.
 PAY1-0 (9/8/05) WHITE - PAYROLL / CANARY - DEPT.

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # **43747** | Org. No. **540/6390** | Class Code **VPW9** | Employee Name **HEARST, DAVID P** | CHFC Code **PERM** | Emp. Type **PART** | Pos. Hrs. **32.00**
 AS OF **03/01/2012** | Vac. Bal. **354.10** | Sabb. Bal. **0.00** | Sick Bal. **1317.67** | Hol. Comp. (C) **0.00** | FWS Comp **0.00** | Pers Hol. Bal. (P) **30.40** | O.T. Comp. **0.00** | PTO Hrs. **0.00** | Period Ending Date **04/15/20**
 ADMN13

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: <input type="checkbox"/> REG. HRS <input type="checkbox"/> 1/2 HALF	TIME		REG. HRS				O.T. HOURS				NON WORK HOURS				SUMMARY	
	(1) IN	(2) OUT	(3)	(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL	(14) ADMIN. HRS	LOCATION	DIST. SECTO
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
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18																
19																
20																
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																
31																
	COLUMN TOTALS		64	1		60										

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER %
 6387 21.0
 6390 79.0

EMPLOYEE SIGNATURE _____ DATE 4/12
 SUPERVISOR SIGNATURE _____ DATE _____

CONTACT PHONE # _____



To: Jan Lake <JLake@ac.cccounty.us>
Cc: Haj Nahal <hnaha@ac.cccounty.us>
Bcc:
Subject: Pay Adj; Perm;Hears, David #43747
From: Olga Adams/Per/HSD/US - Wednesday 04/11/2012 11:27 AM

B
/

Hi Jan,
Please pay additional 1hrs D32 (for date 3-2-12) was posted .50hrs should be 1.5
ppe 3-12-12
payroll coding

Thanks,

Olga P. Adams

Health Services Payroll

(925) 957-5223 or (7-5223)
(925) 957-5220 - Fax

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To: Jan Lake <JLake@ac.cccounty.us>
Cc: Haj Nahal <hnaha@ac.cccounty.us>
Bcc:
Subject: Admin Leave; Perm; Hearst, Davit #43747
From: Olga Adams/Per/HSD/US - Friday 04/20/2012 09:03 AM

Hi Jan,
Please restore 4hrs ALP (for date 3-2-12)
ppe 3-31-12
payroll coding

Thanks,

Olga P. Adams

Health Services Payroll

(925) 957-5223 or (7-5223)

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PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: 1st HALF 2nd HALF	TIME		REG. HRS (3)	S.T./O.T. (4)	O.T. HOURS				NON WORK HOURS				ADMIN. HRS (14)	DIST. SECTO		
	(1) IN	(2) OUT			(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HDL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS		(13) AWOP/AWOL	LOCATION	HC
1	8	5	8		6:50-1:30										MARTINEZ 6462	
2	1	5	4	OTD	6:11:30										MARTINEZ F.P.C. 6387	
3	8	9	12*	12:30	CROSS COVERED										CONCORD 6386	
4	1	5	4	12:30	CROSS COVERED										PITTSBURG 6388	
5	8	12	4		6:11:30										BRENTWOOD 6390	
6	8	5	8		6:11:30										RICHMOND 6384	
7	1	5	4	12:30	CROSS COVERED										MARTINEZ DENTAL 6373	
8	8	10	2		6:11:30										RICHMOND DENTAL 6374	
9	8	5	8		6:11:30										PITTSBURG DENTAL 6375	
10	8	5	8		6:11:30										MARTINEZ ER 6383	
11	8	5	8		6:11:30										MARTINEZ SPECIALTY 6380	
12	8	5	8		6:11:30											
13	8	5	8		6:11:30											
14	8	5	8		6:11:30											
15	8	5	8		6:11:30											
16	8	5	8		6:11:30											
17	8	5	8		6:11:30											
18	8	5	8		6:11:30											
19	8	5	8		6:11:30											
20	8	5	8		6:11:30											
21	8	5	8		6:11:30											
22	8	5	8		6:11:30											
23	8	5	8		6:11:30											
24	8	5	8		6:11:30											
25	8	5	8		6:11:30											
26	8	5	8		6:11:30											
27	8	5	8		6:11:30											
28	8	5	8		6:11:30											
29	8	5	8		6:11:30											
30	8	5	8		6:11:30											
31	8	5	8		6:11:30											
COLUMN TOTALS			70	1 1/2	66											

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER 6387 21.00
6390 79.00

% R-72
B88-8

EMPLOYEE SIGNATURE _____ DATE 4/20/12
SUPERVISOR SIGNATURE _____ DATE _____

CONTACT PHONE # _____

Location Code: ADMN13
 Period Ending Date: 05/15/2012
 CHFC Code: PERM
 Emp. Type: PART
 Pos. Hrs.: 32.00
 PTO Hrs.: 0.00
 O.T. Comp.: 0.00
 Pers. Hol. Bal. (P): 32.00
 FWS Comp.: 0.00
 Sabb. Bal.: 0.00
 Sick Bal.: 1324.07
 On Call 1:8: 0.00
 On Call 1:4: 0.00
 On Call 1:14: 0.00
 Class Code: VPM9
 Employee Name: HEARST, DAVID P
 AS OF: 04/01/2012
 Vac. Bal.: 367.44
 REG. HRS: 44
 O.T. HOURS: 54
 NON WORK HOURS: 0.00
 ADMIN. HRS: 0.00
 DIST. SECTION: 6380

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: <input type="checkbox"/> 1st HALF <input type="checkbox"/> 2nd HALF	TIME		REG. HRS	O.T. HOURS				NON WORK HOURS				(14) ADMIN. HRS	DIST. SECTION	
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.			(12) HOURS
	1	5	4											MARTINEZ 6462
	8	9	12	1/2:30 OTD	1:30 OTD	1:30 OTD								MARTINEZ F.P.C. 6387
	9:30	12	2 1/2											CONCORD 6386
	8	12	4											PITTSBURG 6388
	1	5	4											BRENTWOOD 6380
	1	5	4											RICHMOND 6384
	12	2	2											MARTINEZ DENTAL 6373
	8	5	9											RICHMOND DENTAL 6374
	1	5	4											PITTSBURG DENTAL 6375
			44 1/2	12	54	20	3 1/2							MARTINEZ ER 6383
														MARTINEZ SPECIALTY 6380

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER: 6387 21.00
 6390 79.00
 %: R-68
 383-4

EMPLOYEE SIGNATURE: [Signature]
 SUPERVISOR SIGNATURE: [Signature]
 DATE: _____
 DATE: _____

CONTACT PHONE #

PAYROLL COPY

13



To: Jan Lake <JLake@ac.cccounty.us>
Cc: Haj Nahal <hnaha@ac.cccounty.us>
Bcc:
Subject: Pay Adj; Perm; Hears, David#43747 ✓
From: Olga Adams/Per/HSD/US - Monday 05/07/2012 10:45 AM

Hi Jan,
Please pay 1hr OTD (.50hr son 3-1 and .50hrs 3-15)
PPE 3-30-12
TSCF

Thanks.

Olga P. Adams

Health Services Payroll

(925) 957-5223 or (7-5223)
(925) 957-5220 - Fax

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April pay 80

CONTRA COSTA HEALTH

WICES - PAYROLL TIME SHEET

ADMN13

Period Ending Date 05/31/2013

Employee # 43747 Org. No. 0540/6390 Class Code VPM9 Employee Name HEARST, DAVID P
 AS OF 05/01/2012 Vac. Bal. 380.78 Sabb. Bal. 0.00 Sick Bal. 1328.47 Hol. Comp. (G) 0.00 FWS Comp 0.00 Fers Hol. Bal. (P) 33.60 O.T. Comp. 0.00 Admin Leave 0.00 PTO Hrs. 0.00
 CHFC Code PERM Emp. Type PART Pos. Hrs. 32.00

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: <input type="checkbox"/> 1st HALF <input type="checkbox"/> 2nd HALF	TIME		NON WORK HOURS														SUMMARY	
	(1) IN	(2) OUT	(3) REG. HRS	(4) O.T. HRS	(5) ON CALL 1-8	(6) ON CALL 1-8	(7) CALL WORKED	(8) VAC	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AMPHOTICOL	(14) ADMIN. HRS	LOCATION	DIST. SECTION		
	8	9	12												MARTINEZ	6862		
	1	5	4												MARTINEZ	FAC. 6387		
	8	12	4												CONCORD	6386		
	8	5	8												PITTSBURG	6386		
	1	2	4												BRENTWOOD	6390		
	8	9	12												RICHMOND	6384		
	1	5	4												MARTINEZ	DENTAL 6373		
	8	12	4												RICHMOND	DENTAL 6374		
	1	5	4												PITTSBURG	DENTAL 6375		
	1	5	4												MARTINEZ	ER 6383		
	1	5	4												MARTINEZ	SPECIALTY 6380		
	COLUMN TOTALS		72															

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER 6387 21.0%
 6390 79.0%

EMPLOYEE SIGNATURE: [Signature]
 SUPERVISOR SIGNATURE: [Signature]

DATE: 5/25/12

DATE: [Blank]

CONTACT PHONE #: [Blank]

P-1D (1/23/10)

PAYROLL COPY

DEPARTMENT -- TIME SHEET CORRECTIONS

Employee #: 47747 Name: DR-10 TEAM 57 MD
 Pay Period Ending: 5-31-12 Location Code/Mail Drop I.D.: _____
 Emp Type: CHECK ONE: Perm PI _____ TEMP _____
 Class Code: _____ Contact Phone Number: _____

(please fill in your code)

DATE	ORG #	IN INDICATE AM or PM MILITARY TIME	OUT INDICATE AM or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
5-31-12	6346			1/2	CROSS COVERAGE		
5-24-12				1/2	CROSS COVERAGE		

**List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.

Supervisor Approval: [Signature] (supervisor's signature) Date: _____
 Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

WHITE - PAYROLL / CANARY - DEPT.



To: Jan Lake <JLake@ac.cccounty.us>,
Cc: Haj Nahal <hnaha@ac.cccounty.us>,
Bcc:
Subject: Pay Adj; Perm; Hears, David#43747
From: Olga Adams/Per/HSD/US - Thursday 06/14/2012 10:38 AM

Hi Jan,
Please pay 8hr OTD (4hrs on 5-17 and 4hrs on 5-18)
PPE 5-31-12
time sheet

Thanks.

Olga P. Adams

Health Services Payroll

(925) 957-5223 or (7-5223)

(925) 957-5220 - Fax

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CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # 43747, Budget/Orig. No. 0540/6390, Class Code VPM9, Employee Name HEARST, DAVID P, Sick Bal. 1328.47, Hol. Comp. (C) 0.00, FWS Comp 0.00, O.T. Comp. 0.00, PTO Hrs. 0.00, Pos. Hrs. 32.00, Period Ending Date 06/15/201

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

Table with columns for TIME (IN, OUT), REG. HRS, O.T. HOURS (4-7), NON WORK HOURS (9-11), and SUMMARY (DIST. SECTION, LOCATION). Includes handwritten notes like '4 OTD 6556' and 'CCCLINA TRAINING'.

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER 6387 21.0, 6390 79.0. Includes handwritten signature 'R-68' and '\$80-8'.

EMPLOYEE SIGNATURE and SUPERVISOR SIGNATURE lines with handwritten signatures.

DATE lines for employee and supervisor.

CONTACT PHONE # line.



To: Jan Lake <JLake@ac.cccounty.us>
Cc: Haj Nahal <hnaha@ac.cccounty.us>
Bcc:
Subject: Pay Adj; Perm; Hears, David#43747
From: Olga Adams/Per/HSD/US - Thursday 06/14/2012 10:38 AM

Hi Jan,
Please pay 8hr OTD (4hrs on 5-17 and 4hrs on 5-18)
PPE 5-31-12
time sheet

Thanks,

Olga P. Adams

Health Services Payroll

(925) 957-5223 or (7-5223)

(925) 957-5220 - Fax

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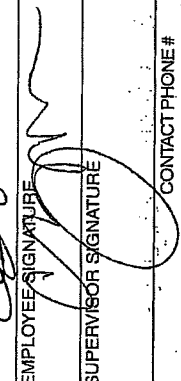
CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

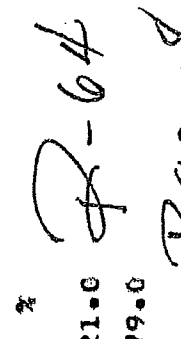
Employee #	Budget/Org. No.	Class Code	Employee Name	CHFC Code	Emp. Type	Pos. Hrs.	Location Code
43747	0540/6390	VPW9	HEARST, DAVID P	PERM	PART	32.00	ADMIN13
3 OF			Sick Bal.	Admin Leave		Period Ending Date	
26/01/2012	372.52	0.00	1331.37	0.00	62.40	06/30/201	
			Hol. Comp. (C)	O.T. Comp.			
			0.00	0.00			
			FMS Comp	Pers Hol. Bal. (P)			
			0.00	35.20			

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

WEEK ONE: 1st HALF	TIME		REG. HRS	O.T. HOURS							NON WORK HOURS				ADMIN. HRS	LOCATION	DIST. SECTION
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AVOL	(14)			
16	8	5	8													MARTINEZ 6462	
17	1	5	7	OTD												MARTINEZ F.P.C. 6387	
18	8	9	12	12:30 case												CONCORD 6386	
19	1	5	4													PITTSBURG 6388	
20	8	12	4													BRENTWOOD 6390	
21																RICHMOND 6384	
22																MARTINEZ DENTAL 6373	
23																RICHMOND DENTAL 6374	
24																PITTSBURG DENTAL 6375	
25	8	5	8													MARTINEZ ER 6383	
26	1	5	4													MARTINEZ SPECIALTY 6380	
27	8	9	12														
28	1	5	4	12: case													
29	8	12	4														
30																	
31																	
COLUMN TOTALS			64	1		60											

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE:  DATE: 6/22/12

SUPERVISOR SIGNATURE:  DATE: 6/22/12

COST CENTER: 6387 21.00
6390 79.00

Handwritten notes: R-64, B83-8

Employee # **43747** AS OF **06/01/2012** Class Code **VPM9** Sabb. Bal. **0.00** Employee Name **HEARST, DAVID P** Sick Bal. **1331.37** FMS Comp **0.00** Fers Hol. Bal. (P) **35.20** O. T. Comp. **0.00** Admin Leave **62.40** PTO Hrs. **0.00** Pos. Hrs. **32.00** Location Code **ADM13**
 Job/Orig. No. **5406390** Vac. Bal. **372.52** Hol. Comp. (C) **0.00** CHFC Code **PERM** Emp. Type **PART** Period Ending Date **07/15/20**

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: <input type="checkbox"/> 1st HALF <input type="checkbox"/> 2nd HALF	TIME		REG. HRS	O.T. HOURS							NON WORK HOURS					ADMIN. HRS	DIST. SECTO	
	(1) IN	(2) OUT		(3)	(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL	(14) HRS		LOCATION	HC
1																		
2	8	5	8														MARTINEZ 6462	
3	1	5	4														MARTINEZ F.P.C. 6387	
4																	CONCORD 6386	
5	1	5	4														PITTSBURG 6388	
6	8	12	4														BRENTWOOD 6390	
7																	RICHMOND 6384	
8																	MARTINEZ DENTAL 6373	
9	8	5	6														RICHMOND DENTAL 6374	
10	1	5	4														PITTSBURG DENTAL 6375	
11	8	9	12														MARTINEZ ER 6383	
12	1	5	4														MARTINEZ SPECIALTY 6380	
13	4	12	4															
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
COLUMN TOTALS			52	1														

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: _____ DATE: 7/6/12
 SUPERVISOR SIGNATURE: _____ DATE: _____
 COST CENTER: 6387 21.00 %
 6390 79.00 %
 B83-4 ✓

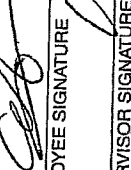
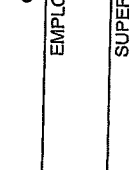
CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # 43747 Budget/Org. No. 0540/6390 Class Code VPM9 Employee Name HEAST, DAVID P
 AS OF 07/01/2012 Vac. Bal. 385.86 Sabb. Bal. 0.00 Sick Bal. 1337.77 Hol. Comp. (C) 0.00 FVS Comp 0.00 O.T. Comp. 0.00 Pers. Hol. Bal. (P) 35.80 O.T. Comp. 0.00 PTO Hrs. 0.00
 CHFC Code PERM Admin Leave 62.40 Emp. Type PART Pos. Hrs. 32.00 Period Ending Date 07/31/20
 Location Code ADMN13

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: 1st HALF 2nd HALF	TIME		REG. HRS	O.T. HOURS				NON WORK HOURS				ADMIN. HRS	DIST. SECTION			
	(1) IN	(2) OUT		(3)	(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.			(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWO/PAWOL
1	8	5	8												MARTINEZ	6482
2	1	5	4												MARTINEZ	F.P.C. 6387
3	8	9	12												CONCORD	6386
4	1	5	4												PITTSBURG	6388
5	8	12	4												BRENTWOOD	6390
6	8	5	8												RICHMOND	6384
7	1	5	4												MARTINEZ	DENTAL 6373
8	8	12	4												RICHMOND	DENTAL 6374
9	1	5	4												PITTSBURG	DENTAL 6375
10	8	5	8												MARTINEZ	ER 6383
11	1	5	4												MARTINEZ	SPECIALTY 6380
12	8	12	4													
13	1	5	4													
14	8	5	8													
15	1	5	4													
16	8	12	4													
17	1	5	4													
18	8	5	8													
19	1	5	4													
20	8	12	4													
21	1	5	4													
22	8	5	8													
23	1	5	4													
24	8	9	12													
25	1	5	4													
26	8	12	4													
27	1	5	4													
28	8	5	8													
29	1	5	4													
30	8	12	4													
31	1	5	4													
COLUMN TOTALS			76													

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE:  DATE: 7-28-12
 SUPERVISOR SIGNATURE:  DATE: _____
 COST CENTER: 6387 % 21.0
 COST CENTER: 6390 % 79.0
 CONTACT PHONE #: _____
 889-18

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # 43747 Oig. No. 0406390 Class Code VPM9 Employee Name HEARST, DAVID P
 AS OF 07/01/2012 Vac. Bal. 305.86 Sick Bal. 0.00 FWS Comp 0.00 Pers. Hol. Bal. (P) 36.80 O.T. Comp. 0.00 Admin Leave 62.40 PTO Hrs. 0.00
 CHFC Code PERM Emp. Type PART Pos. Hrs. 32.00 End Date 08/15/20

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE <input type="checkbox"/> FULL <input checked="" type="checkbox"/> PART	TIME		REG. HRS (3)	O.T. HOURS					NON WORK HOURS				ADMIN. HRS (14)	DIST. SECTION		
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1-8	(6) ON CALL 1-4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS		(13) AWOP/AVOL	LOCATION	HC
1	8	9	12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	6462
2	1	5	4	1/2:30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	F.P.C.
3	8	12	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	6387
4	8	12	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	CONCORD	6386
5	8	5	8	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	PITTSBURG	6388
6	1	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	BRENTWOOD	6390
7	8	9	12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	RICHMOND	6384
8	1	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	DENTAL
9	8	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	DENTAL
10	8	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	PITTSBURG	DENTAL
11	8	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	ER
12	8	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	DENTAL
13	8	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	RICHMOND	DENTAL
14	8	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	PITTSBURG	DENTAL
15	8	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	ER
16	8	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	DENTAL
17	8	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	DENTAL
18	8	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	DENTAL
19	8	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	DENTAL
20	8	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	DENTAL
21	8	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	DENTAL
22	8	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	DENTAL
23	8	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	DENTAL
24	8	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	DENTAL
25	8	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	DENTAL
26	8	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	DENTAL
27	8	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	DENTAL
28	8	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	DENTAL
29	8	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	DENTAL
30	8	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	DENTAL
31	8	5	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	MARTINEZ	DENTAL
COLUMN TOTALS			52	1	48	4	4	4	4	4	4	4	4	4	MARTINEZ	DENTAL

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *[Signature]* DATE: 8/15/12
 SUPERVISOR SIGNATURE: *[Signature]* DATE: 8/15/12
 COST CENTER: 6387 21.0%
 6390 79.0%

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

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PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: 1st HALF 2nd HALF	TIME		REG. HRS (3)	O.T. HOURS				NON WORK HOURS				(14) ADMIN. HRS	DIST. SECTION	
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.			(12) HOURS
1														MARTINEZ 6462
2														MARTINEZ F.P.C. 6387
3														CONCORD 6386
4														PITTSBURG 6388
5														BRENTWOOD 6390
6														RICHMOND 6384
7														MARTINEZ DENTAL 6373
8														RICHMOND DENTAL 6374
9														PITTSBURG DENTAL 6375
10														MARTINEZ ER 6383
11														MARTINEZ SPECIALTY 6380
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
COLUMN TOTALS			60	1	60	1	8					4		

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER 6387 21.00
 6390 79.00
 % 21.72
 B83-4

EMPLOYEE SIGNATURE: [Signature] DATE: 8-24-10
 SUPERVISOR SIGNATURE: [Signature] DATE: _____
 CONTACT PHONE: 925.271.5158
 CONTACT HOME: 925.271.5158

Location Code: ADMN13
 Period Ending Date: 09/15/2012

Employee # 42747
 Class Code VP49
 Hearst, David P
 Pos. Hrs. 32.00

AB OF 08/01/2012
 Vac. Bal. 399.20
 Sabb. Bal. 0.00
 Sick Bal. 1344.17
 Hol. Comp. (C) 0.00
 FWS Comp 0.00
 O.T. Comp. 0.00
 PTO Hrs. 0.00

CHFC Code PERM
 Emp. Type PART
 Admin Leave 56.80

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE <input type="checkbox"/> 1st HALF <input type="checkbox"/> 2nd HALF	TIME		REG. HRS (3)	O.T. HOURS				NON WORK HOURS				(14) ADMIN. HRS	DIST. SECT LOCATION	H		
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.				(12) HOURS	(13) AWOP/AWOL
18	1	5	4	0.75												
19	8	9	12	1.25												
20	1	5	4	1.5												
21	8	12	4	4												
22	8	12	4													
23	8	12	4													
24	8	12	4													
25	8	12	4													
26	1	5	4													
27	8	9	12													
28	1	5	4													
29	8	12	4													
30																
31																
COLUMN TOTALS			52	1	54											

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *[Signature]* DATE: 8/11/12

SUPERVISOR SIGNATURE: *[Signature]* DATE:

COST CENTER: 6387 21.00%
 6390 79.00%

Handwritten notes: 101, 1:30 ALP, 6:24, 4 JOE, 4 ALP, 32, 54

FBI CONTACT PHONE NUMBER: 202-512-2100
 202-512-2100
 202-512-2100

PAYROLL COPY

ILLINOIS SERVICES DEPARTMENT — TIME SHEET CORRECTIONS

Employee #: 47747 Name: Dario Heras MD
 Pay Period Ending: 9.15.12 Location Code/Mail Drop I.D.: 3
 Emp Type: CHECK ONE: Perm PI TEMP (please fill in your code)
 Class Code: _____ Contact Phone Number: _____

DATE	ORG #	IN INDICATE AM or PM or MILITARY TIME	OUT INDICATE AM or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
9-7						4	CME
9-14						4	CME
							OK

**List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.

Supervisor Approval: _____ Date: _____
 (supervisor's signature)

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

PAY-1-0 (6/6/05) WHITE - PAYROLL / CANARY - DEPT.

