RCUH Research Corporation of the University of Hawai'i

Human Resources Department

September 12, 2018
DP091201.NS3
**Scanned/Emailed**

**MEMORANDUM**

**TO:** All Principal Investigators employing RCUH Regular Status Employees **(on Maui, Molokai, Lanai only)**

**FROM:** Nelson Sakamoto
Director of Human Resources

**SUBJECT: (Maui, Molokai, Lanai employees only) Paid Administrative Leave Wednesday, September 12, 2018**

Governor David Ige issued a notice (Attachment No. 1) placing non-emergency services State employees on paid Administrative Leave for Wednesday, September 12, 2018 due to the adverse weather conditions from Tropical Storm Olivia. This notice provides Principal Investigators guidance for time reporting for your RCUH Regular Status employees who work on Maui, Molokai and Lanai. The RCUH is authorizing the following:

1. The Governor's Notice for Administrative Leave applies only to Regular Status employees on Maui, Molokai, and Lanai. This administrative leave with pay does not apply to Temporary, Student Assistants or other employee categories. These employees will be on an unpaid leave status for Wednesday, September 12, 2018.

2. Employees who report to work on September 12 and work their normal day of work shall not be granted an equivalent time off at a later date.

3. Employees on preapproved/authorized paid vacation or sick leave, workers' compensation leave or other officially authorized paid or unpaid leaves are not entitled to this administrative leave.

4. Employees on Leave without Pay or on a disciplinary Suspension Without Pay are not entitled to this administrative leave.

5. Time Reporting – Administrative Leave: Use the Special Earnings Code "ADM" (Administrative Leave with Pay) for September 12 on the employee's paper timesheet, then use the same earnings code to report this Administrative Leave on the RCUH online timesheet for Pay Period Ending September 15, 2018. For your reference see attached sample timesheet (Attachment No. 2).

Contact me by email (nsakamoto@rcuh.com) if you have questions concerning this memo.

Attachment

# Attachment No. 1

September 11, 2018
Governor David Ige
Administrative Leave for Severe Weather
on September 12, 2018
Maui, Molokai and Lanai

EXECUTIVE CHAMBERS

HONOLULU

DAVID Y. IGE
GOVERNOR

September 11, 2018

MEMORANDUM

TO: All State Department and Agency Heads

FROM: David Y. Ige, Governor

SUBJECT: Administrative Leave for Severe Weather on September 12, 2018 (ISLANDS OF MAUI, MOLOKAI AND LANAI)

This is to inform you that due to expected severe weather conditions, State offices on the islands of Maui, Molokai and Lanai will be closed on WEDNESDAY, SEPTEMBER 12, 2018. Employees affected by the closing of those offices should not report to work and shall be granted Administrative Leave, EXCEPT for:

- **Departmental Disaster/Emergency Coordinators,**
- **Disaster Response Workers, and**
- **Employees whose work involves continuing crucial operations/services, such as hospital workers, correctional workers, etc.**

Employees who fall into one of the above categories are required to report to work, unless you determine that they can be excused.

If employees are unsure whether they are in one of the three categories above, they should seek clarification from their immediate supervisor or manager.

The following information is provided in order to clarify the work or leave status of employees:

1. Employees who work on WEDNESDAY, SEPTEMBER 12, 2018 shall be considered as having worked their normal day of work and shall not be granted equivalent time off at a later date.

2. Employees who are on their scheduled day off shall not be granted equivalent time off at a later date.

3. Employees who are on approved leaves shall be continued on leave status without any adjustment to their leave records and shall not be granted equivalent time off at a later date.

4. Hourly paid employees shall not be entitled to Administrative Leave.

Your cooperation in furnishing this information to appropriate personnel in your department is appreciated. Questions from your managers, supervisors or employees on this matter should be addressed to your department's Human Resources Office. However, if your Human Resources Office needs assistance, please refer them to their assigned Point of Contact in the Department of Human Resources Development/Labor Relations Division.

c: Departmental Human Resources Officers
Ford Fuchigami, Administrative Director
Mike McCartney, Chief of Staff
Cindy McMillan, Director of Communications
Tom Travis, HI-EMA Administrator
Personnel Directors of the Judiciary, HHSC, DOE and the Counties of Honolulu, Kauai, Maui and Hawai'i
HRD/LRD
HRD/ERD/PTO
HRD/ECD/Safety

# Attachment No. 2

## Sample Timesheet for
## Pay Period Ending September 15, 2018
## Special Earnings Code: ADM

RCUH

RESEARCH CORPORATION OF THE UNIVERSITY OF HAWAI'I (RCUH) - Human Resources Dept. - Payroll Section
John A Burns Hall, 4th Floor 1601 East West Road Honolulu, HI 96848 PH: (808) 956-3100 FAX: (808) 956-9423

# EMPLOYEE TIME / LEAVE CERTIFICATION FORM

THE RCUH REQUIRES ALL EMPLOYEES, SALARIED OR HOURLY, TO ACCURATELY REPORT TIME WORKED, AS WELL AS ANY PAID AND UNPAID LEAVE TIME, ON THE EMPLOYEE TIME / LEAVE CERTIFICATION FORM, PER 3.810 RCUH PAYROLL & CERTIFICATION POLICY.

