

**ERIE COUNTY WATER AUTHORITY  
HR Policies/Procedures**

<b>Re:</b>	<b>TRAVEL AND TRAINING EXPENSES</b>	<b>Policy No.:</b>	<b>8.0</b>
<b>Application:</b>	<b>All Employees</b>	<b>Amended:</b>	<b><del>09/12/06</del> <del>02/20/14</del> <u>02/07/2019</u></b>

**PURPOSE**

To provide for reimbursement of employee expenses incurred on Authority business.

**POLICY**

**Types of Travel**

Travel undertaken for training purposes or attendance at conferences or seminars requires the approval of the Board, ~~as per resolution Item No. 31 dated 06/20/06.~~

Local travel is that undertaken during the normal course of business and does not require prior Board approval.

**Reimbursement of Expenses**

The Authority will reimburse its employees for all necessary and legitimate expenses actually incurred when traveling on authorized Authority business and properly documented on an Expense Report.

Examples of necessary and legitimate expenses are as follows:

- Transportation
- Lodging
- Meals
- Registration fees
- Technical publications
- Educational materials of a professional nature
- ~~Business related entertainment with a specific purpose, approved by the Secretary or Executive Director~~

Examples of expenses that are not reimbursable are as follows:

- Expenses incurred by a spouse or companion
- Clothing or toiletries lost or forgotten
- Dry cleaning or laundry service
- Non-professional reading material
- ~~Non-business entertainment~~

Anything considered excessive by the Department Head, Secretary to the Authority or Executive Director will not be reimbursed.

The above lists are provided only as examples and are not intended to be exhaustive.

### **Use of Authority Credit Cards**

In cases where employees have been issued credit cards or gasoline credit cards, the cards are to be used for Authority business only. Under no circumstances are they to be used for purely personal items.

In cases where Authority credit cards are used for items that contain both personal and business components, reimbursement to the Authority for the personal portion of the charge should be submitted to the Authority with the Expense Report or deducted from expenses to be reimbursed.

Authority credit cards are not to be used for automobile expenses when a personal vehicle is used on Authority business. In such cases, expenses will be reimbursed as outlined in the following section.

### **Vehicle Expenses - Personal Vehicles**

Parking fees and tolls will be reimbursed by the Authority upon presentation of receipts. All other expenses will be reimbursed using the standard mileage rate established by the Internal Revenue Service.

The Authority's blanket insurance policy does cover the employee's vehicle for liability when the employee is traveling on Authority business. If the employee is covered by a personal policy, the Authority's policy covers the difference between coverage of the personal policy and actual expenses.

At no time will commuting costs be reimbursed by the Authority. Commuting costs are those that would normally be incurred from the employee's home to his or her assigned job site and return.

## Vehicle Expenses - Authority Vehicles

Employees using Authority vehicles are encouraged to obtain gasoline and other petroleum products from the Service Center as these represent the least cost to the Authority.

In circumstances where return to the Service Center is not practical, gasoline credit cards belonging to the Authority should be used.

In lieu of the above options, cash or personal credit cards can be used and expenses will be reimbursed upon submission of an Expense Report. However, this option is the least cost efficient and its use is discouraged.

## Direct Billing

The Authority routinely makes arrangements to have air fares, car rentals and hotel accommodations billed directly to the Authority. This provides for the recognition of the Authority's tax exempt status and should be used whenever possible.

Direct billing arrangements are at the discretion of the service provider and typically take one to three weeks advance notice to arrange. It is the responsibility of the employee to notify the ~~Comptroller's~~ Secretary's Office of a desire for direct billing sufficiently in advance to make such arrangements.

When direct billing is used, the employee should request a copy of the bill when service is rendered and attach it to the Expense Report.

## PROCEDURES

1. All expenses, whether submitted for reimbursement, directly billed, or charged to the Authority, must be fully documented on an Expense Report (Exhibit A) accompanied by vendor and/or credit card receipts as follows:
  - a) air fare - actual air ticket,
  - b) car rental - copy of contract including final costs,
  - c) ground transportation - vendor receipt,
  - d) lodging - vendor invoice,
  - e) meals ~~and entertainment~~ - vendor receipt or credit card receipt,
  - f) gratuities - must be shown on vendor or credit card receipts
2. Expense Reports must be filed ~~either upon returning from a training session or seminar or, for local expenses, at least quarterly to facilitate audit of direct billed and credit card items.~~ within 60 days of the date the expense was incurred.
3. Expense Reports must be signed by the employee and approved by the Department Head and the Executive Director or Secretary to the Authority. In

cases where a Department Head is requesting reimbursement, only approval by the Executive Director or Secretary to the Authority is required.