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # 43747 eID/Id. No. U540/6390 Class Code VP M9 Employee Name HEARST, DAVID P CHFC Code PERM Emp. Type PART Pos. Hrs. 32.00 Period Ending Date 09/30/20

AS OF 09/01/2012 Vac. Bal. 384.54 Sick Bal. 1359.57 Hol. Comp. (C) 0.00 FWS Comp. 0.00 O.T. Comp. 0.00 PTO Hrs. 0.00 Admin Leave 56.80

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE 1st HALF 2nd HALF	TIME		REG. HRS (3)	O.T. HOURS				NON WORK HOURS				ADMIN. HRS (14)	DIST. SECTION				
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.			(12) HOURS	(13) AWOP/AWOL		
16																	
17	1	5	4			1:30					Admin LL	4	ALP		MARTINEZ	6462	
18	1	5	4			1:30									MARTINEZ	F.P.C.	6387
19	8	9	12			1:30					25% SERVICE AWARD	4	PTO		CONCORD	6386	
20											PTO DAY OFF	4			PITTSBURG	6388	
21															BRENTWOOD	6390	
22															RICHMOND	6384	
23															MARTINEZ	DENTAL	6373
24	8	12	4			1:30					Admin LL	4			RICHMOND	DENTAL	6374
25	1	6	4			1:30					Admin LL	12	ADP		PITTSBURG	DENTAL	6375
26															MARTINEZ	ER	6383
27															MARTINEZ	SPECIALTY	6380
28																	
29																	
30																	
31																	
COLUMN TOTALS			28			30						36					

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE _____ DATE 10/1/12

SUPERVISOR SIGNATURE _____ DATE _____

COST CENTER %

6387 21.0

6390 79.0

CONTACT PHONE # _____

ADDRESS _____

CITY _____

B-83-4

PAYROLL COPY

Employee # 43747 Budget/Orig. No. 054016390 Class Code VPM9 Employee Name HEARST, DAVID P
 S OF 09/01/2012 Vac. Bal. 384.54 Sick Bal. 0.00 On Call 1:30, 57 FWS Comp 0.00 Pers Hol. Bal. (P) 36.00 O.T. Comp. 0.00 Admin Leave 56.80 PTO Hrs. 0.00
 CHFC Code PFRM Emp. Type PART Pos. Hrs. 32.00 Period Ending Date 10/15/2010
 Location Code ADMN13

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: 1st HALF 2nd HALF	TIME			REG. HRS				O.T. HOURS				NON WORK HOURS				SUMMARY	
	(1) IN	(2) OUT	(3)	(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) HRS	(14) ADMIN. HRS	LOCATION	DIST. SECTION	
16	5	12	4		6:1:30						4			MARTINEZ 6462			
17	1	5	4	OTD	6:1:30									MARTINEZ 6462			
18	8	9	12		6:1:30									MARTINEZ 6462			
19	1	5	4	12:30	gross									MARTINEZ 6462			
20	9	12	4	1	6:1:30									MARTINEZ 6462			
21														MARTINEZ 6462			
22	8	12	4	7:3	6:1:30									MARTINEZ 6462			
23	1	5	4		6:1:30									MARTINEZ 6462			
24	8	9	12		6:1:30									MARTINEZ 6462			
25	1	5	4	1:30	gross									MARTINEZ 6462			
26	4	5	9		6:1:30									MARTINEZ 6462			
27														MARTINEZ 6462			
28														MARTINEZ 6462			
29														MARTINEZ 6462			
30	8	12	4	14	6:1:30									MARTINEZ 6462			
31														MARTINEZ 6462			
COLUMN TOTALS			56														

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION
 EMPLOYEE SIGNATURE: _____ DATE: 10/5/12
 SUPERVISOR SIGNATURE: _____ DATE: _____
 CONTACT PHONE #: _____
 COST CENTER: 6387 21.0
 COST CENTER: 6390 79.0
 %: 80
 P 83-5

HEALTH SERVICES DEPARTMENT -- TIME SHEET CORRECTIONS

Employee #: 43747 Name: DAVID HEARST MD
 Pay Period Ending: 10/15/10 Location Code/Mail Drop I.D.: _____
 Emp Type: CHECK ONE: Perm _____ PI _____ TEMP _____
 (please fill in your code)

Class Code: _____ Contact Phone Number: _____

DATE	ORG #	IN INDICATE AM or PM or MILITARY TIME	OUT INDICATE AM or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
10.15		8	2	5			MEL SHOULD USE ONLY 3 HOURS OF VACATION
10.6		8			8		CME
10.7		7			7		OK

**List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.

Supervisor Approval: _____ Date: _____

(Supervisor's signature)

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

PAY1-0 (9/9/05)

WHITE - PAYROLL / CANARY - DEPT.

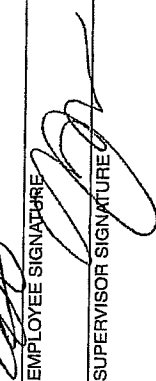

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # 13747 Budget/Org. No. 0540/6390 Class Code VPH9 Employee Name HEARST, DAVID P
 Location Code ADMN13
 Date of 10/01/2012 Vac. Bal. 397.88 Sick Bal. 0.00 S.T./O.T. 0.00 ON CALL 1:8 ON CALL 1:4 CALL WORKED 0.00
 CHFC Code PERM Emp. Type PART Pos. Hrs. 32.00
 Period Ending Date 10/31/2011
 Admin Leave 0.00 O.T. Comp. 0.00 PTO Hrs. 0.00

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: 1st HALF 2nd HALF	TIME		REG. HRS				O.T. HOURS				NON WORK HOURS				SUMMARY	
	(1) IN	(2) OUT	(3)	(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWO/PAVOL	(14) ADMIN. HRS	LOCATION	DIST. SECTION
16	1	5	4	0.00		6:1:30									MARTINEZ	6462
17	8	9	12	0.00		6:1:30		6:00							MARTINEZ	6462
18	1	5	4	0.00		6:1:30									F.P.C.	6387
19	8	12	4	0.00		6:1:30									F.P.C.	6387
20															CONCORD	6386
21															PITTSBURG	6388
22	8	12	4	0.00		6:1:30									BRENTWOOD	6390
23	1	5	4	0.00		6:1:30									RICHMOND	6384
24	9	9	12	0.00		6:1:30									MARTINEZ	DENTAL
25	1	5	4	0.00		6:1:30									DENTAL	6373
26	8	12	4	0.00		6:1:30									RICHMOND	DENTAL
27	1	5	4	0.00		6:1:30									DENTAL	6374
28	8	12	4	0.00		6:1:30									PITTSBURG	DENTAL
29	1	5	4	0.00		6:1:30									DENTAL	6375
30															MARTINEZ	ER
31															ER	6383
COLUMN TOTALS			60	13 1/2	66	66									MARTINEZ	SPECIALTY
															SPECIALTY	6380

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE:  DATE: 10/26/12
 SUPERVISOR SIGNATURE:  DATE: 10/26/12
 COSTI CENTER: 6387 21.0%
 6390 79.0%
 9 hrs CME
 OKPDP

CONTACT PHONE #

CONTRA COSTA COUNTY NOTICE OF SEPARATION

Date Stamp

DEPARTMENT: Health Services/HOSP

DATE: 9/18/2012

Notice to Human Resources Department that the following employee is being separated from a Contra Costa County position:

Classified Unclassified Temporary

CLASSIFICATION: <u>EXEMPT MED STF PHYSICIAN</u>	Dept. Org. No.	Class Code	Empl. No.	Termination Date
NAME: <u>Hearst, David</u>	0540/ 6390	VPW9	43747	LAST DAY IN PAY STATUS
ADDRESS: <u>[REDACTED]</u>		Pos. 8415		<u>10/31/2012</u>
CITY/STATE: <u>[REDACTED]</u>		32/40		TERMINATION DATE IF DIFFERENT FROM ABOVE

REASON:

Employee's Social Security Number [REDACTED]

- 1. RESIGNATION —VOLUNTARY SEPARATIONS MUST HAVE AK219 ATTACHED.
- 2. RETIREMENT — Regular Safety Disability (if deferred, check 1 above).
Attach Order of Layoff and Severance Pay forms if applicable.
- 3. LAYOFF* — Voluntary Demotion in Lieu of Layoff Voluntary Transfer in Lieu of Layoff
- 4. DEATH
- 5. END LIMITED TERM APPOINTMENT—Attach AK219 or note other reason for end limited term under REMARKS below.
- 6. END PROVISIONAL APPOINTMENT*
- 7. DEMOTION —If involuntary, attach Order of Disciplinary Action and copy of Skelly Notice
- 8. SUSPENSION —Not to exceed 30 days. Attach Order of Disciplinary Action and copy of Skelly Notice.
- 9. DISMISSAL—Attach Order of Disciplinary Action and copy of Skelly Notice.
- 10. REJECTION OF PROBATIONER*—Attach AK54 Probation Report, if available. PMR § 905 prescribe the grounds for appeal and hearing provisions.
- 11. END TEMPORARY UPGRADE ASSIGNMENT*—(Pay for work in a higher class).
- 12. TERMINATION OF PROJECT

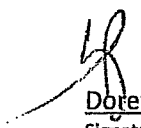
*REVERSIONARY RIGHTS TO POSITION _____

REMARKS:

I.D. Card returned?

Yes No

If "No" is checked, separation pay warrant will not be released until the I.D. card is returned to Human Resources Dept.


Dorette McCollum, HSD Personnel Officer
Signature of Appointing Authority

Involuntary Separation — AK218 Mailed to Employee by Personnel Department.

APPROVED FOR HUMAN RESOURCES DEPARTMENT: _____
Signature Date

2012 SEP 18 AM 10:48

MEMO

Date: September 14, 2012
To: Human Resources - Benefits
From: Retirement Office – Retirement Staff
Subject: Service Retirement of David Hearst, #43747, Tier III

David Hearst, #43747, has filed an application for a service retirement effective 11/01/2012.

cc: David Hearst
Risk Management
Health Services Department

lt



Employees' Retirement Association
1355 willow way suite 221 concord ca 94520
925.521.3960 fax: 925.646.5747

Attachment #8

Name ID #
 Hinman, Priscilla 50193

Year	Month	Code	Hours	Decimal
2011	December	D32	30	30
2012	January	D32	30	30
2012	February	D32	28:30	28.5
2012	March	D32	18	18
2012	April	D32	24	24
2012	May	D32	27	27
2012	June	D32	30	30
2012	July	D32	31:30	31.5
2012	August	D32	27	27
2012	September	D32	25:30	25.5
2012	October	D32	30	30
2012	November	D32	27	27
2012	December	D32	19:30	19.5
Total Hours (Decimal)				348

CONTRA COSTA HEALTH VICES - PAYROLL TIME SHEET

Employee # 50193, dpt/Org. No. 0540/6384, Class Code VPM9, Employee Name HINMAN, PRISCILLA A, CH13, Pos. Hrs. 36.00, Period Ending Date 12/31/2011, AS OF 12/01/2011, Vac. Bal. 151.77, Sabb. Bal. 0.00, FWS Comp 0.00, Hol. Comp. (C) 0.00, Pers. Hol. Bal. (P) 11.00, O.T. Comp. 0.00, Emp. Type PART, Admin. Leave 0.00, PTO Hrs. 0.00, 12/15/11

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: <input type="checkbox"/> 1st HALF <input type="checkbox"/> 2nd HALF	TIME		REG. HRS	O.T. HOURS				NON WORK HOURS				ADMIN. HRS (14)	DIST. SECTION		
	(1) IN	(2) OUT	(3)	(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK/PTO	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.		(12) HOURS	(13) AWOP/AWOL	LOCATION
1	0800	1700	8	8				8	VAC					MARTINEZ	6462
2														MARTINEZ	6462
3														F.P.C.	6387
4														CONCORD	6386
5	0800	2100	12	eye clinic			6:11:30							PITTSBURG	6388
6	0800	1700	8				6:11:30							PITTSBURG	6388
7	0800	1700	8				6:11:30							BRENTWOOD	6390
8	0800	1700	8				6:11:30							RICHMOND	6384
9														MARTINEZ	6373
10														RICHMOND	6374
11														PITTSBURG	6375
12	0800	2100	12	eye clinic			6:11:30							MARTINEZ	6383
13	0800	1700	8				6:11:30							MARTINEZ	6383
14	0500	1700	8				6:11:30							MARTINEZ	6383
15	0800	1700	8				6:11:30							MARTINEZ	6383
16														MARTINEZ	6383
17														MARTINEZ	6383
18														MARTINEZ	6383
19														MARTINEZ	6383
20														MARTINEZ	6383
21														MARTINEZ	6383
22														MARTINEZ	6383
23														MARTINEZ	6383
24														MARTINEZ	6383
25														MARTINEZ	6383
26														MARTINEZ	6383
27														MARTINEZ	6383
28														MARTINEZ	6383
29														MARTINEZ	6383
30														MARTINEZ	6383
31														MARTINEZ	6383
COLUMN TOTALS			71				60								

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

CGST CENTER %
 6384 91.0
 6387 9.0
 B83-8

EMPLOYEE SIGNATURE: *[Signature]* DATE: 12/14/11
 SUPERVISOR SIGNATURE: *[Signature]* DATE: _____

CONTACT PHONE #

PAYROLL COPY



To: Jan Lake <JLake@ac.cccounty.us>
Cc: Haj Nahal <hnaha@ac.cccounty.us>
Bcc:
Subject: Pay Adj; Perm;Hinman, Pricilla#50193
From: Olga Adams/Per/HSD/US - Tuesday 12/20/2011 01:42 PM

Hi Jan,

Please pay additional 1.50hrs D32 (.75hrs on 11-16 and .75hrs on 11-17)was posted (.75should be 1.50 on 11-16 and 11-17)

PPE 11-30-11

tscf

Thanks,

Olga P. Adams

Health Services Payroll

(925) 957-5223 or (7-5223)

(925) 957-5220 - Fax

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To: Jan Lake <JLake@ac.cccounty.us>
Cc: Haj Nahal <hnaha@ac.cccounty.us>
Bcc:
Subject: Pay Adj; Perm;Hinman, Pricilla#50193
From: Olga Adams/Per/HSD/US - Tuesday 12/13/2011 11:50 AM

Hi Jan,

Please pay 12hrs D32 (1.50hrs on 11-1; 1.50hrs on 11-3; 1.50hrs on 11-7; 1.50hrs on 11-8; 1.50hrs on 11-9;

1.50hrs on 11-10; 1.50hrs on 11-14; 1.50hrs on 11-15;

Please pay 7.20hrS OTD (for 11-10-11)

8hrs = B83 (4hrs on 11-10 and 4hrs on 11-14)

PPE 11-30-11
time sheet

Thanks,

Olga P. Adams

Health Services Payroll

(925) 957-5223 or (7-5223)

(925) 957-5220 - Fax

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[11/01/2011 - 12/13/2011]

Account	Pay Code	Hours	Wages
A-18/0540/6384/VPWS	D20	4:00	
A-18/0540/6384/VPWS	D32	1:30	
A-18/0540/6384/VPWS	R	80:00	
A-18/0540/6384/VPWS	SCK-2RS	8:00	
A-18/0540/6384/VPWS	T01	14:24	
A-18/0540/6384/VPWS	VAC	49:36	

Timecard [11/01/2011 - 12/13/2011]

Date	Amount	ID	Transf	Out	ID	In	Transf	Out
Sun 11/13								
Mon 11/14								
Tue 11/15								
Wed 11/16	8:00	D32		40/6384				
Thu 11/17	8:45	D32		40/6384				
Fri 11/18								
Sat 11/19								
Sun 11/20	8:00	D20		40/6384				
Mon 11/21	8:00	VAC		40/6384				

Pay Code Moves and Historical Amounts [11/01/2011 - 12/13/2011]

Effective Date	Type of Edit	From Pay Code / To Pay Code	Amount	Exp. Date
12/01/2011, apply to date: 11/02/2011	Historical pay	SCK-2RS	8.00 hh range	12/13/2011

Accrual Balances Monitor for 12/01/2011

Accrual Code	Amount	Unit
Administrative Leave		
Agreed Upon Temporary Absence		
Personal Holiday		
PTO Leave		
Sabbatical		
Sick Leave	0:00	hh:mm
Vacation	401:56	hh:mm
Work Leave	151:46	hh:mm
	0:00	hh:mm

Tue 11/29	8:00	VAC		40/6384
Wed 11/30	8:00	VAC		40/6384
Wed 11/30	8:00	VAC		40/6384
Thu 12/01				
Fri 12/02				
Sat 12/03				
Sun 12/04				
Mon 12/05				
Tue 12/06				
Wed 12/07				

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: <input type="checkbox"/> 1st HALF <input type="checkbox"/> 2nd HALF	TIME		REG. HRS	O.T. HOURS				NON WORK HOURS				ADMIN. HRS (14)	DIST. SECTION	
	(1) IN	(2) OUT	(3)	(4) S.T.O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) SICK TIME	(9) PERSONAL HOL.	(10) OTHER PAID TIME OFF / DESC.	(11) HOURS		(12) AWOP/AWOL	LOCATION
1													MARTINEZ	6462
2													MARTINEZ	6462
3													MARTINEZ	6462
4	0800	2:00	12	even cl.		6:11:30							MARTINEZ	6462
5	0800	1700	8			6:11:30							MARTINEZ	6462
6	0800	1700	8			6:11:30							MARTINEZ	6462
7	0800	1700	8	2 STD		6:11:30							MARTINEZ	6462
8	0800	1700	8			6:11:30							MARTINEZ	6462
9													MARTINEZ	6462
10													MARTINEZ	6462
11	0800	1700	8	4 STD									MARTINEZ	6462
12	0800	1700	8			6:11:30			4:48				MARTINEZ	6462
13	0800	1700	8			6:11:30			VAC				MARTINEZ	6462
14	0800	1700	4			6:11:30			4				MARTINEZ	6462
15	0800	1700	4			6:11:30							MARTINEZ	6462
16			5:40	4	STD								MARTINEZ	6462
17			5:6	5:6									MARTINEZ	6462
18			5:6	5:6									MARTINEZ	6462
19			5:6	5:6									MARTINEZ	6462
20			5:6	5:6									MARTINEZ	6462
21			5:6	5:6									MARTINEZ	6462
22			5:6	5:6									MARTINEZ	6462
23			5:6	5:6									MARTINEZ	6462
24			5:6	5:6									MARTINEZ	6462
25			5:6	5:6									MARTINEZ	6462
26			5:6	5:6									MARTINEZ	6462
27			5:6	5:6									MARTINEZ	6462
28			5:6	5:6									MARTINEZ	6462
29			5:6	5:6									MARTINEZ	6462
30			5:6	5:6									MARTINEZ	6462
31			5:6	5:6									MARTINEZ	6462
COLUMN TOTALS			56		60									

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: [Signature] DATE: 12/29/11
 SUPERVISOR SIGNATURE: [Signature] DATE: _____
 CONTACT PHONE # _____
 PAYROLL COPY

Employee #: P-1000050193 Name: P. Harmon MD
 Pay Period Ending: 1/31/11 Location Code/Mail Drop I.D.: RLC413
 Emp Type: CHECK ONE: Perm PI TEMP
 Class Code: VPW9 Contact Phone Number: 570 504-0367

DATE	ORG #	IN INDICATE AM or PM OF MILITARY TIME	OUT INDICATE AM or PM OF MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
12/22/11	0540	1200	1300	1			X coverage bill primary
12/22/11	"	1700	1800	1			X coverage
12/31/11	"	1100	1500	4			IN pt - Rounds
12/25/11	X	0800	0200	4			IN pt - Rounds

List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.

Supervisor Approval: [Signature] Date: _____

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

HEALTH SERVICES PAYROLL
 SUPERVISOR'S SIGNATURE

CCC RICHMOND HEALTH, LIBRARY - ALLIUM
 Fax 15102311221
 May 19 2005 03:15am P001/001
 Governor-LVA



To: Jan Lake <JLake@ac.cccounty.us>,
Cc: Haj Nahal <hnaha@ac.cccounty.us>,
Bcc:
Subject: Pay Adj; Perm; Hinman, Priscilla#50193
From: Olga Adams/Per/HSD/US - Thursday 01/26/2012 02:37 PM

Hi Jan,
Please pay 2hrs OTD (12-22-11) and 8hrs D20 (4hrs on 12-25 and 4hrs on 12-31-11)
PPE 12-31-11

TSCF

Thanks,

Olga P. Adams

Health Services Payroll

(925) 957-5223 or (7-5223)

(925) 957-5220 - Fax

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipients and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution, is PROHIBITED. If you are not the intended recipient, please contact the sender by reply e-mail, and destroy all copies of the original message. Thank you.

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

RICH13

Employee #	Budget/Org. No.	Class Code	Employee Name	CHFC Code	Emp. Type	Pos. Hrs.	Period Ending Date
50153	054076384	VPM9	HINMAN, PRISCILLA A	PERM	PART	36.00	12/18/2011
AS OF	Vac. Bal.	Sabb. Bal.	Sick Bal.	O. T. Comp.	PTO Hrs.		
11/01/2011	189.37	0.00	402.74	0.00	0.20	0.00	

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE <input type="checkbox"/> 1st HALF <input type="checkbox"/> 2nd HALF	TIME		REG. HRS	O.T. HOURS				NON WORK HOURS				ADMIN. HRS.	DIST. SECTION	
	(1) IN.	(2) OUT	(3)	(4) S.T/O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS		(13) PTO Hrs.
16														MARTINEZ 6462
17	0800	1700	8											MARTINEZ F.P.C. 6387
18	0800	1700	8											CONCORD 6386
19	0800	1700	8											PITTSBURG 6388
20	0800	1700	8											BRENTWOOD 6390
21														RICHMOND 6384
22														MARTINEZ DENTAL 6373
23														RICHMOND DENTAL 6374
24	0800	2100	12											PITTSBURG DENTAL 6375
25	0800	1700	8											MARTINEZ ER 6383
26	0800	1700	8											MARTINEZ SPECIALTY 6380
27	0800	1700	8											
28														
29														
30														
31														
COLUMN TOTALS			76									12		

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET, CORRECTIONS FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

DATE: 1/18/12
 EMPLOYEE SIGNATURE: [Signature]
 SUPERVISOR SIGNATURE: [Signature]
 CONTACT PHONE #: _____
 COST CENTER: 6384
 HEALTH SERVICES CENTER: 6387

5019

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET


Employee # 0193 OF 1/01/2011
 Budget/Org. No. 0540/6384
 Class Code VPM9
 Sabb. Bal.
 Employee Name HINMAN, PRISCILLA A
 Sick Bal. 402.74
 FWS Comp 0.00
 O. T. Comp. 0.00
 Pers. Hol. Bal. (P) 9.20
 Admin Leave
 Emp. Type PART
 Pos. Hrs. 36.00
 PTO Hrs. 0.00
 Location Code KICH13
 Period Ending Date 12/18/2011

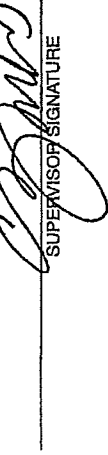
PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CK ONE 1st HALF 2nd HALF	TIME		REG. HRS (3)	O.T. HOURS				NON WORK HOURS				ADMN. HRS (14)	DIST. SECTION LOCATION HOU
	(1) IN	(2) OUT		(4) S-T/O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL ROL	(11) OTHER PAID TIME OFF / DESC.		
16													MARTINEZ 6462
17	0800	1700	8		6					New Years 12			MARTINEZ F.P.C. 6387
18	0800	1700	8		6								CONCORD 6386
19	0800	1700	8		6								PITTSBURG 6388
20	0800	1700	8		6								BRENTWOOD 6380
21													RICHMOND 6384
22													MARTINEZ DENTAL 6373
23	0800	2100	12		6								RICHMOND DENTAL 6374
24	0800	1700	8		6								PITTSBURG DENTAL 6375
25	0800	1700	8		6								MARTINEZ ER 6383
26	0800	1700	8		6								MARTINEZ SPECIALTY 6380
27	0800	1700	8		6								
28													
29													
30													
31													
COLUMN TOTALS			76		54							21	

DUPLICATE

PORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET, CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE:  DATE: 1/18/12

SUPERVISOR SIGNATURE:  DATE: _____

COST CENTER 6384 91.0
 COST CENTER 6387 9.0

CONTACT PHONE #



To: Jan Lake <JLake@ac.cccounty.us>,
Cc: Haj Nahal <hnaha@ac.cccounty.us>,
Bcc:
Subject: Pay Adj; Perm; Hinman, Priscilla#50193
From: Olga Adams/Per/HSD/US - Thursday 01/26/2012 02:37 PM

Hi Jan,
Please pay 2hrs OTD (12-22-11) and 8hrs D20 (4hrs on 12-25 and 4hrs on 12-31-11)
PPE 12-31-11
TSCF
Thanks,
Olga P. Adams
Health Services Payroll
(925) 957-5223 or (7-5223)
(925) 957-5220 - Fax

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PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: <input type="checkbox"/> 1st HALF <input checked="" type="checkbox"/> 2nd HALF	TIME		REG. HRS (9)	O.T. HOURS				NON WORK HOURS				HOURS (12)	AWOP/AWOL (13)	HRS (14)	DIST. SECTION
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.				
1	0800	2100				09:30		ALP (4:48)				12.63	7:12	7.01	MARTINEZ 6462
2	0800	1700	8			6:1:30	8								MARTINEZ F.P.C. 6387
3	0800	1700	8			6:1:30	8								CONCORD 6386
4	0800	1700	8			6:1:30	8								PITTSBURG 6388
5						6:1:30	8								BRENTWOOD 6390
6	0800	2100	4			6:1:30	4								RICHMOND 6384
7	0800	1700	4			6:1:30	4								MARTINEZ DENTAL 6373
8	0800	1700	8			6:1:30	8								RICHMOND DENTAL 6374
9						6:1:30	8								PITTSBURG DENTAL 6375
10						6:1:30	8								MARTINEZ ER 6383
11	0800	2100	8			6:1:30	8								MARTINEZ SPECIALTY 6380
12	0800	1700	4			6:1:30	4								
13						6:1:30	8								
14						6:1:30	8								
15	0800	2100	8			6:1:30	8								
16	0800	1700	4			6:1:30	4								
17	COLUMN TOTALS		52				52					12			

