



New Supervisor Orientation



North Lake College

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

Higher Education That
Actually Gets You Hired



What is the most important role of a supervisor?

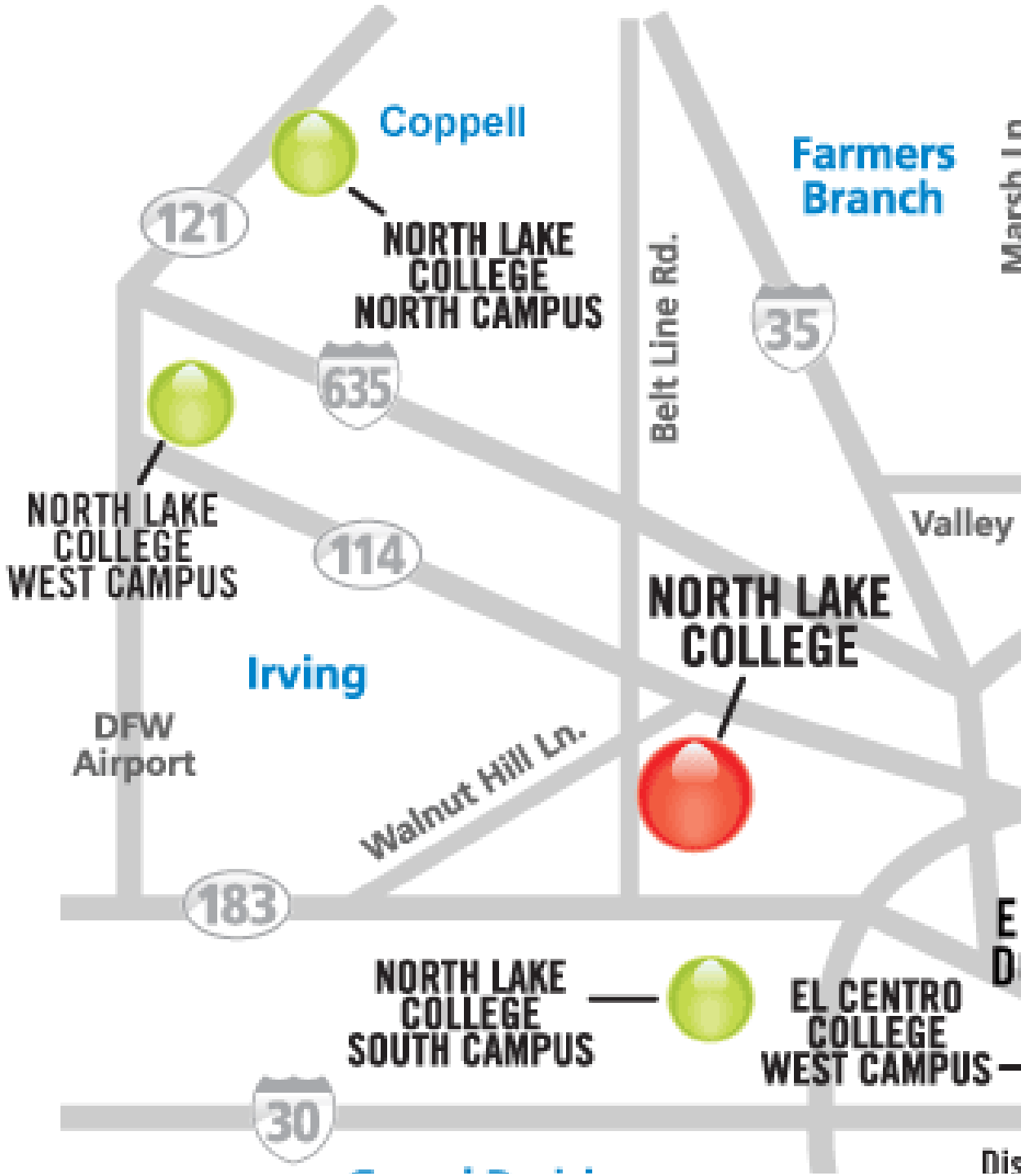
Understand my role and the role of those I supervise

Set clear expectations and communicate effectively

Motivate and develop my employees

Hiring/Onboarding Process
HR Policies for Employees
Time Cards and Payroll
Performance Management
Employee Relations





Full Time Staff: 224
Part Time Staff: 350
Full Time Faculty: 117
Adjunct Faculty: 404
Administrators: 27

Full-Time Hire Process

Posting and Screening

- Complete the rationale form (to be approved by HR/President/President's Team member)
- HR posts open position for two weeks once approved
- HR Screening process – candidates are reviewed to ensure they meet the minimum requirements

Interviewing

- Hiring supervisor reviews candidates in Page Up
- Interviewing and/or Search Committee

Selecting

- Hiring supervisor communicates selection and HR runs background check
- HR completes Salary Calculation Worksheet (to be approved by HR/President/Budgeting/Supervisor)
- Hiring supervisor makes verbal offer and completes EAR to submit to Kay Nixon/Willie Neal

Onboarding

- HR sends offer letter to selected hire through Page Up
- Selected hire accepts the offer and HR schedules onboarding meeting to complete paperwork to start

Part-Time Hire Process

Posting

- Hiring supervisor sends email to Kay Nixon with the position title, job code, GL#, and department budget communication of approval
- HR posts open position for two weeks OR hiring supervisor shares link to specific individual