4. Expenses incurred by the Executive Director, Secretary or Counsel must be approved by either the Chairman or the Treasurer of the Authority.
5. Expense Reports submitted by a member of the Authority must be approved by either the Treasurer or Chairman of the Authority. The Chairman and the Treasurer may not approve their own Expense Report.
6. It is important that all expenses be adequately documented on the Expense Report including,

Date(s) of travel,

Purpose of travel,

Location/Destination;

~~In the case of business entertainment, the purpose and the participants.~~

7. In cases of local travel in Authority Owned Vehicles, Expense Reports must include only a general description of the purpose of the travel - i.e., daily travel between the Sturgeon Point and Van De Water Treatment Plants. Toll and parking receipts must be attached and include dates.

8. Requests for reimbursement beyond the 60 day deadline are treated as wages under IRS rules and will be included in the employee's paycheck and taxed accordingly.

**ERIE COUNTY WATER AUTHORITY  
HR Policies/Procedures**

<b>Re:</b>	<b>TIMEKEEPING</b>	<b>Policy No.:</b>	<b>29.0</b>
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<b>Application:</b>	<b>All Employees</b>	<b>Amended:</b>	<b>2/2019</b>

**PURPOSE**

To provide the Authority with adequate and consistent documentation of the number of hours or days worked by each employee. Except as otherwise outlined by the New York State & Local Retirement System (NYSLRS) with respect to elected and appointed officials, timekeeping is essential and required to ensure members receive accurate service credit for days worked.

**POLICY**

- Commissioners are generally not subject to ongoing timekeeping requirements. Any Commissioner who is a member of the NYS Retirement System must complete a record of activity (ROA) in accordance with NYCRR 315.4. A ROA represents three consecutive months recording daily hours worked and duties performed including the start and end time of each activity. A recertification form (RS2419) can be completed upon reappointment if appropriate. The ROA or any re-certification based on such record can be valid for up to eight years.
- Employees represented by the Brotherhood of Western New York Water Workers are required to use time clocks. Benefit time is reported on daily crew tickets by supervisors. (Exhibit A)
- Employees represented by Local 1000 of the CSEA, are required to utilize daily time sheets which document the number of hours worked each day and any benefit time used. (Exhibit B)
- Non-represented employees in pay grade 28E and below are required to complete biweekly time sheets which document the number of hours worked each day and any benefit time used. (Exhibit C)
- Non-represented employees in pay grade 29E and above are required to complete a biweekly time sheets which document the number of days worked during the biweekly period and any benefit time used. (Exhibit D)

- Part-time employees in unclassified, hourly positions are required to report the number of hours worked during the biweekly pay period. (Exhibit E)  
Overtime hours are recorded on separate documents discussed in the Overtime Policy.

## **PROCEDURES**

### CSEA Employees

1. All employees must sign in when they begin work, and out at the end of the day.
2. Unproductive time (i.e., vacation, sick leave, personal leave) should be noted on the time sheet.
3. Time sheets will be kept in a designated area within the department or another centrally located area. No employee will keep his or her own timesheet separate from other employees or at their workstation.
4. Employees may not leave the facility during their fifteen- minute break periods without permission from their immediate supervisor.
5. At the end of the day, each employee will indicate the number of hours worked and sign the sheet. (Exhibit A)
6. The Unit or Department Head will review each sheet for accuracy, sign it and forward it to the Payroll Department.
7. Payroll will review the time sheets for completeness and verification of benefit time used.

### Brotherhood of Western New York Water Workers Employees

1. All employees will punch in at the later of the beginning of their shift or when they report for work, and out at the end of their shift.
2. If an ID card is lost or forgotten, the General Crew Chief or the Water Treatment Plant Operator Crew Chief must complete a no-punch report to be signed by the employee and the supervisor.
3. Daily Crew Tickets are also prepared to record hours worked, supplemental rate codes, and benefit time and are signed by the employees and their supervisors

## Non-represented Employees

1. Each non-represented employee will complete and sign the appropriate form for the entire biweekly period.
2. The Unit or Department Head will review each sheet for accuracy, sign it and forward it to the Payroll Department.
3. Payroll review the time sheets for completeness and verification of benefit time used.