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *[Signature]* DATE: 1/26/12
 SUPERVISOR SIGNATURE: *[Signature]* DATE: 1/26/12
 COST CENTER: 6384 %: 91.0
 CENTER: 6387 %: 9.0

HEALTH SERVICES DEPARTMENT - TIME SHEET CORRECTIONS

Employee #: 50193 Name: P. Homan MD
 Pay Period Ending: 1/31/12 Location Code/Mail Drop I.D.: _____ (please fill in your code)
 PI _____ TEMP _____

Class Code: _____ Contact Phone Number: _____

DATE	ORG #	IN INDICATE AM or PM or MILITARY TIME	OUT INDICATE AM or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
1/20				6			on call 1:4
1/28		830	130	5			weekend rounds
1/29		830	1230	4			weekend rounds

**List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column. Date: _____

Supervisor Approval: [Signature] (supervisor's signature)
 Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

WHITE - PAYROLL / CANARY - DEPT.
 PAY-1-0 (9/8/05)

Employee ID: **5013** AS OF: **01/15/11** Location Code: **3**
 Employee Name: **P. Hernandez** CHFC Code: **P** ROS Hrs: **36**
 Class Code: **1** Emp. Type: **P** PTO Hrs: **0**
 Vac. Bal.: **0** Sick Bal.: **0** O.T. Comp.: **0** Admin Leave: **0**
 FWS Comp.: **0** Pers. Hol. Bal. (P): **0**

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CHECK ONE: 1st HALF 2nd HALF	TIME		REG. HRS (8)	O.T. HOURS							NON WORK HOURS			ADMIN. HRS (14)	DIST. SECTION	
	(1) IN	(2) OUT		(4) S/T/O.T.	(5) ON CALL 1-8	(6) ON CALL 1-4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HDL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AWOP/AWOL		LOCATION	HOU
16	0800	1700	8												MARTINEZ	6462
17	0800	1700	8												MARTINEZ	F.F.C. 6387
18	0800	1100	3	3	admin	11:30									CONCORD	6386
21	0800	2100	12												PITTSBURG	6388
22	0800	1700	8												BRENTWOOD	6390
23	0800	1700	8												RICHMOND	6384
24	0800	1700	8												MARTINEZ	DENTAL 6373
25	0800	1100	3	3	admin	11:30									RICHMOND	DENTAL 6374
28	0800	2100	12												PITTSBURG	DENTAL 6375
29	0800	1700	8												MARTINEZ	ER 6383
30	0800	1700	8												MARTINEZ	SPECIALTY 6380
31	COLUMN TOTALS															

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION
 2012 FEB 17 AM 10:07
 HEALTH SERVICES PAYROLL
 EMPLOYEE SIGNATURE: *[Signature]* DATE: _____
 SUPERVISOR SIGNATURE: *[Signature]* DATE: _____
 CONTACT PHONE # _____
 B83-8

50193

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

KICHL3

Emp No	55076384	Class Code	VP09	Emp Name	HILMANN, BRISCELLA, A	Emp Type	PART	Per. Hrs.	36.00	Period Ending Date	02/29/2012
Sub. Bal.	138.97	Sick Bal.	415.34	Per. Hrs. (P)	14.60	Admin Leave	53.20	PTO Hrs.	0.00		
REG. HRS	8	ON CALL	0	PERM	0.00						

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

JUL	TIME		REG. HRS	O.T. HOURS							NON WORK HOURS					ADMIN. HRS	DIST. SECTION
	IN	OUT		ST/O.T.	ON CALL	ON CALL	ON CALL	SICK TIME	PERSONAL HIL.	OTHER PAID TIME OFF / DESC.	HOURS	AWO/PTO/ROL	LOCATION	HOU			
16	0800	1700	8	2	0	0	0	0	0	0	0	0	0	0	0	MARTINEZ 6382	
17	0800	1000	2	0	0	0	0	0	0	0	0	0	0	0	0	MARTINEZ F.P.C. 5387	
18																	
19																CONCORD 6386	
20	0800	2100	12 eve	0	0	0	0	0	0	0	0	0	0	0	0	PITTSBURG 6388	
21	0800	1700	8	0	0	0	0	0	0	0	0	0	0	0	0	BRENTWOOD 6390	
22	0800	1700	8	0	0	0	0	0	0	0	0	0	0	0	0	RICHMOND 6394	
23	0800	1700	8	0	0	0	0	0	0	0	0	0	0	0	0	MARTINEZ DENTAL 6373	
24	0800	1000	2	0	0	0	0	0	0	0	0	0	0	0	0	RICHMOND DENTAL 6374	
25																PITTSBURG DENTAL 6375	
26	0830	1430	6	0	0	0	0	0	0	0	0	0	0	0	0	MARTINEZ ER 6383	
27	0800	1700	8	0	0	0	0	0	0	0	0	0	0	0	0	MARTINEZ SPECIALTY 6380	
28	0800	1700	4	0	0	0	0	0	0	0	0	0	0	0	0		
29	0800	1700	4	0	0	0	0	0	0	0	0	0	0	0	0		
30																	
31																	
COLUMN TOTALS			48	10	48	0	0	0	0	0	0	0	0	0	0		

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *[Signature]* DATE: 2/29/12
 SUPERVISOR SIGNATURE: *[Signature]* DATE: 2/29/12

COST CENTER: 6384 91.0
 6387 9.0

CONTACT PHONE #

DU 15

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

RJCH13

Budget No. 0540/5304
 Class Code VPW9
 Employee Name HINMAN, PRISCILLA A
 Emp. Type PART
 Pos. Hrs. 36.00
 Date 15/2012
 Vac. Bal. 139.97
 Sick Bal. 416.34
 Holi. Corp. (C) 0.00
 P.T.D. Hrs. 0.00
 O.T. Corp. 0.00
 Admin. Leave 53.20
 P.T.D. Hrs. 0.00

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

SUMMARY

DATE	TIME	REG. HRS	O.T. HOURS							NON WORK HOURS				ADMIN. HRS	DIST. SECTION
			(1) IN	(2) OUT	(3) S.T./O.T.	(4) ON CALL 150	(5) ON CALL 150	(6) ON CALL 150	(7) HALLWORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL MTL	(11) OTHER PAID TIME OFF / DESC.		
1	0800 1700	8													MARTINEZ 6462
2	0800 1000														MARTINEZ F.P.C. 6387
3	0800 2100														CONCORD 6386
4	0800 1700														PITTSBURG 6388
5	0800 1700														BRENTWOOD 6390
6	0800 1700														RICHMOND 6384
7	0800 1700														MARTINEZ DENTAL 6373
8	0800 1700														RICHMOND DENTAL 6374
9	0800 1700														PITTSBURG DENTAL 6375
10	0800 1700														MARTINEZ ER 6383
11	0800 1700														MARTINEZ SPECIALTY 6390
12	0800 2100	12													
13	0800 1700	8													
14	0800 1700	8													
15	0800 1700	8													
16	0800 1700	8													
17	0800 1700	8													
18	0800 1700	8													
19	0800 1700	8													
20	0800 1700	8													
21	0800 1700	8													
22	0800 1700	8													
23	0800 1700	8													
24	0800 1700	8													
25	0800 1700	8													
26	0800 1700	8													
27	0800 1700	8													
28	0800 1700	8													
29	0800 1700	8													
30	0800 1700	8													
31															
	COLUMN TOTALS	44													

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *[Signature]* DATE: 3/21/12
 SUPERVISOR SIGNATURE: *[Signature]* DATE: 3-20-12
 COST CENTER: 6304
 91.00
 9.00

CONTACT PHONE #

1/12/2010

PAYROLL COPY

Handwritten initials and marks at the bottom right.

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

DATE	TIME		REG. HRS	O.T. HOURS				NON WORK HOURS				ADMIN. HRS	LOCATION	DIST. SECTION	
	(1) IN	(2) OUT		(3) SLEEPS	(4) ON CALL 150	(5) ON CALL 150	(6) ON CALL 150	(7) CALL WORKED	(8) VAC	(9) SICK TIME	(10) PERSONAL IML				(11) OTHER PAID TIME OFF / DESC.
16	0800	1200	4	4										MARTINEZ 6382	
17	0800	1500	7	7										MARTINEZ F.P.C. 6387	
18														CONCORD 6386	
19	0800	2100	13				1:30							PITTSBURG 6388	
20	0800	1700	9				1:30							BRENTWOOD 6390	
21	0800	1700	9				1:30							RICHMOND 6384	
22	0800	1700	9				1:30							MARTINEZ DENTAL 6373	
23														RICHMOND DENTAL 6374	
24														PITTSBURG DENTAL 6375	
25														MARTINEZ ER 6383	
26	0800	2100	13				1:30							MARTINEZ SPECIALTY 6380	
27	0800	1700	9				1:30								
28	0800	1700	9				1:30								
29	0800	1700	9				1:30								
30	0800	1200	4												
31															
COLUMN TOTALS			52	15											

EMPLOYEE SIGNATURE: *[Signature]* DATE: **3/22/12**

SUPERVISOR SIGNATURE: *[Signature]* DATE: _____

COST CENTER: **6384** % **91.0**

COST CENTER: **6387** % **9.0**

CONTACT PHONE # _____

1/28/10

HEALTH SERVICES DEPARTMENT — TIME SHEET CORRECTIONS

Employee #: 50193 Name: P. Hinman
 Pay Period Ending: 3/31/12 Location Code/Mail Drop I.D.: RICH13
 Emp Type: CHECK ONE: Perm PI _____ TEMP _____
(please fill in your code)
 Class Code: VPW9 Contact Phone Number: _____

DATE	ORG #	IN INDICATE AM or PM <small>OR</small> MILITARY TIME	OUT INDICATE AM or PM <small>OR</small> MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST/OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
3/25/12	0540 6384	0900	1700		7.8		Retreat DFAA actuary

**List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.

Supervisor Approval: _____ Date: _____

(supervisor's signature)

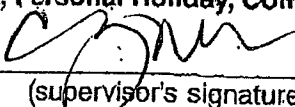
Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

HEALTH SERVICES DEPARTMENT — TIME SHEET CORRECTIONS

Employee #: 50193 Name: P. Hinman
 Pay Period Ending: 3/31/12 Location Code/Mail Drop I.D.: R1413
 Emp Type: CHECK ONE: Perm X PI _____ TEMP _____ (please fill in your code)
 Class Code: VPW9 Contact Phone Number: _____

DATE	ORG #	IN INDICATE AM or PM OF MILITARY TIME	OUT INDICATE AM. or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
3/25/12	0540 6384	0900	1700		*7		DFA Meeting
3/30/12	§	0800	1200				admission, telecon

**List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.

Supervisor Approval:  Date: _____

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

HEALTH SERVICES DEPARTMENT
MAR 30 AM 2:57

CONTRA COSTA HEALTH SERVICES VICES - PAYROLL TIME SHEET

Employee # 50193, Class Code VP49, Employee Name HINMAN, PRISCILLA A, Pos. Hrs. 36.00
 L. No. 0540/6384, Vac. Bal. 0.00, Sick Bal. 409.14, FWS Comp 0.00, PTO Hrs. 72.00, Admin Leave 0.00
 Date 01/01/2012, Vac. Bal. 146.97, O.T. Comp. 0.00, PTO Hrs. 0.00, Ending Date 01/15/2012

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

DATE	TIME	REG. HRS	O.T. HOURS				NON WORK HOURS				ADMIN. HRS	DIST. SECTION	
			(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.			(12) HOURS
17	0800 2100	12	eve cl.										MARTINEZ 6462
18	0800 1700	8											MARTINEZ F.P.C. 6387
19	0800 1700	8	OTD										CONCORD 6386
20	0800 1700	8	2 telecon										PITTSBURG 6388
21	0800 1000												BRENTWOOD 6390
22	0800 2100	12	evening										RICHMOND 6384
23	0800 1700	8											MARTINEZ DENTAL 6373
24	0800 1700	8											RICHMOND DENTAL 6374
25	0800 1700	8											PITTSBURG DENTAL 6375
26	0800 1700	8											MARTINEZ ER 6383
27	0800 1700	8											MARTINEZ SPECIALTY 6380
28	0800 1000		2 telecon										
29	0900 1500		2 to EN pt. provide										
30													
31													
COLUMN TOTALS		72	416										

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER: 6384, 6387
 %: 91.0, 9.0
 R-72, B83-8

EMPLOYEE SIGNATURE: [Signature]
 SUPERVISOR SIGNATURE: [Signature]
 DATE: 4/19/12

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

RICH13

Employee #	Budget/Org. No.	Class Code	Employee Name	CHFC Code	Emp. Type	Pos. Hrs.	Period Ending Date
20193	0540/6384	VPM9	HIMMAN, PRISCILLA A	PERM	PART	36.00	04/30/2012
SOF	Vac. Bal.	Sabb. Bal.	Sick Bal.	FMS Comp	O. T. Comp.	Pers. Hol. Bal. (P)	PTO Hrs.
34/01/2012	158.17	0.00	430.74	0.00	0.00	6.20	53.20
							0.00

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

WEEK	TIME		REG. HRS	O.T. HOURS				NON WORK HOURS				ADMIN. HRS	DIST. SECTION
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:8	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.		
16	0800	2100	12	eved									MARTINEZ 6462
17	0800	1700	8										MARTINEZ F.P.C. 6387
18	0800	1700	8	OTD									CONCORD 6386
19	0800	1700	8										PITTSBURG 6388
20	0800	1200											BRENTWOOD 6390
21													RICHMOND 6384
22													MARTINEZ DENTAL 6373
23	0800	2100	12										RICHMOND DENTAL 6374
24	0800	1700	8										PITTSBURG DENTAL 6375
25	0800	1700	8										MARTINEZ ER 6383
26	0800	1700	8										MARTINEZ SPECIALTY 6380
27													
28													
29													
30	0800	2100	12	eved									
31													
COLUMN TOTALS			48	4								36	

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

R-84
B83-8

COST CENTER %
6384 91.0
6387 9.0

EMPLOYEE SIGNATURE _____ DATE 4/19/12
SUPERVISOR SIGNATURE _____ DATE _____

CONTACT PHONE # _____

Class Code: **VP19** Emp. Type: **PART** Pos. Hrs: **36.00**
 Date: **05/07/2012** Vics. Bal.: **151.77** Sack Bal.: **0.00** O.T. Camp: **0.00** PTO Hrs: **0.00**
 Emp. Name: **HILLMAN, PRISCILLA A** CHFC Code: **PERM** Admin Code: **0.00**

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

DATE	TIME	O.T. HOURS							NON WORK HOURS			(14) ADMIN. HRS	DIST. SECTION			
		(1) IN	(2) OUT	(3) REG. HRS	(4) S.I.O.T.	(5) ON CALL #8	(6) ON CALL #4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HIL.		(11) OTHER PAID TIME OFF / OESC.	(12) HOURS	(13) AVG/P/WOL	LOCATION
5/16	0800	1700		12											MARTINEZ	6482
5/17	0800	1700		8											MARTINEZ	F.N.C. 6387
5/18	0800	1700		8											MARTINEZ	ER 6387
5/21	0800	2100		12											CONCORD	6388
5/22	0800	1700		8											FITTSBURG	6388
5/23	0800	1700		8											PRENTWOOD	6390
5/24	0800	1700		8											RICHMOND	6384
5/25	0800	1700		8											MARTINEZ	DENTAL 6373
5/26	0800	1700		8											RICHMOND	DENTAL 6374
5/27	0800	1700		8											PITTSBURG	DENTAL 6375
5/28	0800	1700		8											MARTINEZ	ER 6387
5/29	0800	1700		8											MARTINEZ	SPECIALTY 6380
COLUMN TOTALS				72												

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER: 6384 91.0
 6387 9.0
 DATE: 5/31/12
 EMPLOYEE SIGNATURE: *[Signature]*
 SUPERVISOR SIGNATURE: *[Signature]*

CONTACT PHONE # _____
 PAYROLL # _____

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Emp. No. 1193 / 01/2011
 Class Code VPM9 / 0540/6384
 Employer/Dept. HIRSHAN, PRISCILLA A
 CHFC Code PERM / PART
 FMS Comp 0.00 / 409.94
 O.T. Comp. 0.00 / 0.20
 Pmts Hol. Bal. (P) 11.00
 FTO Hrs. 0.00
 Rec. Hrs. 36.00
 Period Ending Date 04/15/2012

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

DATE	TIME		REG. HRS	O.T. HOURS							NON WORK HOURS				DIST. SECTION
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1-8	(6) ON CALL 1-4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF /DESC.	(12) HOURS	(13) AVOP/AVOL	(14) ADMIN. HRS	
15	0800	1700	8												MARTINEZ 6462
17	0800	1700	8												MARTINEZ F.P.C. 6387
18	0800	1700	8												CONCORD 6388
22	0800	2100	12												PITTSBURG 6388
23	0800	1700	8												BRENTWOOD 6380
24	0800	1700	8												RICHMOND 6384
25	0800	1700	8												MARTINEZ DENTAL 6373
26	0800	1700	8												RICHMOND DENTAL 6374
27															PITTSBURG DENTAL 6375
28															MARTINEZ ER 6383
29	0800	1700	8												MARTINEZ SPECIALTY 6380
30	0800	1700	8												
31															
COLUMN TOTALS			72												

DUPLICATE

EMPLOYEE SIGNATURE: *[Signature]* DATE: 5/3/12

SUPERVISOR SIGNATURE: *[Signature]* DATE: 5/3/12

COST CENTER 1503
 10:15 AM 5/3/12
 HEALTH SERVICES PAYROLL
 6387

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

WEEK ONE 1st HALF 1st HALF	TIME		REG. HRS	(3)	(4)	O.T. HOURS				NON WORK HOURS				(14)	ADMIN. HRS	LOCATION	DIST. SECTION
	(1) IN	(2) OUT				(5) ON CALL 1:8	(6) ON CALL 1:8	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS				
16	0800	1700	8													MARTINEZ 6462	
17	0800	1700	8													MARTINEZ F.P.C. 6387	
18	0900	1700	12.00	5 FMS	12											CONCORD 6386	
19	0800	1700	8													PITTSBURG 6388	
20	0800	1700	8													BRENTWOOD 6390	
21	0800	1700	8													RICHMOND 6384	
22	0800	1700	8													MARTINEZ DENTAL 6373	
23	0800	1700	8													RICHMOND DENTAL 6374	
24	0800	1700	8													PITTSBURG DENTAL 6375	
25	0800	1700	8													MARTINEZ ER 6383	
26	0800	1700	8													MARTINEZ SPECIALTY 6380	
27	0800	1200	12.00	4 FMS	12												
28	0800	1700	8														
29	0800	1700	8														
30	0800	1700	8														
31	0800	1700	8														
COLUMN TOTALS																	

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

Employee Signature: *Priscilla Himman* DATE: **5/24/12**
 Supervisor Signature: *[Signature]* DATE: _____
 COST CENTER: **6384** %: **91.0**
6387 %: **9.0**
883-4

883-4

CONTACT PHONE #

HEALTH SERVICES PAYROLL
DEPARTMENT

2012 JUN -1 PM 2:17

HEALTH SERVICES DEPARTMENT — TIME SHEET CORRECTIONS


Emp # 50193 Name P. Hanna

Pay Period Ending: 6/3/12 13

Class Code: VPW9 Location Code: _____

DATE	ORG	IN	OUT	HOURS	PAYTYPE/EXPLANATION
5/21		0800	2100	12	SICK
5/27		0900	1400	5	FMS Rounds
5/28		0900	1400	5	FMS Rounds
5/31		0800	1700	6	1:4 call

Special Instructions:

Supervisor Approval:  Date: _____

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

DATE	TIME		REG. HRS	O.T. HOURS					NON WORK HOURS				ADMIN. HRS	DIST. SECTION				
	(1) IN	(2) OUT		(3)	(4) S.H.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.			(12) HOURS	(13) AVOP/AWOL		
18	0800	1700	32	5 cc														
19	0800	2100	12	even														
20	0800	1700	8															
21	0800	1700	8															
22	0800	1700	8															
23																		
24																		
25	0800	2100	12	even														
26	0800	1700	8															
27	0800	1700	8															
28	0800	1700	8															
29	0800	1700	8															
30	0800	2100	56	8.5 cc	1 hr	2 classes												
31																		
COLUMN TOTALS			17.5	17.5	48													

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *Priscilla Hinman* DATE: 6/14/12
 SUPERVISOR SIGNATURE: _____ DATE: _____
 COST CENTER: 6384 %: 91.0
 6387 %: 9.0
 B 83-8

CONTACT PHONE #

PAYROLL COPY

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

CHFC Code: **PERN** Pos. Hrs: **35.00** Period Ending Date: **04/15/2012**
 Emp. Type: **PART** PTO Hrs: **0.00**
 Admin Leave: **53.20**
 O.T. Comp: **0.00** Pos. Hol. Bal. (P): **16.40** FWS Comp: **0.00** Hol. Comp. (C): **0.00** SICK Bal.: **4.23.54** Vac. Bal.: **0.00**

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

DATE	TIME		REG. HRS	O.T. HOURS							NON WORK HOURS				DIST. SECTION	
	(1) IN	(2) OUT		(3) (4)	(5) ON CALL 1/2	(6) ON CALL 1/4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AVOP/AWOL	ADMIN. HRS		
2012-07-19	0800	1500	7	16												MARTINEZ 6462
2012-07-20	0800	1600	8	7												MARTINEZ F.P.C. 8887
2012-07-21	0800	1700	9													CONCORD 6388
2012-07-22	0800	1700	9													PITTSBURG 6389
2012-07-23	0800	1700	9													BRENTWOOD 6390
2012-07-24	0800	1700	9													RICHMOND 6394
2012-07-25	0800	1700	9													MARTINEZ DENTAL 6373
2012-07-26	0800	1700	9													RICHMOND DENTAL 6374
2012-07-27	0800	1700	9													PITTSBURG DENTAL 6375
2012-07-28	0800	1700	9													MARTINEZ ER 6383
2012-07-29	0800	1700	9													MARTINEZ SPECIALTY 6390
2012-07-30	0800	1700	9													
COLUMN TOTALS			76	63	60											

CERTAIN EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *[Signature]* DATE: **6/25/12**
 SUPERVISOR SIGNATURE: *[Signature]* DATE: _____
 COST CENTER: **6384** %: **91.0**
 COST CENTER: **6387** %: **9.0**

B82-8
 PAYROLL COPY
 CONTRACT PHONE # _____

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

BU: 01012012
 Class Code: VP 549
 Emp. Type: PART
 Pos. Hrs: 36.00
 Perfor ending Date: 04/15/2012
 Vac. Bal: 14.63
 Sick Bal: 4.23
 RVS Comp: 0.00
 O.T. Comp: 0.00
 PTO Hrs: 0.00
 FWS Comp: 0.00
 Pers. Hol. Bal. (P): 16.40
 Admin Leave: 0.00

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

TIME	REG. HRS		D.T. HOURS				NON WORK HOURS				HOURS	AWOP/AVOL	ADMIN. HRS	DIST. SECTION			
	(1) IN	(2) OUT	(3)	(4) S.T./O.T.	(5) OR CALL 1:19	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HIL.					(11) OTHER PAID TIME OFF /DESC.	(12)	(13)
0700	0500			6	FMS Perandy										MARTINEZ	6462	
0700	1600			7	FMS Perandy										MARTINEZ	F.P.C. 8887	
0800	2100			12	even cl										CONCDD	6388	
0800	1700			8											PITTSBURG	6388	
0800	1700			8											BRENTWOOD	6390	
0800	2100			4											RICHMOND	6384	
1400	1700			3	WCHR mtg										MARTINEZ	DENTAL 6373	
0800	2100			12											RICHMOND	DENTAL 6374	
0800	1700			8											PITTSBURG	DENTAL 6375	
0800	1700			8											MARTINEZ	ER 6389	
0800	1700			8											MARTINEZ	SPECIALTY 6380	
0800	1700			8													
COLUMN TOTALS				76	1313	160											

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

CDST CENTER %
 6384 91.0
 6387 9.0

EMPLOYEE SIGNATURE: *[Signature]* DATE: 6/25/12
 SUPERVISOR SIGNATURE: *[Signature]* DATE: _____
 CONTACT PHONE #: _____

PAYROLL COPY

Budget/Orig. No. 50193 Employee Name P. HUMAN Class Code Sick Bal. Vac. Bal. S O F
 CHFC Code Emp. Type Pos. Hrs. PTO Hrs. Admin Leave O. T. Comp. Pers Hol. Bal. (P) FWS Comp Hol. Comp. (C) S O F

Period Ending Date 7/31/12

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

WEEK ONE 1st HALF 2nd HALF	TIME		REG. HRS (3)	O.T. HOURS				NON WORK HOURS				ADMIN. HRS (14)	DIST. SECTION	
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKER	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.		(12) HOURS	(13) AWOP/AWOL
16	0800	2100	12	ewe d	✓	1:30							MARTINEZ	6462
17	0800	1800	4		✓	1:30							MARTINEZ	F.P.C. 6387
18	0800	1700	8	OTD	✓	1:30							CONCORD	6386
19	0800	1700	8		✓	1:30							PITTSBURG	6388
20	0800	1600	4	3 WSHG	✓	1:30							BRENTWOOD	6390
21													RICHMOND	6384
22													MARTINEZ	DENTAL 6373
23	0800	2100	12	ewe d	✓	1:30							RICHMOND	DENTAL 6374
24	0800	1800	4		✓	1:30							PITTSBURG	DENTAL 6375
25	0700	1700	8		✓	1:30							MARTINEZ	ER 6383
26	0800	1700	8		✓	1:30							MARTINEZ	SPECIALTY 6380
27	0800	1600	4	4 WSHG	✓	1:30								
28														
29														
30	0800	2100	12	ewe d	✓	1:30								
31	0800	1200	4		✓	1:30								
COLUMN TOTALS			88	6	72									

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE [Signature] DATE 7/26/12
 SUPERVISOR SIGNATURE _____ DATE _____

A-88
 B83-12

HEALTH SERVICES DEPARTMENT — TIME SHEET CORRECTIONS

Employee #: 50193 Name: P. Himm MD
 Pay Period Ending: 7/31/12 Location Code/Mail Drop I.D.: 13
 (please fill in your code)

Emp Type: CHECK ONE: Perm PI TEMP

Class Code: Contact Phone Number:

DATE	ORG #	IN INDICATE AM or PM or MILITARY TIME	OUT INDICATE AM or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
7/27		8	5	8			4 Straight
							4 ST/OT

**List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.

Supervisor Approval: [Signature] Date:

(supervisor's signature)

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

WHITE - PAYROLL / CANARY - DEPT.