EMPLOYEE'S NAME: *Sample "ADM" Code for Admin. Leave for September 12, 2018*

DISTRIBUTION CODE:

**PAY PERIOD:** 9/01/2018 - 9/15/2018

**DUE 12:00 NOON TO RCUH ON:** 9/17/18

HOLIDAY: Labor Day (9/03)

| DATE | | REG HRS | OT HRS | VAC HRS | SICK HRS | PAID LEAVE CODE | PAID LEAVE HRS | UNPAID LEAVE CODE | UNPAID LEAVE HRS | SPECIAL CODES CODE | SPECIAL CODES HRS | SubTotal Hours |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | | | 0.00 |
| 2 | | | | | | | | | | | | 0.00 |
| Subtotal | | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | | **0.00** |
| 3 | | | | | | | | | | | | 0.00 |
| 4 | | | | | | | | | | | | 0.00 |
| 5 | | | | | | | | | | | | 0.00 |
| 6 | | | | | | | | | | | | 0.00 |
| 7 | | | | | | | | | | | | 0.00 |
| 8 | | | | | | | | | | | | 0.00 |
| 9 | | | | | | | | | | | | 0.00 |
| Subtotal | | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | | **0.00** |
| 10 | | | | | | | | | | | | 0.00 |
| 11 | | | | | | | | | | | | 0.00 |
| 12 | | | | | | | | | | ADM | 8.00 | 8.00 |
| 13 | | | | | | | | | | | | 0.00 |
| 14 | | | | | | | | | | | | 0.00 |
| 15 | | | | | | | | | | | | 0.00 |
| Subtotal | | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | | **8.00** |
| TOTAL | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 | | 0.00 | | 8.00 | **8.00** |

| PAID LEAVE CODES | | UNPAID LEAVE CODES | | DUAL EMPLOYMENT |
|---|---|---|---|---|
| FL | Family Leave w/ Pay | FL | Family Leave w/o Pay | Indicate project number: |
| HOL | Holiday Pay **( Regular Hourly Status Only)** | LWC | Leave w/o Pay Workers' Comp | |
| LJD | Jury Duty Leave | LWS | Leave w/o Pay Suspension | |
| LFL | Bereavement Leave | LWP | Leave w/o Pay (See Below) | |
| LML | Military Leave (Max. 2 weeks) | | | |
| LPT | Parent Teacher Conference (Max. 2 hrs) | | | |
| LBD | Blood Donation Leave | | | |
| CTO | Compensatory Time Off | | | |
| ST | Straight Time (> than Reg FTE) | **Hyperlink to RCUH Home Page** | | http://www.rcuh.com |

**SIGNED PAPER TIMESHEETS MUST BE SUBMITTED TO RCUH BY PAYROLL DEADLINE FOR ALL OF THE FOLLOWING:**

**EMPLOYEE MUST ALSO PROVIDE ADDITIONAL INFORMATION AND/OR ATTACH CERTIFICATION DOCUMENTS**

| | |
|---|---|
| FL | Family Leave - Medical or other certification must be submitted **immediately** for RCUH approval |
| LJD | Certificate of Jury Duty or other document with Bailiff's or Clerk's signature |
| LFL | Name and Relationship of Relative: |
| LML | Military Orders with period of military duty specified (including days charged as LML) |
| LPT | Parent Teacher Conference (RCUH Form B-1 see http://www.rcuh.com) |
| LWC | Physician's Certification from 1st day of disability. |

**EMPLOYEE CERTIFICATION:** I understand that failure to submit a completed time report and/or any required documents/certifications in accordance to the RCUH Policies and Payroll Processing Schedule will delay the issuance of my paycheck; failure to return after any authorized leave may lead to termination of my employment. I certify the accuracy of this Time Report and attached documents (if applicable) and understand that falsification of records may lead to termination of my employment. I authorize RCUH to deduct any overpayments made to me in error.

Employee Signature — Date: 9/12/18

Principal Investigator Signature (Print/Signature) — Date