Entered

By:

# ERIE COUNTY WATER AUTHORITY

## Daily Crew Ticket

Work Date: \_\_\_\_\_

Crew: \_\_\_\_\_

Clock No.	Description of Job and/or Employee Name	Shift	Additional Rate Codes	Hours Worked	Unit No.	EC/OWIP Cap Budget #	Benefit Time

EXHIBIT A

To be Signed by the Employee:

I hereby certify I was employed in the work described above for the period specified and that I am justly entitled to compensation for personal services for the time specified and was employed in and actually performed the proper duties of such indicated position, assignment and employment

Clock No.	Employee Signature	Clock No.	Employee Signature	Vehicle No.	EC/OWIP Hrs. Number	EC/OWIP Trk Hours

To Be Completed By Supervisor and Department Head:

I hereby certify that the above named persons were employed in the work described above for the periods specified, and that each is entitled to compensation for personal services for the total hours indicated and each was employed solely in and has actually performed the proper duties of such indicated position and employment.

Signed/Date: \_\_\_\_\_

Countersigned/Date: \_\_\_\_\_

# ERIE COUNTY WATER AUTHORITY

## Daily Time Sheet

I, the undersigned by the Employee: I hereby certify that I was employed for the period specified and that I am justly entitled to compensation for personal services for the time specified and was employed in and actually performed the proper duties of my position, assignment and employment. I understand that I shall not be compensated for the hours worked during my approved, regularly scheduled shift and that all overtime payments must be approved on the appropriate form.

Work Date:

Unit:

Emp. No.	Employee Name	Employee Signature	Time				Hours Worked	Benefit Time or OWIP No.
			In	Out	In	Out		

EXHIBIT B

Vehicle No.	Hrs.	OWIP No.	To Be Completed By Supervisor and Department Head:	
			I hereby certify that the above named persons were employed in the work described above for the periods specified, and that each is entitled to compensation for personal services for the total hours indicated and each was employed solely in and has actually performed the proper duties of such indicated position and employment.	
			Signed/Dated	
			Countersigned/Dated	



**ERIE COUNTY**



**WATER AUTHORITY**

\_\_\_\_\_  
Employee No.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Payroll Period

I certify that during the above period I worked sufficient hours, except as noted below, to fulfill the obligations of my position at the Authority:

Days Worked:

\_\_\_\_\_

Sick Time Used:

\_\_\_\_\_

Hours & Dates

Vacation Time Used:

\_\_\_\_\_

**EXHIBIT D**

Hours & Dates

Personal Time Used:

\_\_\_\_\_

Hours & Dates

Other:

\_\_\_\_\_

Hours & Dates

(holiday, court leave, jury duty, death in family, etc)

TOTAL:

\_\_\_\_\_

Days

\_\_\_\_\_

Signature

APPROVED:

\_\_\_\_\_

\_\_\_\_\_  
EMP NO

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PAYROLL PERIOD

I certify that the payroll information below is accurate:

Total Hours Worked:

\_\_\_\_\_  
**EXHIBIT E**

\_\_\_\_\_  
Signature

APPROVED:

\_\_\_\_\_

**ERIE COUNTY WATER AUTHORITY  
HR Policies/Procedures**

**Re:           BEREAVEMENT LEAVE**

**Policy No.:   42.0**

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**Application:   All Employees**

**Amended:     2/2019**

**PURPOSE**

To define the circumstances under which an employee may be compensated for time lost from work due to a death in the family.

**POLICY**

It is the policy of the Authority to provide a paid leave to a regular, full-time employee in the event of a death in the employee's family in accordance with the procedures described below. Bereavement leave pay does not apply to any period of time in which an employee was not scheduled to work.

**PROCEDURE**

1. Upon the death of the current spouse or domestic partner current father-in-law, current mother-in-law, grandchild, grandparent, natural, foster or step: child, parent, brother, or sister of an employee, a leave of absence shall be granted for not more than four (4) working days beginning with the date of death of the relative. The days must be used within fourteen (14) days of the date of death.
2. For an uncle, aunt, son-in-law, daughter-in-law, current brother-in-law, current sister-in-law, niece or nephew, step-mother-in-law, or step-father-in-law, of an employee, a leave of absence may be granted for the day of the funeral and/or memorial service.
3. The employee shall notify his or her immediate supervisor of any such absence at the earliest opportunity prior to the time he/she is scheduled to report for work. He/she shall state the reason for such absence and the number of days he/she will be necessarily absent from work because of such death.
4. Bereavement leave pay will not be paid in addition to any other allowable pay for the same day, such as holiday pay or sick leave pay. However, if a death occurs in an employee's family while the employee is on vacation, additional vacation days may be granted to compensate for those days used as bereavement leave.