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

RICH13

Date: 7/15/12
 Pos. No.: 36.00
 Emp. Type: PART
 PTO Hrs.: 0.00
 CHFC Code: PER M
 Admin Leave: 53.20
 O.T. Comp.: 0.00
 Pers. Hol. Bal. (P): 6.20
 FWS Comp.: 0.00
 Sick Bal.: 430.74
 Hol. Comp. (C): 0.00
 SSBH Bal.: 158.17
 Class Code: VP M 9
 Employee Name: HINMAN, PRISCILLA A
 Title: PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET 7/15/12

TIME	NON WORK HOURS													DIST. SECTION	
	(1) IN	(2) OUT	(3) REG. HRS	(4) S.Y./O.T.	(5) ON CALL 1-8	(6) ON CALL 1-8	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AVO/AVOL		(14) ADMIN. HRS
0800	2100	12		eve el											MARTINEZ 8482
0800	1700	8		OTD											MARTINEZ F.P.C. 8387
0800	1600	8		3 weeks work											CONCORD 8388
0800	1200	4		3 weeks work											PITTSBURG 8388
0800	1700	8		eve el											BRENTWOOD 6380
0800	1700	8		eve el											RICHMOND 6384
0800	1700	8		eve el											MARTINEZ DENTAL 6373
0800	1400	6		3 weeks work											RICHMOND DENTAL 6374
COLUMN TOTALS		64	6	36											MARTINEZ ER 6383

JULY 4-12 87:2 T O I

AUG :48

EMPLOYEE SIGNATURE: *[Signature]* DATE: 7/12/12
 SUPERVISOR SIGNATURE: *[Signature]* DATE: _____
 CONTACT PHONE #: _____
 COST CENTER: 6384 91.0
 COST CENTER: 6387 9.0
 7-12
 889-8

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # 0193, BU 0540/6384, Class Code VPM9, Employee Name HINMAN, PRISCILLA A, CHFC Code PERM, Emp. Type PART, Pos. Hrs. 36.00, Ending Date 08/15/2012
 SOF 07/01/2012, Vac. Bal. 194.17, Salar. Bal. 0.00, Sick Bal. 436.34, Hol. Comp. (C) 0.00, FWS Comp 0.00, O.T. Comp. 0.00, Admin Leave 48.40, PTO Hrs. 0.00

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

WEEK ONE: ASHALF Legd HALF	TIME		REG. HRS (3)	O.T. HOURS				NON WORK HOURS				ADMIN. HRS (14)	DIST. SECTION
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL	(6) ON CALL IN	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.		
16	0800	1700	8		1:30								MARTINEZ 6462
17	0800	1700	8		1:30								MARTINEZ F.P.C. 6387
18	1300	1700	4	4 W	1:30								CONCORD 6386
21	0800	2100	12	eve	1:30								PITTSBURG 6388
22	0800	1700	8		1:30								BRENTWOOD 6380
23	0800	1700	8		1:30								RICHMOND 6384
24	0800	1700	8		1:30								MARTINEZ DENTAL 6373
28	0800	2100	4	eve	1:30								RICHMOND DENTAL 6374
29	0800	1700	8										PITTSBURG DENTAL 6375
30	0800	1700	8										MARTINEZ ER 6383
COLUMN TOTALS			56	4	48								MARTINEZ SPECIALTY 6380

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

Employee Signature: *Priscilla Hinman* DATE: 8/15/12
 Supervisor Signature: *[Signature]* DATE: _____
 COST CENTER: 6384 91.0
 COST CENTER: 6387 9.0

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee # Employee Name HILMAN Pos. Hrs. PTO Hrs.
 Class Code CHFC Code Admin Leave
 Budget/Org. No. Pers Hol. Bat. (P) O. T. Comp.
 S OF Vac. Bal. Sabb. Bal. Sick Bal. FWS Comp

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

EOK ONE: 1st HALF 2nd HALF	TIME		REG. HRS (3)	O.T. HOURS				NON WORK HOURS				(14) ADMIN. HRS	DIST. SECTION LOCATION	HOUR	
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.				(12) HOURS
16	0800	1700													
17															
18															
19															
20	0800	2100	4												
21	0800	1700	8												
22	0800	1700	8												
23	0800	1700	8												
24	0800	1700													
25															
26															
27	0800	2100	12												
28	0800	1700	8												
29	0800	1700	8												
30	0800	1700	8												
31	0800	1700													
COLUMN TOTALS			64												

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: [Signature] DATE: 8/30/12
 SUPERVISOR SIGNATURE: [Signature] DATE:
 CONTACT PHONE #

PAYROLL COPY

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

CH13
 Emp. Type: PART
 Pos. His.: 36.00
 PFTO His.: 0.00
 Exp. Date: 09/15/2011
 CHFC Code: PERM
 Admin Leave: 0.00
 O.T. Comp.: 0.00
 Pers. Holi. Bk. (P): 13.40
 FWS Comp.: 0.00
 Sick Bal.: 44.35
 Holi. Comp. (C): 0.00
 S.T./O.T.: 0.00
 Van. Bal.: 206.17
 Sick Bal.: 44.35
 Holi. Comp. (C): 0.00
 S.T./O.T.: 0.00
 Van. Bal.: 206.17

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

TIME	NON WORK HOURS										ADMIN. HRS (14)	DIST. SECTION	
	(1) IN	(2) OUT	(3) REG. HRS	(4) S.T./O.T.	(5) ON CALL 1B	(6) ON CALL 1A	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.			(11) OTHER PAID TIME OFF / DESC.
1	0800	2100	13										
2	0800	1700	9										
3	0800	1700	9										
4	0800	1700	9										
5	0800	1700	9										
6	0800	1700	9										
7	0800	1700	9										
8	0800	1700	9										
9	0800	1700	9										
10	0800	1700	9										
11	0800	1700	9										
12	0800	1700	9										
13	0800	1700	9										
14	1300	1700	4										
15													
COLUMN TOTALS			50	4									

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: _____ DATE: 9/21/12
 SUPERVISOR SIGNATURE: _____ DATE: _____
 COST CENTER: 6384 91.0
 6387 9.0

R-72
 B-83=4

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Employee Name: **HINMAN, PRISCILLA A**
 Class Code: **VPW9**
 Budget/Comp. No.: **0540/6384**
 Pos. Hrs.: **36.00**
 Period Ending Date: **09/30/2012**
 Vac. Bal.: **218.17**
 Sick Bal.: **450.74**
 Emp. Type: **PART**
 FTD Hrs.: **0.00**
 O.T. Comp.: **0.00**
 Pers. Hol. Bal. (P): **15.20**
 Admin. Leave: **23.60**

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

DATE	TIME	REG. HRS	O.T. HOURS						NON-WORK HOURS				ADMIN. HRS	LOCATION	HOU
			(4) S.T.A.C.T.	(5) ON CALL 1-8	(6) ON CALL 1-8	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS	(13) AVOID/AVOL			
17	0800-1700	12	eve call				1:30							MARTINEZ	6482
18	0800-1700	8					1:30							MARTINEZ	F.P.C. 6387
19	0800-1700	8	OTD				1:30							CONCORD	8385
20	0800-1700	8	4 (Wed)				1:30							PITTSBURG	6388
21	0800-1700						1:30							BREKWOOD	6390
22	0800-1700						1:30							RICHMOND	6384
23	0800-1700	12	vac sick				1:30							MARTINEZ	DENTAL 6373
24	0800-1700	8					1:30							RICHMOND	DENTAL 6374
25	0800-1700	8					1:30							PITTSBURG	DENTAL 6375
26	0800-1700	8					1:30							MARTINEZ	ER 6383
27	0800-1700	8	4 (Wed)				1:30							MARTINEZ	SPECIALTY 6380
28	0800-1700						1:30								
29	1300														
30															
COLUMN TOTALS		72	8	60											

EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER: **6384** %: **91.0**
 COST CENTER: **6387** %: **9.0**
 DATE: **9/23/12**
 DATE: _____
 EMPLOYEE SIGNATURE: _____
 SUPERVISOR SIGNATURE: _____
 CONTRACT PHONE #: _____

PAYROLL COPY

5017

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

Division: **2193** Budget/Orig. No.: **0540/6384** Class Code: **VP19** Emp. Name: **HINKMAN, PRISCILLA A** CHFC Code: **PERM** Emp. Type: **PART** Pos. Hrs.: **36.00** Location Code: **RYC113**
 Date: **2/01/2012** Vac. Bd.: **218.17** Sabb. Bd.: **0.00** Sick Bal.: **50.74** Hol. Comp. (C): **0.00** FVS Comp: **0.00** P. H. Bal. (F): **15.20** G. T. Comp.: **0.00** Admin Leaves: **23.60** PTO Hrs.: **0.00** Period Ending Date: **10/15/20**

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

CORE HALF	TIME		REG. HRS	O.T. HOURS				NON WORK HOURS					ADMIN. HRS	DIST. SECTION LOCATION	HO	
	(1) IN	(2) OUT		(4) S.T.O.T.	(5) ON CALL 1-8	(6) ON CALL 1-4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HDL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS				(13) AWOP/AVOL
1	0800	2100	12												MARTINEZ	6462
2	0800	1700	8												MARTINEZ	F.P.C. 6387
3	0800	1700	8												CONCORD	6386
4	0800	1700	8												PITTSBURG	6388
5	1300	1700	4												BRENTWOOD	6380
6	0800	2100	12												RICHMOND	6384
7	0800	1700	8												MARTINEZ	DENTAL 6373
8	0800	1700	8												RICHMOND	DENTAL 6374
9	0800	1700	8												PITTSBURG	DENTAL 6375
10	0800	1700	8												MARTINEZ	ER 6383
11	1300	1700	4												MARTINEZ	SPECIALTY 6380
12	0800	2100	12													
13	0800	2100	12													
14	0800	2100	12													
15	0800	2100	12													
16	0800	2100	12													
17	0800	2100	12													
18	0800	2100	12													
19	0800	2100	12													
20	0800	2100	12													
21	0800	2100	12													
22	0800	2100	12													
23	0800	2100	12													
24	0800	2100	12													
25	0800	2100	12													
26	0800	2100	12													
27	0800	2100	12													
28	0800	2100	12													
29	0800	2100	12													
30	0800	2100	12													
31	0800	2100	12													
COLUMN TOTALS			84	4												

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

COST CENTER: 6384 %: 91.00
 COST CENTER: 6387 %: 9.00
 SIGNATURE: *[Signature]* DATE: 10/15/12
 SIGNATURE: *[Signature]* DATE: 10/15/12

CONTACT PHONE #

1/129/10

Employee # 50193 Budget/Org. No. 10/31/12 Location Code 13
 Class Code 10/31/12 Employee Name Rose CHFC Code 10/31/12 Emp. Type 10/31/12
 Vac. Bal. 10/31/12 Sick Bal. 10/31/12 Hoi. Comp. (C) 10/31/12 FWS Comp. 10/31/12 Pers Hol. Bal. (F) 10/31/12 O. T. Comp. 10/31/12 Admin Leave 10/31/12 PTO Hrs. 10/31/12

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

Eck One: 1st Half 2nd Half	TIME		REG. HRS (3)	O.T. HOURS				NON WORK HOURS				(14) ADMIN. HRS	DIST. SECTION		
	(1) IN	(2) OUT		(4) S.T./O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.		(12) HOURS	(13) AWOP/AWOL	LOCATION
16	0800	1700	8												MARTINEZ 6462
17	0800	1700	8												MARTINEZ F.P.C. 6387
18	0800	1700	8												CONCORD 6386
19															PITTSBURG 6368
20															BRENTWOOD 6390
21															RICHMOND 6384
22	0800	2100	12												MARTINEZ DENTAL 6373
23	0800	1700	8												RICHMOND DENTAL 6374
24	0800	1700	8												PITTSBURG DENTAL 6375
25	0800	1700	8												MARTINEZ ER 6383
26															MARTINEZ SPECIALTY 6380
27															
28															
29	0800	2100	12												
30	0800	1700	8												
31	0800	1700	8												
COLUMN TOTALS			80												

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION.

Employee Signature: [Signature] DATE: 10/25/12
 Supervisor Signature: [Signature] DATE: 10/25/12

CONTACT PHONE # _____

D (1/29/10)

PAYROLL COPY

50142

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

CHFC Code PER M

Emp. Type PARY

Pos. Hrs. 36.00

Employee Name: **HINMAN, PRISCILLA A**

Class Code: **VPW9**

Budget/Proj. No.: **0540/6384**

Vac. Bal.: **230.17**

Sabb. Bal.: **0.00**

Per. Hol. Bal. (P): **17.00**

O.T. Cont'd.: **0.00**

Admin Leave: **18.80**

FTO Hrs.: **0.00**

DATE: **11/15/2012**

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

ONE HOUR PERIOD	TIME	REG. HRS	G.T. HOURS								NON WORK HOURS				ADMN. HRS	LOCATION	HOU
			(1) IN	(2) OUT	(3)	(4) S.T./C.T.	(5) ON CALL 1-8	(6) ON CALL 1-4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL RIL	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS			
1	0800	1700	8														MARTINEZ 6462
2	0900	1700	8														MARTINEZ F.P.C. 6387
3	0800	2100	8														CONCORD 6386
4	0800	1700	8														PITTSBURG 6388
5	0800	1700	8														BRENTWOOD 6390
6	0800	1700	8														RICHMOND 6384
7	0800	1700	8														MARTINEZ DENTAL 6373
8	0500	1700	8														RICHMOND DENTAL 6374
9	0800	1700	8														PITTSBURG DENTAL 6375
10	0800	1700	8														MARTINEZ ER 6383
11	0800	1700	8														MARTINEZ SPECIALTY 6380
12	<p>101 7:12 Vet. Day</p>																
13	<p>101 7:12 Vet. Day</p>																
14	<p>101 7:12 Vet. Day</p>																
15	<p>101 7:12 Vet. Day</p>																
16	<p>101 7:12 Vet. Day</p>																
17	<p>101 7:12 Vet. Day</p>																
18	<p>101 7:12 Vet. Day</p>																
19	<p>101 7:12 Vet. Day</p>																
20	<p>101 7:12 Vet. Day</p>																
21	<p>101 7:12 Vet. Day</p>																
22	<p>101 7:12 Vet. Day</p>																
23	<p>101 7:12 Vet. Day</p>																
24	<p>101 7:12 Vet. Day</p>																
25	<p>101 7:12 Vet. Day</p>																
26	<p>101 7:12 Vet. Day</p>																
27	<p>101 7:12 Vet. Day</p>																
28	<p>101 7:12 Vet. Day</p>																
29	<p>101 7:12 Vet. Day</p>																
30	<p>101 7:12 Vet. Day</p>																
31	<p>101 7:12 Vet. Day</p>																
COLUMN TOTALS	<p>68</p>																

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *[Signature]* DATE: **11/26/12**

SUPERVISOR SIGNATURE: *[Signature]* DATE: **11/26/12**

COST CENTER: **6384** % **91.0**

COST CENTER: **6387** % **9.0**

CONTRA COSTA HEALTH SERVICES - PAYROLL TIME SHEET

RICH13

Budget/Orig. No. 0540/6384
 Class Code VP49
 Employee Name HINMAN, PRISCILLA A
 Pos. Has. 36.00
 Period Ending Date 11/30/2011
 Vac. Bal. 242.17
 Sick Bal. 465.14
 S.T./O.I. 0.00
 FWS Comp 0.00
 O.T. Comp. 0.00
 P.T.O. Hrs. 18.80
 Admin Leave 0.00

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

DATE	TIME		REQ. HRS	O.T. HOURS				NON WORK HOURS				ADMIN. HRS	DIST. SECTION	
	(1) IN	(2) OUT		(3)	(4) S.T./O.I.	(5) ON CALL 1:3	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL HOL.			(11) OTHER PAID TIME OFF / DESC.
16	0800	1700	8											MARTINEZ 6462
17	0800	1700	8											MARTINEZ P.P.C. 6387
18	0800	1700	8											CONCORD 6388
19	0800	1700	8											PITTSBURG 6389
20	0800	1700	8											BRENTWOOD 6390
21	0800	1700	8											RICHMOND 6384
22	0800	1700	8											MARTINEZ DENTAL 6373
23	0800	1700	8											RICHMOND DENTAL 6374
24	0800	1700	8											PITTSBURG DENTAL 6375
25	0800	1700	8											MARTINEZ ER 6380
26	0800	1700	8											MARTINEZ SPECIALTY 6380
27	0800	1700	8											
28	0800	1700	8											
29	0800	1700	8											
30	0800	1700	8											
COLUMN TOTALS														

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *[Signature]* DATE: 11/26/11
 SUPERVISOR SIGNATURE: *[Signature]* DATE: 11/26/11
 COST CENTER: 6384 91.0
 COST CENTER: 6387 9.0
 CONTACT PHONE: 883-8900

PAYROLL COPY

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

DATE	TIME		REG. HRS	(4) S.T.O.T.	O.T. HOURS				NON WORK HOURS				ADMIN. HRS	DIST. SECTION		
	(1) IN	(2) OUT			(5) ON CALL 1:30	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.	(9) SICK TIME	(10) PERSONAL ADL.	(11) OTHER PAID TIME OFF / DESC.	(12) HOURS		(13) AWOP/AVOL	(14) ADMIN. HRS	LOCATION
16																
17	0815	2100	12	exc	to 1:30											
18	0800	1700	8		to 1:30											
19	0800	1700	8		to 1:30											
20	0815	1700	8		to 1:30											
21																
22																
23																
24	0815	2100	12	8												
25	0815	1700	8													
26	0815	1700	8													
27	0815	1700	8													
28																
29																
30																
31																
COLUMN TOTALS			36													

Ed Leave 12
 Xmas 8
 Ed leave 2
 Ed leave 8
 106 12
 791
 64:48
 883 = 46
 12-28-12
 RET off.

Ed leave 12
 Xmas 8
 Ed leave 2
 Ed leave 8
 106 12
 791
 64:48
 883 = 46
 12-28-12
 RET off.

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION
 EMPLOYEE SIGNATURE: [Signature]
 SUPERVISOR SIGNATURE: [Signature]
 DATE: 12/17/12
 COST CENTER: 6384
 DATE: 9/1/0
 6387
 9.0
 CONTACT PHONE #
 PAYROLL COPY

HEALTH SERVICES DEPARTMENT — TIME SHEET CORRECTIONS

Employee #: 50193 Name: P. HINMAN

Pay Period Ending: 12/31/12 Location Code/Mail Drop I.D.: 13

Emp Type: CHECK ONE: Perm PI TEMP (please fill in your code)

Class Code: _____ Contact Phone Number: _____

DATE	ORG #	IN INDICATE AM or PM or MILITARY TIME	OUT INDICATE AM or PM or MILITARY TIME	HOURS ACTUALLY WORKED	OVERTIME ST / OT	NON WORK HOURS	**EXPLANATION - PAY TYPE
12/24/12	0580 6384	0800	2100			12	admin LV
12/25/12		0800	1700			8	Xmas
12/26/12		0800	1700			6	Ed LV admin LV
12/27/12		0800	1700			8	Ed LV

**List accruals to use (Vac, Sick, Personal Holiday, Comp Time, etc.) or write AWOP in this column.

Supervisor Approval: _____ Date: _____
(supervisor's signature)

Please submit to Payroll at the end of pay period with all changes for that period listed on one form.

PAY1-0 (9/8/05)

WHITE - PAYROLL / CANARY - DEPT.

1-2-13
No T/S yet

PHYSICIAN / DENTIST / F.N.P. / TIME SHEET

DATE	TIME	REG. HRS	O.T. HOURS				NON-WORK HOURS				ADMN. HRS	LOCATION	DIST. SECTION			
			(1) IN	(2) OUT	(3)	(4) S.I.O.T.	(5) ON CALL 1:8	(6) ON CALL 1:4	(7) CALL WORKED	(8) VAC.				(9) SICK TIME	(10) PERSONAL HOL.	(11) OTHER PAID TIME OFF / DESC.
12/17/11	0800-1700	8													MARTINEZ 6462	
12/17/11	0800-1700	8													MARTINEZ F.P.C. 6887	
12/17/11	0800-1700	8													CONCORD 6886	
12/17/11	0800-1700	8													PITTSBURG 6888	
12/17/11	0800-1700	8													BRENTWOOD 6890	
12/17/11	0800-1700	8													RICHMOND 6884	
12/17/11	0800-1700	8													MARTINEZ DENTAL 6973	
12/17/11	0800-1700	8													RICHMOND DENTAL 6274	
12/17/11	0800-1700	8													PITTSBURG DENTAL 6375	
12/17/11	0800-1700	8													MARTINEZ ER 6383	
12/17/11	0800-1700	8													MARTINEZ SPECIALTY 6380	
COLUMN TOTALS		72	16	48												

IMPORTANT: EMPLOYEES ARE RESPONSIBLE FOR SUBMITTING TIMESHEET CORRECTION FORMS FOR ANY CHANGES TO TIMESHEET AFTER SUBMISSION

EMPLOYEE SIGNATURE: *[Signature]* DATE: 12/17/11
 SUPERVISOR SIGNATURE: *[Signature]* DATE: 12/17/11

COST CENTER: 6384
 91.00
 6387
 9.00

CONTACT PHONE #

AMENDED

AMENDED

CONTRA COSTA COUNTY NOTICE OF SEPARATION

Date Stamp
PAYROLL

DEPARTMENT: Health Services/Hospital

DATE: 11/21/12

Notice to Human Resources Department that the following employee is being separated from a Contra Costa County position:

Classified

Unclassified

Temporary

CLASSIFICATION: EXEMPT MED STF PHYSICIAN	Dept. Org. No.	Class Code	Empl. No.	Termination Date
NAME: <u>Hinman, Priscilla A.</u>	0540/6384	VPW9	50193	LAST DAY IN PAY STATUS <u>12/27/12</u>
ADDRESS: <u>[REDACTED]</u>	#8606			TERMINATION DATE IF DIFFERENT FROM ABOVE
CITY/STATE: <u>[REDACTED]</u>	36/40			

REASON:

Employee's Social Security Number [REDACTED]

- 1. RESIGNATION —VOLUNTARY SEPARATIONS MUST HAVE AK219 ATTACHED.
- 2. RETIREMENT — Regular Safety Disability (if deferred, check 1 above).
Attach Order of Layoff and Severance Pay forms if applicable.
- 3. LAYOFF* — Voluntary Demotion in Lieu of Layoff Voluntary Transfer in Lieu of Layoff
- 4. DEATH
- 5. END LIMITED TERM APPOINTMENT—Attach AK219 or note other reason for end limited term under REMARKS below.
- 6. END PROVISIONAL APPOINTMENT*
- 7. DEMOTION —If Involuntary, attach Order of Disciplinary Action and copy of Skelly Notice
- 8. SUSPENSION —Not to exceed 30 days. Attach Order of Disciplinary Action and copy of Skelly Notice.
- 9. DISMISSAL—Attach Order of Disciplinary Action and copy of Skelly Notice.
- 10. REJECTION OF PROBATIONER*—Attach AK54 Probation Report, if available. PMR § 905 prescribe the grounds for appeal and hearing provisions.
- 11. END TEMPORARY UPGRADE ASSIGNMENT*—(Pay for work in a higher class).
- 12. TERMINATION OF PROJECT

HEALTH SERVICES PAYROLL RECEIVED
2012 NOV 21 AM 11:08

*REVERSIONARY RIGHTS TO POSITION _____

REMARKS:

~~AMEND SERVICE RETIREMENT DATE EFFECTIVE 12/28/12~~
RE-HIRED AS TEMP RETIREE EFFECTIVE 12/28/12

I.D. Card returned?

