

WEEKEND BONUS TIME CORRECTIONS SUBMITTAL RECEIPT

DISCLAIMER: I understand that it is my responsibility to ensure my requests for time corrections are submitted to my manager/nurse manager. The manager will in turn assist in the delivery of the received package(s) to Access to Care Bureau. The manager is not responsible for any delay, late or missing documents. I also understand that Access to Care Bureau will facilitate the delivery of my submitted package(s) to Employee Relations (ER).

I acknowledge the aforementioned disclaimer.

Print Name

Employee #

Signature

Date

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I am in receipt of _____ time correction packages that will be delivered to Access to Care Bureau. (No. of pkgs)

Manager Name

Title

Employee No.

Manager Signature

Date

PLEASE NOTE ACTION REQUIRED:

- Original completed receipt to be retained by Employee/Grievant.
- Employee/Grievant to scan and email a copy of this fully completed receipt to Employee Relations employeerelations@lasd.org.
- Upon receipt of the submitted package(s), Employee Relations will send an email to employee confirming its receipt.