Yes No

If "No" is checked, separation pay warrant will not be released until the I.D. card is returned to Human Resources Dept.

Dorette McCollumn, HSD Personnel Officer

Signature of Appointing Authority

Involuntary Separation — AK218
Mailed to Employee by
Personnel Department.

APPROVED FOR HUMAN
RESOURCES DEPARTMENT: _____

Signature

Date

CONTRA COSTA COUNTY NOTICE OF SEPARATION

PAYROLL

DEPARTMENT: Health Services/Hospital

DATE: 11/8/12

Notice to Human Resources Department that the following employee is being separated from a Contra Costa County position:

Classified Unclassified Temporary

CLASSIFICATION: <u>EXEMPT MED STF PHYSICIAN</u>	Dept. Org. No.	Class Code	Empl. No.	Termination Date
NAME: <u>Hinman, Priscilla A.</u>	<u>0540/6384</u>	<u>VPW9</u>	<u>50193</u>	LAST DAY IN PAY STATUS
ADDRESS: <u>[REDACTED]</u>	<u>#8606</u>			<u>12/29/12</u>
CITY/STATE: <u>[REDACTED]</u>	<u>36/40</u>			TERMINATION DATE IF DIFFERENT FROM ABOVE

REASON:

Employee's Social Security Number: [REDACTED]

- 1. RESIGNATION —VOLUNTARY SEPARATIONS MUST HAVE AK219 ATTACHED.
- 2. RETIREMENT — Regular Safety Disability (if deferred, check 1 above).
Attach Order of Layoff and Severance Pay forms if applicable.
- 3. LAYOFF* — Voluntary Demotion in Lieu of Layoff Voluntary Transfer in Lieu of Layoff
- 4. DEATH
- 5. END LIMITED TERM APPOINTMENT—Attach AK219 or note other reason for end limited term under REMARKS below.
- 6. END PROVISIONAL APPOINTMENT*
- 7. DEMOTION —If Involuntary, attach Order of Disciplinary Action and copy of Skelly Notice
- 8. SUSPENSION —Not to exceed 30 days. Attach Order of Disciplinary Action and copy of Skelly Notice.
- 9. DISMISSAL—Attach Order of Disciplinary Action and copy of Skelly Notice.
- 10. REJECTION OF PROBATIONER*—Attach AK54 Probation Report, if available. PMR § 905 prescribe the grounds for appeal and hearing provisions.
- 11. END TEMPORARY UPGRADE ASSIGNMENT*—(Pay for work in a higher class).
- 12. TERMINATION OF PROJECT

HEALTH SERVICES PAYROLL
2012 NOV -9 AM 6:50

*REVERSIONARY RIGHTS TO POSITION _____

REMARKS:

**SERVICE RETIREMENT EFFECTIVE 12/30/12
RE-HIRED AS TEMP RETIREE EFFECTIVE 12/30/12**

I.D. Card returned?

Yes No

If "No" is checked, separation pay warrant will not be released until the I.D. card is returned to Human Resources Dept.

JK

Dorette McCollum, HSD Personnel Officer

Signature of Appointing Authority

Involuntary Separation — AK218
Mailed to Employee by
Personnel Department.

APPROVED FOR HUMAN

RESOURCES DEPARTMENT: _____

Signature

Date

Attachment #9

MEMORANDUM OF UNDERSTANDING
BETWEEN
CONTRA COSTA COUNTY
AND
PHYSICIANS' AND DENTISTS'
ORGANIZATION
OF
CONTRA COSTA



OCTOBER 1, 2005 – SEPTEMBER 30, 2008

SECTION 6 - DAYS AND HOURS OF WORK

- A. Administrative Time. The basic physician and dentist schedule, excluding Registrars and physicians assigned primarily to the Emergency Department, for a forty (40) hour position will consist of thirty-six (36) hours of direct patient care, and four (4) hours of administrative time. This administrative time shall be prorated for all employees working in a twenty (20) hour or greater position according to the following schedule. The nature of the administrative time shall be decided by the appropriate Department Head.



<u>Total Hours per Week</u>	<u>Average Admin. Hours per Week</u>
36 - 40	4
28 - 35	3
20 - 27	2

Twenty percent (20%) of the administrative time per ten week cycle will be "at risk" to fill in for unscheduled absences and/or for any absences for short notice clinics, small clinics with two or fewer providers, the detention facilities, or at the discretion of the Department Head, to other clinics as necessary to allow for maximum latitude in approving leave requests. "At risk" administrative time will be scheduled in four (4) hour blocks. In addition, all Registrars with appropriate medical skills, the Department Head and Division Heads of the Department of Family Medicine, and the Residency Director, shall be "at risk" for six (6) four-hour blocks of time per calendar year to fill in for absences as described in this paragraph. Registrar eligibility and scheduling shall be coordinated between the

SECTION 6 - DAYS AND HOURS OF WORK

head of the appropriate department and the head of the Department of Family Medicine. The decision of the appointing authority or designee regarding eligibility and scheduling of "at risk" blocks shall be final. On call time may be scheduled instead of "direct patient care" with the employee's approval at a ratio of four (4) hours of on call time to one (1) hour of "direct patient care" time.

- B. Administrative Time – Emergency Department. The basic schedule for full time physicians assigned primarily to the Emergency Department will consist of thirty two (32) hours of direct patient care, four (4) hours of administrative time and four (4) hours of time in lieu of "Back Up" coverage. Administrative time and "Back Up" coverage time, for part time physicians assigned primarily to the Emergency Department is as follows:

<u>Position</u> <u>Hrs/Week</u>	<u>Admin.</u> <u>Hrs/Week</u>	<u>Back-Up</u> <u>Hrs/Week</u>
40	4	4
34-39	3	3
38-33	2	2
<28	0	0

The nature of the administrative time will be determined by the appointing authority or designee.

Physicians assigned primarily to the Emergency Department will be assigned to provide "back-up coverage" for physicians who are unable to work

SECTION 6 - DAYS AND HOURS OF WORK

their assigned Emergency Department shifts due to unplanned absences. The "back-up coverage" schedule will be developed and administered by the Appointing Authority or designee. All physicians who receive Emergency Department Administrative hours are required to provide "back-up coverage" when assigned. Time worked as "back-up coverage" will be paid at the rate set forth in Section 6.6 - Emergency Pay, for the shift worked.

"Back-up coverage" shall be assigned among individual physicians as a ratio of their individual hours assigned to the Emergency Department divided by the total physician hours assigned to the Emergency Department.

C.

Administrative Time – Family Practice.

Physicians who are scheduled to work an average of six (6) or more Family Practice Clinics per week may request, in writing, additional administrative time such that their average total amount of administrative time weekly equals one hour for every Family Practice Clinic scheduled. No other clinic assignments qualify for this formula. Physicians choosing this option agree that this formula for administrative time in 6.1C supplants the formula in 6.1A for administrative time and also agree not to reduce their scheduled number of Family Practice clinics while exercising this option. Schedule changes will be implemented within ninety (90) days of receipt and approval of the physician's written request.



SECTION 6 - DAYS AND HOURS OF WORK

Physicians who are scheduled to work an average of 5.5 or more “qualifying clinics” per week may request, in writing, the following adjustments in their schedules based upon their years of service as a County employee:

On or after the completion of twelve (12) years of County service in a permanent status, “at risk” Administrative Time as described in Section 6.1.A may be reduced from twenty percent (20%) to zero percent (0%).

Physicians who are scheduled to work an average of seven (7) or more “qualifying clinics” per week may request, in writing, the following adjustments in their schedules based upon their years of service as a County employee:

On or after the completion of fifteen (15) years of County service in a permanent status, Staff Development Time as described in Section 6.1.F may be increased to the following total weekly hours:

<u>Position</u> <u>Hours per Week</u>	<u>Staff Development</u> <u>Hours Per Week</u>
36-40	8
28-35	4
24-27	3

On or after the completion of twenty (20) years of County service in a permanent status, an average of four (4) hours of Staff Development

SECTION 6 - DAYS AND HOURS OF WORK

time per week may be converted to administrative time that is not "at risk".

"Qualifying clinics" are Family Practice Clinics, Scheduled Short Notice Clinics, Float Time (i.e., time in physician's schedule designated to cover primary care responsibilities), HIV, Older Adults, Vietnamese and Laotian Clinics. When granted, schedule changes will be effective within ninety (90) days after receipt of the written request by the appointing authority or his designee.

- D. Administrative Time – Dental Clinics. Dentists who are scheduled to work an average of six (6) or more dental clinics per week may request, in writing, the following adjustments in their schedules based upon their years of service as a County employee:

On or after the completion of twelve (12) years of County service in a permanent status, "at risk" Administrative Time as described in Section 6.1.A may be reduced from twenty percent (20%) to zero percent (0%).

On or after the completion of fifteen (15) years of County service in a permanent status, Staff Development time may be allowed in accordance with Section 6.1.F as follows:

Position	Staff Development
<u>Hours per Week</u>	<u>Hours Per Week</u>
36-40	8
28-35	4

Attachment #10

**MEMORANDUM OF UNDERSTANDING
BETWEEN
CONTRA COSTA COUNTY
AND
PHYSICIANS' AND DENTISTS' ORGANIZATION
OF
CONTRA COSTA**



OCTOBER 1, 2008 – OCTOBER 31, 2016

SECTION 6 - DAYS AND HOURS OF WORK

- D. The County shall defend, indemnify, and hold PDOCC harmless against any legal claims filed in any forum against PDOCC by EPs who are members of PDOCC that challenge whether PDOCC has legal authority to agree to a Memorandum of Understanding that requires EPs to reassign to the County their EHR incentive payments from the EHR Incentive Program pursuant to the HITECH Act. This provision will expire when the EHR Incentive Program ends in 2021. This provision 5.16.D. is not subject to the grievance procedure.
- E. Except as indicated in D., above, any disputes concerning the application and/or interpretation of section 5.16 shall be resolved through the grievance procedure of this MOU.

SECTION 6 - DAYS AND HOURS OF WORK



6.1 Work Week Defined. The work week for employees, except Residents, is five (5) eight-hour days, or a total of forty (40) hours, between 12:01 a.m. on Sunday and 12:00 midnight on Saturday. However, when operational requirements require deviations from the usual pattern of five eight-hour days, an employee may be scheduled otherwise to meet operational requirements.

6.2 Employee Physicians on Weekly Schedules. Permanent full time and part time employee physicians (hereafter "physicians") on weekly work schedules will be scheduled to work their designated position hours each week. Any hours worked by a physician on a weekly work schedule in excess of the physician's daily scheduled hours will be paid at the rate of 1.0 times his/her base rate of pay (not including differentials) for all hours worked, except when the physician is paid one or more of the following differential pays under the stated conditions:

- A. Weekend Rounds Differential (D20). A physician is eligible for this differential when the physician works rounds at the hospital between the hours of 5:00p.m. on Friday and 8:00a.m. on Monday in excess of the physician's designated weekly position hours. This differential is paid at the rate of 1.0 times his/her base rate of pay (not including differentials) plus \$42 per hour, with a minimum pay of three (3) hours. However, only a single three (3) hour minimum will be allowed for each 24 hour period.
- B. Holiday Rounds Differential (D23). A physician is eligible for this differential when the physician works rounds at the hospital on a holiday observed by the County in excess of the physician's designated weekly position hours. This differential is paid at the rate of 1.0 times his/her base rate of pay (not including differentials) plus \$42 per hour, with a minimum pay of three (3) hours. However, only a single three (3) hour minimum will be allowed for each 24 hour period.
- C. Physician On-Call OBGYN In-House Differential (D39). This differential is paid at the rate of 1.0 times his/her base rate of pay (not including differentials) plus \$10 per hour. A physician is eligible for this differential when the physician stays at the hospital and is on call for OBGYN duties under any one of the following conditions:

SECTION 6 - DAYS AND HOURS OF WORK

6.9 Emergency Room Pay. A physician working in the Emergency Room will be paid the following differentials in addition to his/her regular base pay:

Monday – Thursday	7:00 a.m. - 11:00 p.m.	\$14 per hour
Friday	7:00 a.m. - 7:00 p.m.	\$14 per hour
Monday – Thursday	11:00 p.m. - 7:00 a.m.	\$42 per hour
Fri., Sat., Sun.	7:00 p.m. - 7:00 a.m.	\$56 per hour
Saturday, Sunday	7:00 a.m. - 7:00 p.m.	\$28 per hour

Holidays will be paid as weekends. New Year's Eve and Christmas Eve will be paid as week-ends, beginning at 7:00 p.m.

A physician working in the Emergency Room in addition to his/her regular basic schedule, will be paid at the hourly equivalent of his/her base pay plus the appropriate differential.

6.10 Panel Management Compensation. In recognition of the panel management duties performed in excess of an employee's designated position hours, permanent full-time and part-time employees in the classification of Exempt Medical Staff Physicians (VPW9) are eligible to receive a panel management differential at the straight time rate (1.0) of the employee's base rate of pay for one (1) hour and thirty (30) minutes for each day worked subject to the following criteria:

- A. Saturday, Sunday, observed and worked holidays, and hours in a paid status due to the use of accruals are not considered as days worked and are excluded from Panel Management Compensation. Exceptions to this specific criteria are regularly scheduled qualifying clinics performed for system needs that fall on Saturday subject to the approval of the Director of Health Services or his/her designee.
- B. Panel Management duties are performed in excess of the physician's weekly or monthly schedule and include updating and reviewing medical records, preparing correspondence, communicating with patients and care team members by telephone and electronically, prescription management, and other related duties associated with panel management care.
- C. The physician must work at the same Contra Costa County Health Center location for a quarterly average of eighteen (18) hours or more per week in a primary care clinic defined as a "Qualifying Clinic" below.
- D. A maximum of four (4) hours per week worked in a Prenatal Clinic can count towards meeting the quarterly average of eighteen (18) hours or more per week.
- E. Physicians assigned a schedule that includes "short notice float hours" will have those "short notice float hours" worked at any health center location counted towards meeting the quarterly average of eighteen (18) hours or more per week.
- F. Physicians must be available for automatic panel assignment and all clinic hours that qualify for panel management compensation must be used in calculating adjusted primary care panel sizes for the purposes of assigning patients to primary care provider panels.

SECTION 7 - HOLIDAYS

- G. Final determination of whether a physician's schedule qualifies for the Panel Management Compensation differential is at the discretion of the Director of Health Services or his/her designee.
- H. The following are considered Qualifying Clinics for Panel Management Compensation:
1. Family Medicine
 2. Pediatric
 3. Adult Medicine
 4. Prenatal Clinic (up to 4 hours as described in D., above)
 5. Positive Health Clinic
 6. Language-Specific Clinics
 7. Family Medicine Clinic Resident Precepting
 8. Prenatal Group
 9. Diabetes Group
 10. Active Healthy Families' Group
 11. Well Baby Group

6.11 Time Stamping. Permanent Intermittent (hourly) employees must time stamp in and out as they begin and end their work shifts and take meal periods. Permanent full-time and part-time employees on a weekly schedule must report time off and time worked for special pays on the electronic timecard. Permanent full-time and part-time employees on a monthly schedule must report start and end times on each day worked, time off, and time worked for special pays on the electronic timecard.

6.12 Time Reporting and Pay Practices Waiver. PDOCC agrees to the implementation of an Automated Timekeeping System. PDOCC waives its right to meet and confer regarding any impacts that may result from the County's implementation of an automated timekeeping system, including but not limited to, changes to current departmental time reporting and pay practices. PDOCC agrees to convert from the current payroll cycle when the County is able to upgrade the current payroll system or implement a new County payroll system.

SECTION 7 - HOLIDAYS

7.1 Holidays Observed. The County will observe the following holidays:

- A. January 1st, known as New Year's Day
Third Monday in January known as Dr. M. L. King, Jr. Day
Third Monday in February, known as Presidents Day
The last Monday in May, known as Memorial Day
July 4th, known as Independence Day
First Monday in September, known as Labor Day
November 11th, known as Veterans Day
Fourth Thursday in November, known as Thanksgiving Day
The day after Thanksgiving
December 25th, known as Christmas Day

Attachment #11



September 4, 2014

Marie Rulloda
Contra Costa County
625 Court Street, 1st Floor
Martinez, CA 94553

Dear Marie:

In fulfillment of the agreement between Contra Costa County and CCCERA, we are providing you with a "true-up" for the prepayment of Fiscal Year 2013-2014 employer contributions.

The true-up is calculated by comparing your prepayment, before applying the discount factor, which includes any overpayment from 2012-2013, to your contribution on actual payroll. The difference is adjusted with interest through July 31, 2014. This results in a total credit of \$4,055,240.82 to be applied toward Fiscal Year 2014-15.

Prepayment	\$ 176,000,000.00
Adjusted Prepayment (w/o discount)	183,333,333.34
Contribution (due on actual payroll)	180,142,031.13
Excess 415 Benefit Amount – See Attachment 1	<u>(314,091.85)</u>
Net Contribution (due on actual payroll)	179,827,939.28
Overpayment (Adjusted Prepayment less Net Contribution)	3,505,394.06
Interest Factor	<u>1.0344</u>
Overpayment for FY 2013-2014	\$ 3,625,979.62
Panel Management Pay Adjustment – See Attachment 2	<u>429,261.20</u>
Adjusted Overpayment for FY 2013-2014	<u>\$ 4,055,240.82</u>

If you have any questions, please don't hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Kurt Schneider".

Kurt Schneider
Deputy Retirement Chief Executive Officer
KSchneider@ret.cccounty.us

Cc: Robert Campbell, Auditor-Controller

Attachment 1
415(m) Benefit Payments
Contra Costa County

<i>Last Name</i>	<i>First Name</i>	<i>Tier</i>	<i>Unit</i>	<i>9/1/2013</i>	<i>10/1/2013</i>	<i>11/1/2013</i>	<i>12/1/2013</i>	<i>Total</i>
		1	CCC	-	1,026.04	16,425.85	16,425.85	33,877.74
		1	CCG	-	-	9,386.05	10,912.86	20,298.91
		1	CCC	-	8,680.59	15,625.68	15,625.68	39,931.95
		1	CCC	11,953.53	11,953.53	11,953.53	11,953.53	47,814.12
		3	CCC	15,778.73	15,778.73	15,778.73	15,778.73	63,114.92
		SAFETY	CCC	-	-	1,260.13	19,456.60	20,716.73
		3	CCC	-	-	-	9,250.97	9,250.97
		3	CCC	-	-	13,981.90	17,029.39	31,011.29
		1	CCG	-	-	-	560.96	560.96
		1	CCC	-	-	-	3,390.45	3,390.45
		3	CCC	-	-	14,421.90	15,240.30	29,662.20
		3	CCC	-	-	115.29	14,346.32	14,461.61
								314,091.85

SOURCE: Letters from Jessica Huffman to Contra Costa County (Bob Campbell) dated July 29, 2013 and August 13, 2013.

**Attachment 2
Panel Management Pay Adjustment**

Name	Emp. No.	Employer Overpayments (Discounted at 0.960)		
		2011	2012	Total
			7,866.05	7,866.05
			1,596.30	1,596.30
		3,172.30	6,858.98	10,031.28
		602.33	7,698.93	8,301.26
		389.89	6,457.53	6,847.42
				0.00
				0.00
			5,484.84	5,484.84
		965.05	7,384.80	8,349.85
		2,799.84	7,756.69	10,556.53
		2,112.63	6,220.86	8,333.49
		513.72		513.72
		2,541.03	7,392.16	9,933.19
		2,782.05	3,503.91	6,285.96
				0.00
		2,378.31	6,102.78	8,481.09
		2,086.53	5,982.80	8,069.33
		2,343.26	6,003.79	8,347.05
		1,292.87	2,981.08	4,273.95
				0.00
		1,707.71	4,024.07	5,731.78
		709.43	269.09	978.52
		1,084.11	6,868.90	7,953.01
		2,058.17	6,906.93	8,965.10
		1,583.04	7,702.09	9,285.13
		2,384.46	6,319.94	8,704.40
		1,580.99	758.68	2,339.67
			1,506.21	1,506.21
		1,173.63	6,907.64	8,081.27
			1,561.64	1,561.64
		2,324.02	5,346.03	7,670.05
				0.00
		2,287.79	6,976.25	9,264.04
				0.00
			2,324.55	2,324.55
				0.00
				0.00
			1,281.72	1,281.72
			3,553.95	3,553.95
			2,815.58	2,815.58

**Attachment 2
Panel Management Pay Adjustment**

Name	Emp. No.	Employer Overpayments (Discounted at 0.960)		Total
		2011	2012	
				0.00
		2,143.05	6,057.55	8,200.60
		2,194.47	4,888.06	7,082.53
		2,673.38	7,458.58	10,131.96
		2,233.59	5,769.74	8,003.33
				0.00
			4,139.80	4,139.80
		2,439.07	7,266.68	9,705.75
			2,203.98	2,203.98
			5,958.43	5,958.43
		2,429.24	6,308.80	8,738.04
		1,146.65	5,293.53	6,440.18
		1,069.59		1,069.59
		2,240.81	5,402.26	7,643.07
			964.90	964.90
		1,357.88	5,508.93	6,866.81
			1,166.06	1,166.06
		2,950.76	6,435.43	9,386.19
			1,340.23	1,340.23
		1,056.76		1,056.76
		2,634.21	1,203.27	3,837.48
			4,724.55	4,724.55
			1,853.26	1,853.26
			4,372.71	4,372.71
		1,565.64	2,274.99	3,840.63
		2,520.69	5,914.28	8,434.97
		2,121.48	6,998.76	9,120.24
		2,425.36	6,163.39	8,588.75
		2,588.39	6,099.16	8,687.55
Totals		78,664.18	270,182.10	348,846.28

w/o Discount (+ 0.960) 81,941.85 281,439.69
 7/31/2011 81,941.85
 Interest at 7.75% per annum 7/31/2012 88,292.35 281,439.69
 7/31/2013 95,135.01 303,251.26
 7/31/2014 102,507.97 326,753.23

Totals Adjustments 7/31/2014 0.00 0.00 102,507.97 326,753.23 429,261.20

Attachment #12

FUND	ORGN ACCT	PAYEE NAME	DATE	TC	WARRANT NO	DISBURSEMENT AMOUNT	ENCUMB NO	ENCUMB LIQ AMOUNT
880200						178,419.50		***
FUND TOTAL						178,419.50		

[REDACTED]								
[REDACTED]								
[REDACTED]								
[REDACTED]								
[REDACTED]								
[REDACTED]								

880600	0000	0510				POSTING TOTAL		12,561,607.36	#
880600	0000					DEPARTMENT TOTAL		12,561,607.36	#A
880600						FUND TOTAL		12,561,607.36	***

890100	0000	0302	2011	PNL	MGT	PY	RET	ADJ	03-25-14	52	[REDACTED]	718.24
890100	0000	0302	2011	PNL	MGT	PY	RET	ADJ	03-25-14	52	[REDACTED]	200.19
890100	0000	0302	2011	PNL	MGT	PY	RET	ADJ	03-25-14	52	[REDACTED]	90.68
890100	0000	0302	2011	PNL	MGT	PY	RET	ADJ	03-25-14	52	[REDACTED]	209.76
890100	0000	0302	2011	PNL	MGT	PY	RET	ADJ	03-25-14	52	[REDACTED]	642.06
890100	0000	0302	2011	PNL	MGT	PY	RET	ADJ	03-25-14	52	[REDACTED]	478.30
890100	0000	0302	2011	PNL	MGT	PY	RET	ADJ	03-25-14	52	[REDACTED]	113.18
890100	0000	0302	2011	PNL	MGT	PY	RET	ADJ	03-25-14	52	[REDACTED]	674.76
890100	0000	0302	2011	PNL	MGT	PY	RET	ADJ	03-25-14	52	[REDACTED]	664.72

[REDACTED]												
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FUND	ORGN ACCT	PAYEE NAME	DATE	TC	WARRANT NO	DISBURSEMENT AMOUNT	ENCUMB NO	ENCUMB LIQ AMOUNT
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		516.97		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		508.33		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		308.92		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		371.73		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		368.59		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		276.81		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		546.88		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		409.68		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		287.78		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		512.01		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		568.76		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		491.43		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		552.94		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		782.00		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		532.20		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		638.80		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		620.28		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		273.97		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		235.58		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		307.44		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		604.91		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		242.33		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		344.33		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		586.36		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		513.01		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		602.96		
890100	0000 0302 2011	PNL MGT PY RET ADJ	03-25-14	52		2,318.10		
890100	0000 0302 2012	PNL MGT PY RET ADJ	03-25-14	52		1,786.20		
890100	0000 0302 2012	PNL MGT PY RET ADJ	03-25-14	52		2,453.78		
890100	0000 0302 2012	PNL MGT PY RET ADJ	03-25-14	52		1,762.99		
890100	0000 0302 2012	PNL MGT PY RET ADJ	03-25-14	52		1,397.93		
890100	0000 0302 2012	PNL MGT PY RET ADJ	03-25-14	52		1,535.67		
890100	0000 0302 2012	PNL MGT PY RET ADJ	03-25-14	52		1,710.89		
890100	0000 0302 2012	PNL MGT PY RET ADJ	03-25-14	52		1,150.78		
890100	0000 0302 2012	PNL MGT PY RET ADJ	03-25-14	52		1,893.67		
890100	0000 0302 2012	PNL MGT PY RET ADJ	03-25-14	52		793.84		
890100	0000 0302 2012	PNL MGT PY RET ADJ	03-25-14	52		1,272.29		
890100	0000 0302 2012	PNL MGT PY RET ADJ	03-25-14	52		1,582.36		
890100	0000 0302 2012	PNL MGT PY RET ADJ	03-25-14	52		794.19		
890100	0000 0302 2012	PNL MGT PY RET ADJ	03-25-14	52		817.69		
890100	0000 0302 2012	PNL MGT PY RET ADJ	03-25-14	52		39.29		
890100	0000 0302 2012	PNL MGT PY RET ADJ	03-25-14	52		1,646.38		
890100	0000 0302 2012	PNL MGT PY RET ADJ	03-25-14	52		1,382.04		
890100	0000 0302 2012	PNL MGT PY RET ADJ	03-25-14	52		193.72		



SCANNED
 CCCERA
 JAN 21 2015

REPORT NO. 063829.1011

COUNTY OF CONTRA COSTA
DAILY CASH DISBURSEMENT JOURNAL

PAGE NUMBER 340
PROCESS DATE 03/25/14

FUND	ORGN	ACCT	PAYEE NAME	DATE	TC	WARRANT NO	DISBURSEMENT AMOUNT	ENCUMB NO	ENCUMB LIQ AMOUNT
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52				
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		368.19		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		1,926.66		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		340.35		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		1,139.05		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		1,667.78		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		263.10		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		1,089.21		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		636.71		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		1,314.21		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		2,103.36		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		2,270.56		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		915.05		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		1,338.78		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		212.05		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		1,547.35		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		1,234.82		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		212.03		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		1,296.47		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		293.23		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		1,450.34		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		367.17		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		1,208.09		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		939.17		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		501.22		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		1,319.33		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		1,628.08		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		1,469.58		
890100	0000	0302	2012 PNL MGT PY RET ADJ	03-25-14	52		1,430.27		
890100	0000		0880 POSTING TOTAL				74,044.19		
890100	0000		DEPARTMENT TOTAL				74,044.19	**	
890100			FUND TOTAL				74,044.19	***	
900000	0000			03-11-14	49	330208	96,925.66-		
900000	0000						POSTING TOTAL		
900000	0000						DEPARTMENT TOTAL		**



SCANNED
CCCERA
JAN 21 2015

Attachment #13

Panel Management Adjustments

Date Tax Form Mailed	Date Adjustment Processed	Check Issue Date	Status	ER	Gross Refund	Last Name Key	EE Basic Contrib	EE COLA Contrib	ER Subvention of EE Basic Contrib (non-Ref Sub)
n/a	7/22/2014	7/30/2014	A	AAV \$	23.70		-68.56	-68.32	-65.27
n/a	7/22/2014	7/30/2014	A	AAV \$	25.62		-122.56	-115.09	-116.68
n/a	7/22/2014	7/30/2014	A	AAV \$	31.79		-147.57	-147.32	-140.48
n/a	7/22/2014	7/30/2014	A	AAV \$	31.80		-152.14	-142.91	-144.83
n/a	7/22/2014	7/30/2014	A	AAV \$	38.72		-179.78	-179.49	-171.15
n/a	7/22/2014	7/30/2014	D	AAV \$	42.46		-129.25	-128.79	-123.06
n/a	7/22/2014	7/30/2014	A	AAV \$	44.36		-212.26	-199.27	-202.08
n/a	7/22/2014	7/30/2014	A	AAV \$	44.48		-212.99	-199.68	-202.77
n/a	7/22/2014	7/30/2014	D	AAV \$	50.74		-146.77	-146.29	-139.75
n/a	7/22/2014	7/30/2014	D	AAV \$	51.34		-148.56	-148.06	-141.45
n/a	7/22/2014	7/30/2014	A	AAV \$	58.50		-271.33	-271.33	-258.32
n/a	7/22/2014	7/30/2014	A	AAV \$	76.92		-368.16	-345.47	-350.5
n/a	7/22/2014	7/30/2014	A	AAV \$	107.12		-309.62	-309.15	-294.78
n/a	7/22/2014	7/30/2014	D	AAV \$	116.34		-357.68	-356.07	-340.55
n/a	7/22/2014	7/30/2014	D	AAV \$	124.92		-536.18	-503.79	-510.49
n/a	7/22/2014	7/30/2014	A	AAV \$	131.59		-630.00	-590.8	-599.77
n/a	7/22/2014	7/30/2014	A	AAV \$	134.04		-579.51	-543.65	-551.7
n/a	7/22/2014	7/30/2014	A	AAV \$	154.53		-501.22	-499.46	-477.21
n/a	7/22/2014	7/30/2014	A	AAV \$	165.23		-708.74	-665.38	-674.74
n/a	7/22/2014	7/30/2014	A	AAV \$	168.88		-808.59	-758.2	-769.77
n/a	7/22/2014	7/30/2014	D	AAV \$	171.94		-593.40	-591.65	-564.95
n/a	7/22/2014	7/30/2014	A	AAV \$	199.72		-704.97	-703.65	-671.13
7/23/2014	8/20/2014	10/23/2014	A	AAV \$	229.65		-859.38	-857.55	-818.21

Date Tax Form Mailed	Adjustment Processed	Date	Check Issue Status	ER	Gross Refund	Last Name Key	EE Basic Contrib	EE COLA Contrib	ER Subvention of EE Basic Contrib (non-Ref Sub)
7/23/2014	8/20/2014	10/23/2014	A	AAV \$	234.64		-870.02	-868.53	-828.31
7/23/2014	8/20/2014	10/23/2014	A	AAV \$	250.82		-855.68	-853.7	-814.66
7/23/2014	8/20/2014	10/23/2014	A	AAV \$	260.79		-1004.01	-1002.21	-955.89
7/23/2014	8/20/2014	10/23/2014	A	AAV \$	269.90		-1090.17	-1033.4	-1037.89
7/24/2014	8/20/2014	10/23/2014	A	AAV \$	272.66		-963.18	-960.54	-917.05
7/23/2014	8/20/2014	10/23/2014	A	AAV \$	286.04		-1029.30	-1027.05	-979.97
7/23/2014	8/20/2014	10/23/2014	A	AAV \$	288.62		-1036.92	-1034.46	-987.23
7/23/2014	8/20/2014	10/23/2014	A	AAV \$	289.34		-1040.24	-1038.36	-990.35
7/23/2014	8/20/2014	10/23/2014	A	AAV \$	290.09		-1020.77	-1016.78	-971.86
7/23/2014	8/20/2014	10/23/2014	A	AAV \$	292.56		-1061.73	-1059.91	-1010.84
7/24/2014	8/20/2014	10/23/2014	A	AAV \$	292.58		-1105.52	-1101.5	-1052.5
7/23/2014	8/20/2014	10/23/2014	A	AAV \$	293.17		-1060.83	-1058.28	-1009.98
7/23/2014	8/20/2014	10/23/2014	D	AAV \$	298.12		-1132.60	-1128.71	-1078.33
7/23/2014	8/20/2014	10/23/2014	A	AAV \$	298.12		-1109.01	-1107.16	-1055.86
7/24/2014	8/20/2014	10/23/2014	A	AAV \$	310.48		-1123.48	-1120.88	-1069.63
7/23/2014	8/20/2014	10/23/2014	A	AAV \$	310.52		-1201.64	-1197.18	-1144.03
7/24/2014	8/20/2014	10/23/2014	A	AAV \$	333.82		-1205.68	-1201.23	-1147.88
7/24/2014	8/20/2014	10/23/2014	A	AAV \$	334.37		-1242.88	-1238.23	-1183.34
7/24/2014	8/20/2014	10/23/2014	A	AAV \$	340.01		-1248.95	-1246.08	-1189.09
7/23/2014	8/20/2014	10/23/2014	A	AAV \$	349.76		-1261.16	-1256.58	-1200.74
7/23/2014	8/20/2014	10/23/2014	A	AAV \$	350.11		-1299.14	-1294.3	-1236.86
7/23/2014	8/20/2014	10/23/2014	A	AAV \$	356.92		-1284.52	-1282.32	-1222.94
7/23/2014	8/20/2014	10/23/2014	A	AAV \$	362.40		-1367.99	-1364.62	-1302.43
7/23/2014	8/20/2014	10/23/2014	A	AAV \$	379.66		-1570.22	-1474.3	-1494.96
7/23/2014	8/20/2014	10/23/2014	A	AAV \$	390.55		-1310.84	-1561.84	-1251.78
7/23/2014	8/20/2014	10/23/2014	A	AAV \$	395.10		-1359.11	-1619.8	-1297.86
7/23/2014	8/20/2014	10/23/2014	A	AAV \$	410.28		-1680.07	-1674.82	-1599.6
7/23/2014	8/20/2014	10/23/2014	A	AAV \$	466.33		-1367.36	-1283.88	-1301.82
7/23/2014	9/11/2014	10/23/2014	A	AAV \$	332.95				

Date
 Date Tax Form Mailed Adjustment Processed Check Issue Date Status ER Gross Refund

Last Name Key	EE Basic Contrib	EE COLA Contrib	ER Subvention of EE Basic Contrib (non-Ref Sub)
	-\$41,652.24	-\$41,578.02	-\$39,663.33

Attachment #14

Summary of Overpayments with interest Due to Inclusion of PMP On-Call in FAS a/o 3/1/2016

Farey, K.	\$ 17,096.18
Hearst, D.	\$ 37,217.16
Hinman, P	\$ 28,804.44
Slauson, D.	\$ 31,170.73
	\$ 114,288.51

Attachment #15

Member: Farey, K.

Overpayment Accrued Interest @ 7.25% Monthly 0.58497%

Overpayment Balance Forward a/o 8/1/2015 \$ 18,840.48
 Less return member contributions w/acrued interest through 12/31/2015 \$ (2,428.26)
 Mbr Owes \$ 16,412.22

	Interest	Outstanding
9/1/2015	\$ 96.01	\$ 16,508.23
10/1/2015	\$ 96.57	\$ 16,604.80
11/1/2015	\$ 97.13	\$ 16,701.93
12/1/2015	\$ 97.70	\$ 16,799.64
1/1/2016	\$ 98.27	\$ 16,897.91
2/1/2016	\$ 98.85	\$ 16,996.76
3/1/2016	\$ 99.43	\$ 17,096.18

Revised Mbr Owes a/o 3/1/2016	\$ 17,096.18
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Option 1 Payment

Date of Retirement 12/31/2012
 First Overpayment 1/1/2013
 Last Overpayment 8/1/2015
 Months Overpaid 31
 Monthly Interest 0.584974%
 Balance a/o 3/1/2016 \$ 17,096.18
 First Installment 4/1/2016
 Last Installment 10/1/2018
 Option 1 Payment (\$601.10)

Option 1 Payment Illustration

	PMT Date	PMT	Interest PMT	Principal PMT	Balance
1	4/1/2016	(\$601.10)	\$0.00	(\$601.10)	\$ 16,495.09
2	5/1/2016	(\$601.10)	(\$96.49)	(\$504.60)	\$ 15,990.49
3	6/1/2016	(\$601.10)	(\$93.54)	(\$507.56)	\$ 15,482.93
4	7/1/2016	(\$601.10)	(\$90.57)	(\$510.52)	\$ 14,972.41
5	8/1/2016	(\$601.10)	(\$87.58)	(\$513.51)	\$ 14,458.90
6	9/1/2016	(\$601.10)	(\$84.58)	(\$516.51)	\$ 13,942.38
7	10/1/2016	(\$601.10)	(\$81.56)	(\$519.54)	\$ 13,422.85
8	11/1/2016	(\$601.10)	(\$78.52)	(\$522.58)	\$ 12,900.27
9	12/1/2016	(\$601.10)	(\$75.46)	(\$525.63)	\$ 12,374.64
10	1/1/2017	(\$601.10)	(\$72.39)	(\$528.71)	\$ 11,845.93
11	2/1/2017	(\$601.10)	(\$69.30)	(\$531.80)	\$ 11,314.13
12	3/1/2017	(\$601.10)	(\$66.18)	(\$534.91)	\$ 10,779.22
13	4/1/2017	(\$601.10)	(\$63.06)	(\$538.04)	\$ 10,241.18
14	5/1/2017	(\$601.10)	(\$59.91)	(\$541.19)	\$ 9,700.00
15	6/1/2017	(\$601.10)	(\$56.74)	(\$544.35)	\$ 9,155.64
16	7/1/2017	(\$601.10)	(\$53.56)	(\$547.54)	\$ 8,608.11
17	8/1/2017	(\$601.10)	(\$50.36)	(\$550.74)	\$ 8,057.37
18	9/1/2017	(\$601.10)	(\$47.13)	(\$553.96)	\$ 7,503.40
19	10/1/2017	(\$601.10)	(\$43.89)	(\$557.20)	\$ 6,946.20
20	11/1/2017	(\$601.10)	(\$40.63)	(\$560.46)	\$ 6,385.74
21	12/1/2017	(\$601.10)	(\$37.35)	(\$563.74)	\$ 5,822.00
22	1/1/2018	(\$601.10)	(\$34.06)	(\$567.04)	\$ 5,254.96
23	2/1/2018	(\$601.10)	(\$30.74)	(\$570.36)	\$ 4,684.61
24	3/1/2018	(\$601.10)	(\$27.40)	(\$573.69)	\$ 4,110.91
25	4/1/2018	(\$601.10)	(\$24.05)	(\$577.05)	\$ 3,533.87
26	5/1/2018	(\$601.10)	(\$20.67)	(\$580.42)	\$ 2,953.44
27	6/1/2018	(\$601.10)	(\$17.28)	(\$583.82)	\$ 2,369.63
28	7/1/2018	(\$601.10)	(\$13.86)	(\$587.23)	\$ 1,782.39
29	8/1/2018	(\$601.10)	(\$10.43)	(\$590.67)	\$ 1,191.72
30	9/1/2018	(\$601.10)	(\$6.97)	(\$594.12)	\$ 597.60
31	10/1/2018	(\$601.10)	(\$3.50)	(\$597.60)	\$ 0.00

Option 2 Payment

Single Payment \$ 17,096.18

Option 3 Payment

Date	Balance Forward	
4/1/2016	\$ 11,111.70	(\$5,984.48)
5/1/2016	\$ 4,947.68	(\$6,164.02)
6/1/2016	\$ -	(\$4,947.68)

<p>**NOTE: 5/1/2016 Pension amount reflects estimated amount with 2016 COLA applied.</p>

Attachment #16

Member: Hearst, D.

Overpayment Accrued Interest @ 7.25% Monthly 0.58497%

Overpayment Balance Forward a/o 8/1/2015 \$ 38,447.64
 Less return member contributions w/acrued interest through 12/31/2015 \$ (2,719.41)
 Mbr Owes \$ 35,728.23

Interest	Outstanding
9/1/2015 \$ 209.00	\$ 35,937.23
10/1/2015 \$ 210.22	\$ 36,147.45
11/1/2015 \$ 211.45	\$ 36,358.90
12/1/2015 \$ 212.69	\$ 36,571.59
1/1/2016 \$ 213.93	\$ 36,785.53
2/1/2016 \$ 215.19	\$ 37,000.71
3/1/2016 \$ 216.44	\$ 37,217.16
Revised Mbr Owes a/o 3/1/2016 \$ 37,217.16	

Option 1 Payment

Date of Retirement 11/1/2012
 First Overpayment 12/1/2012
 Last Overpayment 8/1/2015
 Months Overpaid 32
 Monthly Interest 0.584974%
 Balance a/o 3/1/2016 \$ 37,217.16
 First Installment 4/1/2016
 Last Installment 11/1/2018
 Option 1 Payment (\$1,271.24)

Option 1 Payment Illustration

	PMT Date	PMT	Interest PMT	Principal PMT	Balance
1	4/1/2016	(\$1,271.24)	\$0.00	(\$1,271.24)	\$ 35,945.92
2	5/1/2016	(\$1,271.24)	(\$210.27)	(\$1,060.96)	\$ 34,884.96
3	6/1/2016	(\$1,271.24)	(\$204.07)	(\$1,067.17)	\$ 33,817.79
4	7/1/2016	(\$1,271.24)	(\$197.83)	(\$1,073.41)	\$ 32,744.37
5	8/1/2016	(\$1,271.24)	(\$191.55)	(\$1,079.69)	\$ 31,664.68
6	9/1/2016	(\$1,271.24)	(\$185.23)	(\$1,086.01)	\$ 30,578.68
7	10/1/2016	(\$1,271.24)	(\$178.88)	(\$1,092.36)	\$ 29,486.31
8	11/1/2016	(\$1,271.24)	(\$172.49)	(\$1,098.75)	\$ 28,387.56
9	12/1/2016	(\$1,271.24)	(\$166.06)	(\$1,105.18)	\$ 27,282.39
10	1/1/2017	(\$1,271.24)	(\$159.59)	(\$1,111.64)	\$ 26,170.74
11	2/1/2017	(\$1,271.24)	(\$153.09)	(\$1,118.15)	\$ 25,052.60
12	3/1/2017	(\$1,271.24)	(\$146.55)	(\$1,124.69)	\$ 23,927.91
13	4/1/2017	(\$1,271.24)	(\$139.97)	(\$1,131.27)	\$ 22,796.64
14	5/1/2017	(\$1,271.24)	(\$133.35)	(\$1,137.88)	\$ 21,658.76
15	6/1/2017	(\$1,271.24)	(\$126.70)	(\$1,144.54)	\$ 20,514.22
16	7/1/2017	(\$1,271.24)	(\$120.00)	(\$1,151.23)	\$ 19,362.99
17	8/1/2017	(\$1,271.24)	(\$113.27)	(\$1,157.97)	\$ 18,205.02
18	9/1/2017	(\$1,271.24)	(\$106.49)	(\$1,164.74)	\$ 17,040.27
19	10/1/2017	(\$1,271.24)	(\$99.68)	(\$1,171.56)	\$ 15,868.72
20	11/1/2017	(\$1,271.24)	(\$92.83)	(\$1,178.41)	\$ 14,690.31
21	12/1/2017	(\$1,271.24)	(\$85.93)	(\$1,185.30)	\$ 13,505.00
22	1/1/2018	(\$1,271.24)	(\$79.00)	(\$1,192.24)	\$ 12,312.77
23	2/1/2018	(\$1,271.24)	(\$72.03)	(\$1,199.21)	\$ 11,113.56
24	3/1/2018	(\$1,271.24)	(\$65.01)	(\$1,206.23)	\$ 9,907.33
25	4/1/2018	(\$1,271.24)	(\$57.96)	(\$1,213.28)	\$ 8,694.05
26	5/1/2018	(\$1,271.24)	(\$50.86)	(\$1,220.38)	\$ 7,473.67
27	6/1/2018	(\$1,271.24)	(\$43.72)	(\$1,227.52)	\$ 6,246.15
28	7/1/2018	(\$1,271.24)	(\$36.54)	(\$1,234.70)	\$ 5,011.45
29	8/1/2018	(\$1,271.24)	(\$29.32)	(\$1,241.92)	\$ 3,769.53
30	9/1/2018	(\$1,271.24)	(\$22.05)	(\$1,249.19)	\$ 2,520.34
31	10/1/2018	(\$1,271.24)	(\$14.74)	(\$1,256.49)	\$ 1,263.84
32	11/1/2018	(\$1,271.24)	(\$7.39)	(\$1,263.84)	\$ (0.00)

Option 2 Payment

Single Payment \$ 37,217.16

Option 3 Payment

Date	Balance Forward	PMT
4/1/2016	\$ 28,732.48	(\$8,484.68)
5/1/2016	\$ 19,993.26	(\$8,739.22)
6/1/2016	\$ 11,254.04	(\$8,739.22)
7/1/2016	\$ 2,514.82	(\$8,739.22)
8/1/2016	\$ -	(\$2,514.82)

****NOTE: 5/1/2016 Pension amount reflects estimated amount with 2016 COLA applied.**

Attachment #17

Member: Hinman, P.

Overpayment Accrued Interest @ 7.25% Monthly 0.584974%

Overpayment Balance Forward a/o 8/1/2015 \$ 30,883.93
 Less return member contributions w/accrued interest through 12/31/2015 \$ (3,231.86)
 Mbr Owes \$ 27,652.07

Interest	Outstanding
9/1/2015 \$ 161.76	\$ 27,813.83
10/1/2015 \$ 162.70	\$ 27,976.53
11/1/2015 \$ 163.66	\$ 28,140.19
12/1/2015 \$ 164.61	\$ 28,304.80
1/1/2016 \$ 165.58	\$ 28,470.37
2/1/2016 \$ 166.54	\$ 28,636.92
3/1/2016 \$ 167.52	\$ 28,804.44
Revised Mbr Owes a/o 3/1/2016 \$ 28,804.44	

Option 1 Payment

Date of Retirement 12/28/2012
 First Overpayment 1/1/2013
 Last Overpayment 8/1/2015
 Months Overpaid 31
 Monthly Interest 0.584974%
 Balance a/o 3/1/2016 \$ 28,804.44
 First Installment 4/1/2016
 Last Installment
 Option 1 Payment (\$1,012.75)

Option 1 Payment Illustration

	PMT Date	PMT	Interest PM	Principal PMT	Balance
1	4/1/2016	(\$1,012.75)	\$0.00	(\$1,012.75)	\$ 27,791.68
2	5/1/2016	(\$1,012.75)	(\$162.57)	(\$850.18)	\$ 26,941.51
3	6/1/2016	(\$1,012.75)	(\$157.60)	(\$855.15)	\$ 26,086.35
4	7/1/2016	(\$1,012.75)	(\$152.60)	(\$860.15)	\$ 25,226.20
5	8/1/2016	(\$1,012.75)	(\$147.57)	(\$865.19)	\$ 24,361.01
6	9/1/2016	(\$1,012.75)	(\$142.51)	(\$870.25)	\$ 23,490.77
7	10/1/2016	(\$1,012.75)	(\$137.41)	(\$875.34)	\$ 22,615.43
8	11/1/2016	(\$1,012.75)	(\$132.29)	(\$880.46)	\$ 21,734.97
9	12/1/2016	(\$1,012.75)	(\$127.14)	(\$885.61)	\$ 20,849.36
10	1/1/2017	(\$1,012.75)	(\$121.96)	(\$890.79)	\$ 19,958.57
11	2/1/2017	(\$1,012.75)	(\$116.75)	(\$896.00)	\$ 19,062.57
12	3/1/2017	(\$1,012.75)	(\$111.51)	(\$901.24)	\$ 18,161.33
13	4/1/2017	(\$1,012.75)	(\$106.24)	(\$906.51)	\$ 17,254.81
14	5/1/2017	(\$1,012.75)	(\$100.94)	(\$911.82)	\$ 16,343.00
15	6/1/2017	(\$1,012.75)	(\$95.60)	(\$917.15)	\$ 15,425.85
16	7/1/2017	(\$1,012.75)	(\$90.24)	(\$922.52)	\$ 14,503.33
17	8/1/2017	(\$1,012.75)	(\$84.84)	(\$927.91)	\$ 13,575.42
18	9/1/2017	(\$1,012.75)	(\$79.41)	(\$933.34)	\$ 12,642.08
19	10/1/2017	(\$1,012.75)	(\$73.95)	(\$938.80)	\$ 11,703.28
20	11/1/2017	(\$1,012.75)	(\$68.46)	(\$944.29)	\$ 10,758.99
21	12/1/2017	(\$1,012.75)	(\$62.94)	(\$949.82)	\$ 9,809.17
22	1/1/2018	(\$1,012.75)	(\$57.38)	(\$955.37)	\$ 8,853.80
23	2/1/2018	(\$1,012.75)	(\$51.79)	(\$960.96)	\$ 7,892.84
24	3/1/2018	(\$1,012.75)	(\$46.17)	(\$966.58)	\$ 6,926.26
25	4/1/2018	(\$1,012.75)	(\$40.52)	(\$972.24)	\$ 5,954.02
26	5/1/2018	(\$1,012.75)	(\$34.83)	(\$977.92)	\$ 4,976.10
27	6/1/2018	(\$1,012.75)	(\$29.11)	(\$983.64)	\$ 3,992.45
28	7/1/2018	(\$1,012.75)	(\$23.35)	(\$989.40)	\$ 3,003.06
29	8/1/2018	(\$1,012.75)	(\$17.57)	(\$995.19)	\$ 2,007.87
30	9/1/2018	(\$1,012.75)	(\$11.75)	(\$1,001.01)	\$ 1,006.86
31	10/1/2018	(\$1,012.75)	(\$5.89)	(\$1,006.86)	\$ 0.00

Option 2 Payment

Single Payment \$ 28,804.44

Option 3 Payment

Date	Balance Forward	PMT
4/1/2016	\$ 20,742.66	(\$8,061.78)
5/1/2016	\$ 12,439.02	(\$8,303.64)
6/1/2016	\$ 4,135.38	(\$8,303.64)
7/1/2016	\$ -	(\$4,135.38)

****NOTE: 5/1/2016 Pension amount reflects estimated amount with 2016 COLA applied.**

Attachment #18

Member: Slauson, D.

Overpayment Accrued Interest @ 7.25% Monthly 0.584974%

Overpayment Balance Forward a/o 8/1/2015 \$ 31,257.94
 Less return member contributions w/accrued interest through 12/31/2015 \$ (1,334.25)
 Mbr Owes a/o 8/1/2015 \$ 29,923.69

Interest	Outstanding
9/1/2015 \$ 175.05	\$ 30,098.74
10/1/2015 \$ 176.07	\$ 30,274.81
11/1/2015 \$ 177.10	\$ 30,451.91
12/1/2015 \$ 178.14	\$ 30,630.04
1/1/2016 \$ 179.18	\$ 30,809.22
2/1/2016 \$ 180.23	\$ 30,989.45
3/1/2016 \$ 181.28	\$ 31,170.73
Revised Mbr Owes a/o 3/1/2016 \$ 31,170.73	

Option 1 Payment

Date of Retirement 2/1/2012
 First Overpayment 3/1/2012
 Last Overpayment 8/1/2015
 Months Overpaid 41
 Monthly Interest 0.584974%
 Balance a/o 3/1/2016 \$ 31,170.73
 First Installment 4/1/2016
 Last Installment 8/1/2019
 Option 1 Payment (\$852.30)

Option 1 Payment Illustration

	PMT Date	PMT	Interest PMT	Principal PMT	Balance
1	4/1/2016	(\$852.30)	\$0.00	(\$852.30)	\$ 30,318.43
2	5/1/2016	(\$852.30)	(\$177.35)	(\$674.94)	\$ 29,643.49
3	6/1/2016	(\$852.30)	(\$173.41)	(\$678.89)	\$ 28,964.60
4	7/1/2016	(\$852.30)	(\$169.44)	(\$682.86)	\$ 28,281.73
5	8/1/2016	(\$852.30)	(\$165.44)	(\$686.86)	\$ 27,594.88
6	9/1/2016	(\$852.30)	(\$161.42)	(\$690.88)	\$ 26,904.00
7	10/1/2016	(\$852.30)	(\$157.38)	(\$694.92)	\$ 26,209.08
8	11/1/2016	(\$852.30)	(\$153.32)	(\$698.98)	\$ 25,510.10
9	12/1/2016	(\$852.30)	(\$149.23)	(\$703.07)	\$ 24,807.03
10	1/1/2017	(\$852.30)	(\$145.11)	(\$707.18)	\$ 24,099.85
11	2/1/2017	(\$852.30)	(\$140.98)	(\$711.32)	\$ 23,388.53
12	3/1/2017	(\$852.30)	(\$136.82)	(\$715.48)	\$ 22,673.05
13	4/1/2017	(\$852.30)	(\$132.63)	(\$719.67)	\$ 21,953.38
14	5/1/2017	(\$852.30)	(\$128.42)	(\$723.88)	\$ 21,229.50
15	6/1/2017	(\$852.30)	(\$124.19)	(\$728.11)	\$ 20,501.39
16	7/1/2017	(\$852.30)	(\$119.93)	(\$732.37)	\$ 19,769.02
17	8/1/2017	(\$852.30)	(\$115.64)	(\$736.65)	\$ 19,032.37
18	9/1/2017	(\$852.30)	(\$111.33)	(\$740.96)	\$ 18,291.40
19	10/1/2017	(\$852.30)	(\$107.00)	(\$745.30)	\$ 17,546.11
20	11/1/2017	(\$852.30)	(\$102.64)	(\$749.66)	\$ 16,796.45
21	12/1/2017	(\$852.30)	(\$98.25)	(\$754.04)	\$ 16,042.41
22	1/1/2018	(\$852.30)	(\$93.84)	(\$758.45)	\$ 15,283.95
23	2/1/2018	(\$852.30)	(\$89.41)	(\$762.89)	\$ 14,521.06
24	3/1/2018	(\$852.30)	(\$84.94)	(\$767.35)	\$ 13,753.71
25	4/1/2018	(\$852.30)	(\$80.46)	(\$771.84)	\$ 12,981.86
26	5/1/2018	(\$852.30)	(\$75.94)	(\$776.36)	\$ 12,205.51
27	6/1/2018	(\$852.30)	(\$71.40)	(\$780.90)	\$ 11,424.61
28	7/1/2018	(\$852.30)	(\$66.83)	(\$785.47)	\$ 10,639.14
29	8/1/2018	(\$852.30)	(\$62.24)	(\$790.06)	\$ 9,849.08
30	9/1/2018	(\$852.30)	(\$57.61)	(\$794.68)	\$ 9,054.39
31	10/1/2018	(\$852.30)	(\$52.97)	(\$799.33)	\$ 8,255.06
32	11/1/2018	(\$852.30)	(\$48.29)	(\$804.01)	\$ 7,451.05
33	12/1/2018	(\$852.30)	(\$43.59)	(\$808.71)	\$ 6,642.34
34	1/1/2019	(\$852.30)	(\$38.86)	(\$813.44)	\$ 5,828.90
35	2/1/2019	(\$852.30)	(\$34.10)	(\$818.20)	\$ 5,010.70
36	3/1/2019	(\$852.30)	(\$29.31)	(\$822.99)	\$ 4,187.71
37	4/1/2019	(\$852.30)	(\$24.50)	(\$827.80)	\$ 3,359.91
38	5/1/2019	(\$852.30)	(\$19.65)	(\$832.64)	\$ 2,527.27
39	6/1/2019	(\$852.30)	(\$14.78)	(\$837.51)	\$ 1,689.75
40	7/1/2019	(\$852.30)	(\$9.88)	(\$842.41)	\$ 847.34
41	8/1/2019	(\$852.30)	(\$4.96)	(\$847.34)	\$ (0.00)

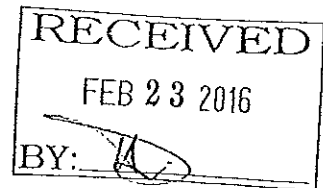
Option 2 Payment

Single Payment \$ 31,170.73

Option 3 Payment

Date	Balance Forward	PMT
4/1/2016	\$ 21,253.94	(\$9,916.79)
5/1/2016	\$ 11,039.65	(\$10,214.29)
6/1/2016	\$ 825.36	(\$10,214.29)
7/1/2016	\$ -	(\$825.36)

****NOTE: 5/1/2016 Pension amount reflects estimated amount with 2016 COLA applied.**



A lot has changed since I graduated from medical school in 1979. There are amazing new treatments, longer life expectancies, and different systems for providing medical care. The way primary care is provided has also changed. Back then, outpatient care was centered around the office visit. If you wanted to talk to the doctor, go over lab results, or have your blood pressure checked, you made an appointment. Now the goal is to use office visits only when necessary. The most efficient way of providing primary care is Panel Management. Providers are given a panel of patients to manage. Ideally this is no more than 1500 patients for a full-time provider, and proportionally less for a part-time provider, although in our system the panel sizes are often larger. The idea is to avoid doctor's visits whenever possible. Why pay for exam rooms, nurses, registration and other staff if the issue can be addressed by the doctor without a visit? There have been other changes. Providers are now expected to see more patients an hour and the days of the late start or a long lunch to get paperwork and other tasks done are long gone. The result is that a full-time family practitioner often spends 8 hours a day seeing patients (or more if the clinic doesn't end on time). Where is the time to do refills, complete the ever increasing number of forms, review labs and other studies, outside records, notes from specialists, respond to all these, and complete countless other tasks? If the goal is to have the doctor call a patient or review a blood pressure that a nurse has checked in order to avoid a visit, where does the doctor find time to do this? The answer is that this happens before or after the clinic. It is not unusual for a doctor to spend 1-1/2 to 2 hours doing this "Panel Management" for each 4 hour clinic.

The problem was that the County did not have a good way to pay doctors for this work. This came to a head around 2010. It was becoming very difficult to recruit doctors to work in primary care clinics. Even worse, many of our primary care doctors were leaving for Kaiser. We could still recruit physicians to work in the hospital, where they were paid for the hours they worked. Kaiser paid salaries that were much higher than ours to cover all the work that was required during and after clinics. But we could not get doctors to work in primary care clinics where they would be required to work many extra hours without pay. Something had to be done. So, in May 2011, Dr. Walker authorized 1-1/2 hours a day of paid time for Panel Management for providers doing at least 5 primary care clinics a week to compensate for the extra work that was required (see Attachment 1). This has made a big difference in our ability to recruit and retain primary care physicians.

In late 2011 and 2012 the four of us were planning our retirement. I had been told by our supervisor that Panel Management Pay ("PMP") would be pensionable. When I received my estimate of what my pension would be from the CCCERA staff, PMP was considered pensionable. I counted on this when I made decisions about my retirement. And retirement payments DID include credit for PMP for years. Now it is being questioned as to whether PMP should be pensionable.

The rules about what compensation is pensionable are complex. In order to clarify these rules in regard to physician's call-back pay (pay code D16), which includes PMP, the County asked Harvey Leiderman of Reed Smith to provide a detailed analysis (Attachment 2). This should be the basis for the determination

of whether PMP is pensionable. It is important to note that there has never been a thorough analysis of whether PMP should be pensionable. In late 2013 the Board asked staff for a determination as to whether several items including PMP should be pensionable (Attachment 3). The response for PMP was only: "excluded from compensation earnable, since it is paid for overtime work." However, Mr. Leiderman says, "under CCERA's applicable law, compensation paid for serving "overtime" can either be included or excluded from the calculation of a member's retirement benefits depending on other factors." (Attachment 2, page 2, paragraph 4). Clearly more analysis is needed. We could explore whether PMP really is overtime. Because of the demands of primary care clinics, none of us worked more than 6 clinics a week, so we were paid for less than 40 hours a week even including PMP. But this is not important. According to Mr. Leiderman, "to establish whether certain compensation for employment activities should be treated as pensionable or not, it is the nature of the activity itself, not the label given it, that is determinative." (Attachment 2, page 3, paragraph 4). "The applicable legal standard is that overtime pay should be excluded from "compensation earnable" when calculating a retirement member's benefit, unless it is established that the time was regularly scheduled and required to be worked by all members of the same grade or classification." (Attachment 2, page 8, paragraph 4).

The work was required. As I have described, managing a panel of patients includes many tasks that cannot be done during the time the physician is scheduled to see patients. There is no one else assigned to refill prescriptions, review test results, complete forms, respond to patient's calls, or do the many other Panel Management tasks. The primary care provider is required to do this. Only physicians who qualify for PMP are paid for this work, but all are required to do it.

The time was regularly scheduled. We received PMP each day we were regularly scheduled to be in clinic (Attachment 4). The scheduling of our PMP time was as regular as the scheduling of our clinics. On holidays or vacations when we did not have a clinic, we also did not have Panel Management time.

Mr. Leiderman says, "If a physician can establish to the satisfaction of the board that some of the time recorded under Pay Code D16 was comprised of time that meets of description of Overtime Type 1 or Overtime Type 2, was regularly scheduled and was required to be worked by everyone in the same grade or class, then the pay for that time should qualify as pensionable." (Attachment 2, page 10, paragraph 1). Therefore, I believe that PMP should be pensionable.

Sincerely,



David Hearst, M.D.

2/20/2016

Print

Subject: Ambulatory Care Capacity

From: cfarnitano@comcast.net (cfarnitano@comcast.net)

To: nancy@mopedog.com; lewis.md@sbcglobal.net; KenKatzman@yahoo.com; phinman@hsd.cccounty.us; jiy3@yahoo.com; tmadrigal_md@yahoo.com;

Date: Wednesday, May 4, 2011 6:12 AM

Bill Walker has given the authorization to proceed with a plan to expand primary care clinic capacity.

It will be structured as follows:

Effective July 1, 2011, physicians who consistently work 5 or more clinics a week in primary care family medicine, internal medicine, adult medicine, pediatrics, HIV, and language-specific clinics, will receive on each scheduled weekday 6 hours of on-call time (1:4), (equivalent to 1.5 hours of pay), for Panel Management responsibilities, exclusive of Saturdays, Sundays, Holidays, sick days and vacation days. This reflects the necessary time after clinics for appropriate Panel Management responsibilities for those providers working at least 5 clinics per week.

This plan will hopefully aid in recruitment and retention of physicians into primary care, and encourage physicians working less than 5 clinics per week to increase their primary care hours. The result should be improved access to patients to primary care, and a reduction in the adjusted panel sizes of the average primary care provider.

If you are aware of any third year residents who are still contemplating taking a staff position in ambulatory care, please share this with them immediately.
 Chris Farnitano, MD
 Ambulatory Care Medical Director
 Contra Costa Health Services

Released to the Public by the Board on May 7, 2014

ReedSmith

**CONFIDENTIAL
MEMORANDUM**

From: Harvey L. Leiderman
Direct Phone: +1 415 859 5914
Email: hleiderman@reedsmith.com

Reed Smith LLP
101 Second Street
Suite 1800
San Francisco, CA 94105-3659
+1 415 543 8700
Fax +1 415 391 8269
reedsmith.com

**CONFIDENTIAL AND PRIVILEGED
ATTORNEY CLIENT COMMUNICATION
ATTORNEY WORK PRODUCT**

To: Board of Retirement
Contra Costa County Employees' Retirement Association

Date: April 14, 2014

Subject: Review of Physician Call Back Pay and Calculation of Retirement Benefits

You have asked us to analyze issues that have arisen between members of the Physicians and Dentists Organization of Contra Costa ("PDOCC") and CCCERA regarding whether any compensation paid to PDOCC member physicians as "Physician Call Back Pay" should be included in the calculation of PDOCC members' retirement benefits.

For the reasons stated in this Confidential Memorandum, we believe that CCCERA should continue its current policy of excluding "Physician Call Back Pay" from the calculation of retirement benefits, absent a satisfactory showing by individual physicians that the pay they received in this category meets all the statutory and case law requirements for inclusion. Those requirements are: (1) the time for which the pay was received must have been regularly scheduled by the employer and (2) required of all physicians in the same grade or classification as the retiring physician, during the relevant calculation period.

BRIEF BACKGROUND

CCCERA discovered in 2013 that for many years previously the County had been mistakenly reporting to CCCERA all "Physician Call-Back Pay" (County Pay Code D-16) as pensionable. Upon discovering the misreporting, CCCERA notified the County of its finding and advised the County that County Pay Code D16 is not retirement compensable because the CCCERA Board had previously determined that it represented payment for overtime work. PDOCC contests the determination that "call-back pay" is non-pensionable overtime and believes that all such time should continue to be treated as pensionable.

Over the past year CCCERA Staff, PDOCC representatives and the County hospital's Chief Medical Officer met several times in order to work through the issues of fact and law. Meanwhile, PDOCC intervened in the pending legal proceedings over the enforceability of AB 197 and filed an action against CCCERA to prevent it from excluding "call back pay" from the calculation of its members' benefits. At their further request, members of PDOCC appeared before the Board at its November 6, 2013 public

Board of Retirement
Contra Costa County Employees' Retirement Association
April 14, 2014
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meeting, to present their side of the issue. At the conclusion of that meeting, the Board directed us to conduct an in-depth review of the matter and report our findings, conclusions and recommendations to the Board.

Based on our review of CCCERA's policies, CCCERA's findings and related documentation, and the physicians' written and oral testimony submitted to the Board¹, we conclude that CCCERA correctly found that under applicable law, time recorded in County Pay Code D16 should be excluded from the calculation of "compensation earnable." However, because of the clear confusion among CCCERA, the County and PDOCC members regarding how this pay item was to have been used and reported, we also believe that PDOCC members should have an opportunity to demonstrate that at least some of the time recorded under Pay Code D16 is exempt from the overtime exclusion found in Government Code section 31461 and relevant case law, and rightly included in "compensation earnable." Thus, if a retiring member can satisfy the Board that any of the time reported under Pay Code D16 was regularly scheduled and required to be worked by all members of the same grade or classification as the member during his or her final compensation period, then the value of such time may be included in the member's "compensation earnable" on which his or her retirement benefits are calculated.

A PRELIMINARY WORD ABOUT WORDS

Over many years, the phrases, "ordinary work-week," "normal working hours," "overtime," "on call," "standby," "call back" and "call worked" have taken on multiple and confusing meanings, as used in MOUs, settlement agreements, County pay code listings, Board policies, court proceedings and daily speech. The confusion is magnified in this particular instance because the medical profession often uses the phrase "on call" to mean something very different from that which the public pension community means. We take a moment here to try to clarify the usage of these phrases for purposes of this analysis.

Ordinarily, when an employee works a standard 40-hour work week,² and that standard is observed by every other employee serving the same employer in the same grade and job classification, the pension laws refer to that period as "normal working hours," or "average number of days ordinarily worked." Time worked beyond that period is considered "overtime." Under CCCERA's applicable law, compensation paid for serving "overtime" can be either included or excluded from the calculation of a member's retirement benefits, depending on other factors: "Overtime" that an employer requires every employee in the same grade or class to serve on a regularly scheduled basis is included in pensionable compensation. "Overtime" that is not required of all and not regularly scheduled, but may be served sporadically by only a few employees or on a voluntary basis, is excluded from pensionable compensation. (Excluded overtime is sometimes referred to as "true" overtime.)

¹ An Appendix of all the documentary material we reviewed accompanies this Confidential Memorandum.

² Before the recent era of public employee furloughs, the standard County year of employment contained 2080 hours, comprised of 52 weeks at 40 hours per week. During the past few years, in reaction to budgetary constraints, this standard became hybridized, but for simplicity sake we use this standard for purposes of our analysis here. Also for simplicity, we will avoid reference to the special "on-and-off" scheduling used for safety officers and related federal Fair Labor Standards Act rules.

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Compensation for time served while "on call" or on "standby" is also compensation for overtime, and likewise can be either pensionable or non-pensionable, depending on other factors. "On call" and "standby" in the pension community ordinarily denote periods of time outside of normal working hours when the employee need not be engaged in his or her occupation, but is free to engage in other activities (albeit of a limited nature and location), and must be ready to return to work to meet a sudden need if called upon to do so. Employees are typically paid a fraction of their ordinary pay rate for the time when they are "on call."

For County Hospital physicians, however, the phrase "on call" can have both the foregoing meaning and a second, very different meaning. Hospital physicians use the phrase to describe both ordinary "on call" as described above, and paradoxically, the very opposite situation. Physicians also say they are "on call" when they are engaged in their occupation, on hospital premises, making rounds or attending to the medical needs of a patient. When a physician says she is "on call" at the hospital, she is describing activity that is very different from that which she means to describe when she says she is "on call" at home. Being "on call" at the hospital may or may not be part of the physician's "normal work-week," depending on whether the activity is regularly scheduled and required of every physician in the same grade or class. Similarly, being "on call" at home may or may not be part of the physician's "normal work-week," again depending on whether the activity is regularly scheduled and required of every physician in the same grade or class.

In the pension community, compensation paid for being "called back" to respond to sudden needs at the workplace is considered non-pensionable, "true" overtime, because its very nature is sporadic, non-scheduled, and not required of everybody in the same grade or class. Because of its disruptive nature, "call back" pay is typically paid at overtime pay rates -- a multiple (not a fraction) of the employee's normal pay rate, or a premium above that normal rate. For physicians, they apparently are never subject to being "called back" unless they have been placed "on call," a status that alerts them to the possibility that they may be called upon to return to perform emergency medical services. Accordingly, for physicians, there is a tight link between being "on call" and later being "called back."

We belabor these words for a reason: For purposes of determining the most prudent course for the Board to take, we encourage the Board to look beyond the labels that have been attached to various employee activities, conditions and requirements, and instead focus on the activities, conditions and requirements themselves. The law demands consideration of substance, not form. To establish whether certain compensation for employment activities should be treated as pensionable or not, it is the nature of the activity itself, not the label given it, that is determinative.

HISTORY OF CCCERA'S POLICIES AND PRACTICES REGARDING ON CALL AND CALL BACK PAY

The relevant history leading up to the dispute regarding call back pay, like most disputes involving pensionable items of compensation beyond base pay, begins with the California Supreme Court's landmark decision in *Ventura County Deputy Sheriffs' Association v. Board of Retirement* (1997) 16 Cal.4th 483. In the wake of the *Ventura* decision, the CCCERA Board took several steps to implement

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Contra Costa County Employees' Retirement Association
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Page 4

its mandate. On December 5, 1997, and December 9, 1997, the Board conducted two open and public meetings where the Board moved to adopt a policy for "Determining Which Pay Items Are 'Compensation' For Retirement Purposes" ("Policy"). The Board amended the Policy in January, 1998. The Policy is extant today for all active CCCERA members who first became members before January 1, 2011.

The Policy states: "All cash payments given as remuneration either for services rendered or for special skills or qualifications (i.e. merit pay, longevity pay, *standby pay*, bilingual pay, holiday pay, educational incentive pay, etc.) are included in [pensionable] compensation." Policy Par. 1 (emphasis added). "Standby pay" is the equivalent to what we call here "on call" pay. The Policy did not distinguish between standby pay received for regularly scheduled/required service and sporadic/voluntary service.

As for call back pay, the Policy does not specifically address that category of overtime, but does provide, in Par. 3:

"Overtime" compensation is not included in compensation earnable if it is in excess of what is considered normal working hours.

If the time worked is ordinarily expected to be worked, then it is included regardless of its formal characterization as overtime for pay purposes.. (Emphasis in original.)

Implicit in the Policy was the concept that overtime pay could only be counted towards calculating retirement benefits if the overtime service was required from everyone in the same grade or class. This is evidenced by the Policy's use of the phrase "excess of...normal working hours" and "time...ordinarily expected to be worked," and CCCERA's legal counsel's contemporaneous November 24, 1997 advice to the Board regarding the implementation of *Ventura*, which noted that the *Ventura* decision had not overruled the earlier decision in *Guelfi v. Marin County Employees' Retirement Association* (1983) 145 Cal.App.3d 297 ("Guelfi") on the treatment of overtime under the applicable provisions of the County Employees' Retirement Law of 1937 ("CERL").

On January 14, 1998, CCCERA's Retirement Administrator prepared a letter to the County Auditor-Controller with a complete list of the County's pay codes then in use and indicated on each pay code whether or not it was to be reported to CCCERA as a pensionable element of "compensation earnable" in light of the Board's Policy. The list was titled, "Implementing the 'Ventura Decision' Includible and Excludible County Pay Items."

Subsequently, in settlement of pending litigation over the *Ventura* mandate in October, 1999, the pay code listing became an integral component of a court-approved settlement agreement (the "Paulson Settlement") to which CCCERA, the County and other participating districts were parties.

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The three pay codes entries that are relevant to this analysis were listed as follows:³

yes*	19	Call Back/Weekend	Pay to med. Personnel if called in on weekend or After hours due to patient illness [sic].
yes*	32	On Call Pay	Pay for being in 'on call' status
yes	90	Phys. Weekend Rounds	A form of shift differential for physicians

(Pay Code 19 has since been renamed and is now reported as Pay Code D16. Pay Code 90 has since been renamed and is now reported as Pay Code D20.)

Although compensation categorized under Pay Codes 19, 32 and 90 was indicated as being included in compensation earnable, Pay Codes 19 and 32 included asterisked special notes, listed at the end of the pay code listing. Specifically, the notes explain that Pay Code 19 was for pay to medical personnel if called in on weekends or after hours due to patient illness and that although "this pay item has been used to report time both scheduled and unscheduled...this pay item should [only] be used to report pay for scheduled work on a weekend." Similarly, Pay Code 32 is noted as pay for being in "on call" status, which is to be included, with the caveat that "the payroll system will have to distinguish between the pay for being in 'on call' status (which is includible) versus the additional pay received if an employee is actually called in to work (which is not includible and will need a new pay code)."

The distinction that on call pay counts towards "compensation earnable" because it is scheduled, while call back is not scheduled and thus excluded, was also emphasized in the text of the Administrator's letter. Specifically, the letter stated:

"DOE code 32 (On Call Pay) will need to be separated into those pay items that are includable and those which aren't . . . DOE 32 now includes pay for those times an employee is scheduled to be in 'on call' status and pay for time once an 'on call' employee is actually called into work. The first instance is includible compensation, the second is a form of overtime and therefore not includible. Because both types of pay reported under DOE code 32 in the past, the payroll system will need to distinguish between the two in the future."

Finally, Pay Code 90 "Physicians Weekend Rounds" was described as a form of shift differential premium for physicians and it was to be included in compensation earnable.

Fourteen years passed. Physicians retired, and were paid retirement allowances according to practices followed by the County and CCCERA developed after the pay code listing was created. Then, in the spring of 2013, in the wake of recently passed pension legislation affording retirement systems broad auditing authority, CCCERA conducted a review of the County's reporting practices and discovered that

³ The designation "yes" denoted that the item was to be included in "compensation earnable," subject to the asterisked references.

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the distinctions requested by the pay code listing had never been implemented. The County apparently had been reporting all call back pay codes as pensionable, and CCCERA had been accepting that reporting and calculating retirement benefits on that basis.

On June 13, 2013, CCCERA wrote to the County Auditor-Controller and requested that Pay Code D16 (the former Code 19) and other "call back" pay items be changed to non-pensionable status. CCCERA informed its members of the same by letter on June 19, 2013, including the PDOCC physicians. In response, PDOCC requested that the Board reconsider its determination regarding Pay Code D16. PDOCC noted that all the time the physicians spent at the hospital on nights and weekends had been recorded under Pay Code D16, and that at least the time spent at the hospital on the weekends should be included as pensionable compensation because weekend time was regularly scheduled. CCCERA Staff then conducted a review of the physicians' time cards and schedules and reached the conclusion that time recorded under Pay Code D16 was non-pensionable overtime because it did not correspond with the members' regularly assigned work schedule and there was no evidence that all members of the physicians' classification were required to work regularly scheduled on call and call back time on the weekends.

The physicians contest CCCERA's conclusions.

PHYSICIANS PERFORM THREE TYPES OF OVERTIME SERVICES

Our review of the documents, testimony and other evidence presented indicates that there are three types of services in which the physicians are required to engage outside their "normal working hours" as established by their operative Memoranda of Understanding. Over the past several years, the County has been reporting all three of these types of services under the single Pay Code D16, treated as "pensionable." CCCERA has accepted this designation without question in calculating retiring physicians' retirement benefits.

As described by the physicians and stated in the PDOCC MOU, their "normal work week" is a classic 40-hour work week that runs Monday through Friday. However, because patients at the County Hospital require daily, round-the-clock attention, the hospital administration has created a system in which physicians are "on call" on weeknights, weekends and holidays. The type of work performed when a physician is scheduled to be on call on a weeknight is significantly different from when a physician is scheduled to be on call on a weekend. Thus, we believe it is best to describe the type of overtime service without attaching pay code labels:

Overtime Type 1: Time spent on premises at the hospital performing rounds on the weekends. This time generally is paid at regular hourly rates, plus \$42 per hour, per the PDOCC MOU, sec. 6.5, found at:
<http://ca-contracostacounty.civicplus.com/DocumentCenter/Home/View/1410>.

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- Overtime Type 2:** Time spent off premises, but the physician must be ready to return to the hospital if and when called, and as a result, their off-premises activities and locations are limited. This time generally is paid at 1/4th or 1/8th of regular hourly rates, per the PDOCC MOU, sec. 6.2.
- Overtime Type 3:** Time spent on premises at the hospital after being called back to attend to a medical emergency or some other type of patient care. This time generally is paid at regular hourly rates, plus \$42 per hour, per the PDOCC MOU, sec. 6.4.

THE APPLICABLE LEGAL STANDARD

Under CERL, the Paulson Settlement, CCCERA Board policies and periodic communications from CCCERA to its employers and members, overtime is generally excluded from "compensation earnable" for purposes of calculating members' retirement benefits. On Call, Standby, and Call Back pay are all overtime pay designations; they signify pay for time worked "outside normal working hours" or beyond the "average number of days ordinarily worked by employees in the same grade and class." The legal standard regarding the general exclusion of overtime and the exception to that exclusion as determined by the California courts is described below.

Specifically, CERL section 31461 defines "compensation earnable" as "the average compensation as determined by the board, for the period under consideration upon the basis of the average number of days ordinarily worked by persons in the same grade or class of positions during the period, at the same rate of pay." This language has long been held to exclude payment for overtime. See *Guelfi v. Marin County Employees' Retirement Association* (1983) 145 Cal.App.3d 297, 306-07. *Guelfi's* treatment of overtime is one of the few holdings of the *Guelfi* decision that the California Supreme Court did not overrule when deciding the *Ventura* case. See *Ventura County Deputy Sheriff's Association v. Board of Retirement* (1997) 16 Cal.4th 483, 487 ("With the exception of overtime pay, items of 'compensation' paid in cash, even if not earned by all employees in the same grade or class, must be included in the 'compensation earnable' and 'final compensation' on which an employee's pension is based.")

In *Stevenson v. Board of Retirement of the Orange County Employees' Retirement System* (2010) 186 Cal.App.4th 489, the Fourth District Court of Appeal summarized the overtime exclusion rule succinctly, stating: "An employee's compensation earnable includes compensation received for mandatory overtime work the employee performed that is also ordinarily worked by others in the same grade or class. Compensation received for work performed that is not ordinarily worked by others in the same grade or class is excluded." *Id.* at 501 (emphasis added.) The facts of *Stevenson* are illustrative of the distinction between overtime served by a select few members of a grade/class and all of its members. In *Stevenson*, a retired police officer, who had specialized as a narcotics investigator prior to retirement, challenged the county retirement board's determination that his overtime should be excluded from his "compensation earnable," because he claimed it was required service for all narcotics investigators. However, the Court of Appeal upheld the retirement board's determination that the police officer's overtime did not qualify as "compensation earnable," because Stevenson's grade or class was that of all

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investigators, not a subgroup comprised only of narcotics investigators; *Id.* at 504. Because (a) the department did not require all investigators to work overtime and (b) the overtime work was not regularly scheduled, Stevenson's overtime pay was properly excluded from "compensation earnable." *Id.* at 512.

The First District Court of Appeal (with direct jurisdiction over cases arising in Contra Costa County) reached a similar conclusion in *Shelden v. Marin County Employees Retirement Association* (2010) 189 Cal.App.4th 458. In that case, plaintiff Shelden worked one day of overtime per week for four years in an attempt to reduce the county sheriff's backlog of unserved arrest warrants. *Id.* at 460-61. When Shelden retired, he asked that the overtime pay he earned while serving arrest warrants be included in calculating his retirement benefit. The retirement board denied his request, "explaining he was not entitled to retirement benefits based on overtime that he had worked voluntarily." *Id.* at 462. The Court of Appeal held that the plain language of CERL section 31461 makes clear that overtime pay is not to be included in "compensation earnable," but also noted that an exception to the rule exists when the overtime hours are "regularly scheduled." *Id.* at 463. The Court of Appeal then upheld that the trial court's determination that the arrest warrant work did not fall into the overtime exception for "normally scheduled or regular working hours" because the overtime work was voluntary, Shelden did not have to take sick leave or vacation day if he was unable to work an overtime shift, and Shelden's supervisor considered the arrest warrant work to be outside Shelden's normal working hours. *Id.* at 464.

In addition, in *City of Pleasanton v. Board of Administration* (2012) 211 Cal.App.4th 522, a case decided under the Public Employees' Retirement Law ("PERL") applicable to CalPERS members, the First District Court of Appeal addressed the issue of whether standby pay constituted overtime to be excluded from pensionable compensation, and decided that it should be excluded. *Id.* at 537-540. In that case, a retired employee petitioned for a writ of mandate to compel CalPERS to retroactively increase his retirement allowance, claiming that CalPERS erred in determining that a portion of the compensation he received as division chief of the fire department, denominated "standby pay," was not "special compensation" and thus not pensionable. *Id.* at 526-26. Under the PERL, to qualify as pensionable "special compensation," the compensation must be "for services rendered during normal working hours," as well as meet other requirements. The Court of Appeal analyzed the term "normal working hours" and determined that based on the evidence of the plaintiff's work schedule, the CalPERS' Board had correctly decided that compensation for plaintiff's standby pay did not meet the "normal working hours" requirement, because it was for work he performed outside his normal 40-hour work week, and was paid at a fraction of his normal pay rate. *Id.* at 537-540.

Thus, as consistently established under CERL section 31461 and *Guelfi, Ventura, Stevenson, Shelden* and *Pleasanton*, the applicable legal standard is that overtime pay should be excluded from "compensation earnable" when calculating a member's retirement benefit, unless it is established that the time was regularly scheduled and required to be worked by all members of the same grade or classification.

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APPLICATION OF THE LEGAL STANDARD TO THE THREE TYPES OF PHYSICIANS' OVERTIME SERVICES

With the foregoing facts and relevant legal standard in mind, we evaluate each type of physicians' overtime service to see if it qualifies for the exception to the overtime exclusion rule. As a preliminary matter, it is important to note that all PDOCC-member physicians are members of the same County job classification, "VPW9 - Exempt Medical Staff Physicians." Regardless of the medical department of the hospital in which they may be organized (e.g., obstetrics, pediatrics, neurosurgery, pulmonology), the appropriate "grade and class" is comprised of all PDOCC physicians. See *Stevenson, supra*.

Overtime Type 1: The physicians testified before the Board that they engage in Overtime Type 1 service when they are scheduled to be on call on the weekends. Being on call on the weekends requires a physician to report at the hospital each weekend morning and perform a full day of patient rounds, which reportedly can take eight hours or more. Once they have performed all the duties that are required at the hospital, they are free to leave the premises. If it can be established that the time spent engaging in Overtime Type 1 service is regularly scheduled and required to be performed by all County physicians, then pay for Overtime Type 1 service may well qualify as pensionable.

Overtime Type 2: Similarly, pay for this service may qualify as pensionable if it can be established that all physicians are regularly scheduled and required to be engaged in Overtime Type 2 service. The physicians testified that Overtime Type 2 service requires that the physician field inquiries from medical residents via the telephone while away from the hospital and that the physician must remain ready to return to the hospital to meet urgent needs. Physicians may engage in this type of service if they are scheduled to be on call on weeknights or if they are scheduled to be on call on the weekends after they have finished their weekend rounds.

Overtime Type 3: Pay received for engaging in this type of service may not be included as pensionable. By its very nature, Overtime Type 3 service is not scheduled, because the physician will only report back to work if there is an emergency. At most, the physicians are scheduled to be on call during the time that they are called back. Because of the sporadic and unpredictable nature of Overtime Type 3 work, pay for Overtime Type 3 service should always be excluded from "compensation earnable."

RECOMMENDATIONS

Pay Code 19 (now D16) was intended to be used for reporting pay to County Hospital physicians only for scheduled weekend services at the hospital. Since 1998, CCCERA Staff has relied on the belief that pay reported under this code was limited to that purpose, and included the pay as pensionable "compensation earnable" when calculating retiring physicians' retirement benefits. For the past decade and a half, however, the County apparently has used this single pay code to record pay for all overtime services rendered by the physicians -- scheduled or not, required of all or not, pensionable or not.

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Taking all three types of physicians' overtime service into account, it clear that much of the service they have rendered is "true" overtime, to be excluded from the calculation of retirement benefits. Given the complete unreliability of the data reported by the County under Pay Code D16, we believe the Board should continue to exclude the time reported under Pay Code D16 from "compensation earnable." However, because a retiring physician may be able to show through pay or time records collected from his or her final compensation period, or through other means, that some of the time recorded under Pay Code D16 meets the exception to the overtime exclusion rule, we believe that the Board should allow individual physicians the opportunity to make that showing. Specifically, if a physician can establish to the satisfaction of the Board that some of the time recorded under Pay Code D16 was comprised of time that meets the description of Overtime Type 1 or Overtime Type 2, was regularly scheduled and was required to be worked by everyone in the same grade or class, then the pay for that time should qualify as pensionable. The label placed on the time should not dictate the decision if additional, persuasive evidence of actual working conditions and requirements can be produced.

We believe that the 2012 amendment to CERL section 31461 (AB 197), which bars the inclusion of all pay for time worked beyond normal working hours (new sub-section 31461(c)(3)) did not materially change the law that has existed since *Guelfi*. Now that the Board has discovered the County's reporting error, it has an affirmative obligation to adjust retirement benefit calculations accordingly and avoid perpetuating that error.

Thank you for the opportunity to advise the Board on this matter.

Sincerely yours,


Harvey L. Leiderman

CONTRA
COSTA
COUNTY **CCCERA**
Employees' Retirement Association

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October 14, 2013

Robert Campbell
Auditor-Controller
625 Court Street
Martinez, CA 94518

Dear Mr. Campbell:

This letter is in response to your request for a determination as to whether the following three new County pay codes are retirement compensable.

- Sheriff Law Enforcement Longevity Differential
(20 years of sworn County service, 2%)
- Executive Assistant to the County Administrator Differential
(while performing work on special project assignments, 5%)
- Panel Management Pay
(1.5 hours of straight time pay for each day worked)

Please note that the statutes and CCCERA Board policies governing retirement compensable pay are different for "classic/legacy" members and for PEPRA members. In accordance with these statutes and policies, we find as follows:

Sheriff Law Enforcement Longevity Differential

Legacy Members: Included* in Compensation Earnable.

PEPRA Members: Excluded from Pensionable Compensation, since it is in excess of base pay. On September 4, 2013, after consideration and analysis of all pay items beyond base pay, the CCCERA Board determined that no pay items beyond base pay will be used in the calculation of the retirement benefit for members covered by the PEPRA benefit formulas, and that all employers should continue to report to CCCERA as pensionable, and collect contributions, on base pay only.

Executive Assistant to the County Administrator Differential

Legacy Members: Included* as "compensation earnable" so long as it is for hours worked within the normally scheduled or regular working hours (i.e., not paid for overtime work). The resolution does not make it clear whether the additional pay is being paid because the special projects require additional skill, additional time, etc., or some combination of factors.

PEPRA Members: Excluded from Pensionable Compensation, since it is in excess of base pay.

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Panel Management Pay

Legacy Members: Excluded from Compensation Earnable, since it is paid for overtime work.

PEPRA Members: Excluded from Pensionable Compensation, since it is paid for overtime work, and it is in excess of base pay.

***IMPORTANT NOTE REGARDING INCLUDED PAY ITEMS:** CCCERA's general determination as to the "pensionability" of pay items for Legacy members is without prejudice to its rights under law to determine at any time that any included pay item or any portion thereof should be *excluded* from a particular member's calculation for reasons including, but not limited to, that it was paid to enhance the member's retirement benefit (*see* Government Code Section 31461(b)(1)).

Finally, please note that this advisory reflects our understanding of current law and the Board's current policies. This issue has not been placed before the Board for specific action, and the Board may come to a different conclusion, based on matters that may be presented to the Board for its consideration.

If you have any further questions, please do not hesitate to contact me.

Sincerely,



Marilyn Leedom
Retirement Chief Executive Officer


Cc: Harjit S. Nahal
Tanya Stulken Duarte

WILLIAM B. WALKER, M.D.
HEALTH SERVICES DIRECTOR

ANNA M. ROTH
CHIEF EXECUTIVE OFFICER
CONTRA COSTA REGIONAL MEDICAL CENTER



ATTACHMENT #4
CONTRA COSTA REGIONAL
MEDICAL CENTER
2500 Alhambra Avenue
Martinez, California 94553-3100
Ph (925) 370-5000

To: David P. Hearst, MD
From: Chris Farnitano, MD, Ambulatory Care Medical Director
CC: 
Date: May 5, 2011
Re: Compensation for panel management responsibilities

As part of an effort to expand our primary care capacity, improve primary care access and recognize the time and effort required to actively manage large panels of primary care patients, I am notifying you of the following opportunity for on-call compensation for panel management activities.

Effective July 1, 2011, physicians who consistently work 5 or more clinics (≥ 18 hours) a week in primary care family medicine, internal medicine, adult medicine, pediatrics, HIV, and language-specific clinics, will receive on each scheduled weekday 6 hours on-call time (1:4) for Panel Management responsibilities, exclusive of Saturdays, Sundays, Holidays, sick days and vacation days.

Qualifying clinics must be vulnerable to automatic panel assignment and must count towards weekly clinic hours for panel size calculation. Qualifying clinics must all be at the same health center. Family Medicine Precepting at the PCP's home site will count toward the qualifying hours if the physician has a continuity clinic scheduled whenever there are no residents scheduled to precept (or a reduced roster if 1 resident).

Physicians who work a variable schedule will be eligible based on the average number of weekly qualifying clinic hours. The panel size calculation will reflect this average clinic hour number. Short notice float hours will count toward qualifying clinic hours as long as these are scheduled according to system need, the physician is willing to float to whichever health center site is needed, and the short notice clinic is replaced with a continuity clinic whenever space at the home site allows. These float hours will also be included in panel size calculations.

My understanding is that your current schedule does not qualify for this on-call compensation. If you are interested in increasing your primary care clinic hours to qualify for panel management call, please work with your department chair on ways to add primary care clinics to your schedule. If you think your current schedule already qualifies, please communicate by mail or email what your current schedule is and how you believe it meets the above requirements.

Do not qualify.docx



CONTRA COSTA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION
BOARD OF RETIREMENT

**POLICY GOVERNING THE OVERPAYMENT OR UNDERPAYMENT
OF MEMBER BENEFITS**

Adopted: 12/10/2014

I. INTRODUCTION

The Board of Retirement ("Board") has a fiduciary obligation to the retirement fund to conserve fund assets and protect the integrity of the fund, for the benefit of the members and beneficiaries ("Members") of the Contra Costa County Employees' Retirement Association ("CCCERA").

Members have a right to accurate pension benefit payments. Except as determined by a court of law or this Board pursuant to this Policy, no Member has the right to receive or retain retirement benefit payments that exceed the amounts to which a Member is entitled, and no Member should be deprived of any benefit payments that he or she is entitled to receive. Subject to all applicable laws, it shall be CCCERA's policy to remit to a Member the amount of any underpayment of benefits, and to make every reasonable effort to recover from a Member the amount of any overpayment of benefits consistent with this Policy and the procedures established herein by the Board.

Accordingly, after discovery of an overpayment or underpayment of benefits, and within a reasonable period of time after written notification to the affected Member, CCCERA will adjust future benefit payments to the Member to reflect the correct total amount to which the Member is entitled, as indicated below; and will pay or assess the Member for the overpayment or underpayment, as the case may be, in a lump sum, installment payments, adjustments to future monthly benefits, or a combination of these methods.

This Policy is designed for use when calculation and other errors affect an *individual* member's retirement benefits. In the event of a system-wide error that affects *multiple* members' benefits, the Board may implement a system-wide correction process that it determines is appropriate under all the circumstances.

In the event of any inconsistency between applicable law and this Policy, the law shall take precedence.

II. PURPOSE

The purpose of this Policy is to set forth procedures for handling the overpayment and underpayment of benefits to members.

III. POLICY

A. Overpayment of Benefits To Members

1. CCCERA will adjust the Member's monthly benefit going forward to the correct amount at the earliest practical time after discovering the error.
2. CCCERA shall take all reasonable steps to recover the full amount of all overpayments, with "appropriate interest," subject to the provisions of this Policy and applicable law. If the overpayment was due to fraudulent, improper or inaccurate information provided to CCCERA by the member, appropriate interest shall be CCCERA's actuarially assumed rate of return that was applicable during the period in which the overpayments were made, running until such amounts are fully repaid. If the overpayment was the result of an error by CCCERA or the member's employer, appropriate interest shall be 3% per annum during the period in which the overpayments were made, running until such amounts are fully repaid.
3. CCCERA will recover overpayments by (a) a lump sum payment from the Member, (b) periodic installment payments from the member or (c) offsetting the amount to be recovered against future benefits, over a period of time as determined by the Board, or a combination of these methods; unless the Board, in its discretion and because of legal or practical considerations, determines that another process is warranted.
4. The Board believes that considerations of cost effectiveness make it prudent and reasonable to pursue recovery of overpayments only where the cumulative total amount overpaid to the Member is \$50 or more. Accordingly, the Retirement CEO is authorized to not seek recovery of any overpayments where the total amount overpaid to the Member is less than \$50.
5. The Retirement CEO shall have authority, on the advice of legal counsel, to compromise recovery of overpayments when the total amount of overpayment, not including interest, is less than \$5,000. Only the Board may compromise claims in which the total amount of overpayment, not including interest, is \$5,000 or more. Among other things, the likelihood of collection, the cost of collection, the amount of possible recovery and extreme hardship to the member will be considered by the Retirement CEO and/or the Board when determining whether to compromise a claim. Compromising claims may include a different method of repayment than is otherwise provided by this Policy and/or a partial forgiveness of the amounts overpaid. The Retirement CEO and Board will also consider seeking recovery from the employer.
6. The Board adopts the following procedures for accomplishing the recovery of overpaid benefits:
 - A. Upon discovery of an overpayment, CCCERA shall send a letter by certified mail, return receipt requested, or by express delivery service, to the Member advising the Member of the overpayment and proposing a repayment schedule, as follows:

- i. The letter will identify the circumstances of the overpayment and the fact that adjustments will be made to all future benefit payments.
 - ii. The letter will request payment to CCCERA of the amount overpaid, subject to the provisions of this Policy.
 - iii. The letter will include an agreement to repay excess benefits and a consent form for the spouse or beneficiaries, if applicable.
 - iv. The agreement to repay excess benefits will provide three options, one of which may be selected by the Member:
 - (1) Option 1 — equal installments over the same length of time that the overpayments occurred, with appropriate interest (as that phrase is defined in No. 2 above) applied during the overpayment period and during the repayment period.
 - (2) Option 2 — lump sum payment to CCCERA for the full amount overpaid, with appropriate interest (as that phrase is defined in No. 2 above) applied during the overpayment period.
 - (3) Option 3 — reduction of monthly benefit to zero until the overpayment is paid in full, with appropriate interest (as that phrase is defined in No. 2 above) applied during the overpayment period and during the repayment period.
 - v. The letter and agreement to repay excess benefits will provide that Option 3 will go into effect by default if a written response from the Member is not received within 30 days following the date the letter was delivered.
- B. If the amount of the overpayment, not including interest, is \$5,000 or more, CCCERA staff will attempt to contact the Member by phone to schedule a meeting to discuss the contents of the letter before the letter is sent out for delivery.
 - C. CCCERA may pursue all legal remedies to collect overpayments, including making a claim on an estate or trust, if appropriate.
 - D. Upon the death of the Member before full repayment has been made, CCCERA shall pursue a claim or claims against the Member's estate, survivors, heirs and/or beneficiaries to recover the unpaid amounts.
 - E. CCCERA will maintain a permanent record of all amounts of overpayments and the repayment to CCCERA of those overpayments.

B. Underpayment of Benefits To Members

- 1. When CCCERA has underpaid benefits, the Member shall be entitled to a prospective adjustment to his or her retirement benefits necessary to correct the underpayment, as well

as a lump sum payment for all past underpayments, with interest at CCCERA's actuarially assumed rate(s) of return throughout the applicable period of underpayment. Interest shall accrue on each underpayment amount from the date of the underpayment to the date of the lump sum corrective payment. The payment shall be made as soon as is reasonably practicable following CCCERA's discovery of the underpayment.

2. If a Member who was underpaid benefits has died prior to payment of the lump sum amount due, the following procedures will be followed:

A. Member With Designated Beneficiary

- If the Member has named a designated beneficiary, the payment will be made directly to the designated beneficiary. *See CERL Section 31452.7.*

B. Member Without Designated Beneficiary

- If there is an open estate (*i.e.*, no order for final distribution yet), payment will be made to the estate (through the personal representative).
- If final distribution of the estate has already been made, CCCERA staff will review the order for final distribution to determine how assets that were unknown at the time of final distribution are to be distributed under the order. Payment will then be made in compliance with the order for final distribution, if possible.
- If an estate was not established, distribution will be made in accordance with any applicable and valid Affidavit for Payment of Personal Property on file with CCCERA. *See Prob. Code Section 13101.*
- CCCERA staff shall make reasonable efforts to locate the person(s) entitled to payment by sending a letter by certified mail, return receipt requested, to the last known address of each such person, or by other means of similar intended effect. The letter shall request written confirmation that the person entitled to payment still lives at that address and will accept payment. Upon receipt of such written confirmation, the payment will be mailed to that person at that address. *See CERL Section 31783.5(b).*
- If, after taking the above steps, CCCERA staff has not been able locate a person entitled to payment, CCCERA shall hold the funds on behalf of that person for five years. If the funds are not claimed within five years, the funds may be transferred into the system's pension reserve fund. If someone later appears to claim the funds, the Board will consider such claims on a case-by-case basis. *See CERL Section 31783.5(c).*
- CCCERA will maintain a permanent record of all amounts of outstanding refunds of underpayments and any amounts that have been transferred into the pension reserve fund.

- In cases where there is no designated beneficiary and the total amount of underpayment is less than \$50, CCCERA staff need not take proactive measures to locate the person(s) entitled to such funds. All claims presented to CCCERA, however, will be considered regardless of size.

3. Underpayments of \$5 or less will only be refunded at the request of the member.