Interviewing and Screening

- Hiring supervisor reviews candidates in Page Up
- Interviewing as needed – Hiring supervisor must confirm selected hire meets minimum requirements

Selecting

- Hiring supervisor communicates selection, completes EAR to submit to Kay Nixon/Willie Neal, and HR runs background check
- Hiring supervisor makes verbal offer contingent upon cleared background check

Onboarding

- HR sends offer letter to selected hire through Page Up
- Selected hire accepts the offer and can come to complete paperwork to start on Monday, Wednesday, or Friday between 1pm-5pm anytime



Employment Eligibility Verification
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)				Apt. Number	City or Town	
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

- 1. A citizen of the United States
- 2. A noncitizen national of the United States (See instructions)
- 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
 Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

- 1. Alien Registration Number/USCIS Number: _____
OR
- 2. Form I-94 Admission Number: _____
OR
- 3. Foreign Passport Number: _____
 Country of Issuance: _____

QR Code - Section 1
 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)
Last Name (Family Name)		First Name (Given Name)
Address (Street Number and Name)		City or Town
		State
		ZIP Code

STOP Employer Completes Next Page **STOP**

MUST complete **I-9**
ON or **BEFORE** first
 day of work



DALLAS COUNTY COMMUNITY COLLEGE DISTRICT
EMPLOYMENT AUTHORIZATION REQUEST

New Hire --
Part Time or Full Time

I. TYPE OF ACTION
FULL-TIME PART-TIME TEMP **NEW HIRE** REHIRE ADD POSITION CHANGE

II. EMPLOYEE INFORMATION – Employee completes all fields when a New Hire or Rehire.
Name: _____ DCCCD ID Number: _____ eMail Address: _____
Last: _____ First: _____ MI: _____
1. Are you being re-hired but have been in active status within the current calendar year? Yes No
If yes, the location HR office must verify the following information prior to you begin working.
• Direct Deposit – Bank information is correct and verified. Yes No HR Initials
• W-4: Federal Withholding – most recent form on file is in current calendar year. W-4 Date: _____ Yes No HR Initials
• Form I-9: most recent form is within previous 3-year period. I-9 Date: _____ Yes No HR Initials
• CBC: most recent clearance is within previous 5-year period. CBC Approval Date: _____ Yes No HR Initials
• Fingerprint Record on file (applies to RLC only) Yes No
• Met Life was your part-time Retirement Election while in active status (all other types; new form required) Yes No
2. Are you retired from the DCCCD or other Texas educational institution? Yes No
If yes, which retirement program are you a member of? TRS ORP
 Yes No
3. Are you returning to work under the DCCCD Retirement Cadre Program? Yes No
4. Do you certify that English is your primary language? Yes No
5. Do you wish to protect from disclosure, your home address, telephone numbers, social security number and any information revealing your family members?
Gender (Optional): Male Female Ethnicity/Race (Optional): _____
Emergency Contact Name: _____ Telephone: (____) _____
IF YOU ANSWERED "NO" TO ANY ITEM IN NUMBER 1, YOU ARE REQUIRED TO COMPLETE NEW DOCUMENTS PRIOR TO WORKING.

Date: _____
Employee Signature: _____

III. EMPLOYMENT INFORMATION – Completed by Hiring Division
Effective Date: _____ Ending Date: _____ Job Title: _____ Job Title Code: _____
Hourly Rate (PT): \$ _____ /hr Monthly Rate (FT): \$ _____ /mo Annual Rate (FT): \$ _____ /yr
Bilingual \$ _____ Business/Travel \$ _____ Parking \$ _____ Other \$ _____
Dept/Paystation: _____ Campus Room/Location: _____ Campus Phone: _____
GL Account: _____ % GL Account: _____
GL Account: _____ % GL Account: _____
COMMENTS: _____
First level supervisor: _____ Print name _____ Date _____
Timesheet Approval/Leave Viewing _____ Department Budget Approval: _____ Signature _____ Date _____
Second level supervisor: _____ Print name _____ Date _____
Alternate/Backup Timesheet Approval _____ Date _____
Human Resources _____
Clear Print
TMU 3/19/18

Use this form anytime
you want to make a
change for an employee

- ✓ New Hire
- ✓ Rehire
- ✓ Position Change

PLEASE PRINT LEGIBLY

New Hire

Brand new to DCCCD (must have background check and application already completed)

Rehire

Has worked in DCCCD in the past (any College/ Campus/ Location)

Add Position

Splitting current position with a second one

Change Position

Switching to different position

NOV/Rationale Form

Must be completed to start the process of filling a vacant position

Will be reviewed by President's Team

Check out an example in your binder

North Lake College
Rationale for Requesting New or Replacement Positions

Position# _____
 Open _____
 Close _____
 Fill Date: _____
 Name: _____
 HR to complete _____

Classification: Administrative Faculty Professional Support Staff

Type: Full Time Except/Non-Exempt Part Time

Special Employment: Visiting Scholar Temporary Interim Other _____

New Replacement-Presently or Last Occupied by: _____ # of Positions to be filled _____

Grant Funded end date _____ No Funding Source/GL# _____

Department/Division: _____ Position Title: _____

JTC: Range or Ban: _____ Minimum Salary: monthly: _____ annually: _____

Estimated Start Date: _____ Additional Cost: _____

Work days and hours: _____

State the amount currently budgeted for this position. Explain how this will affect your budget, current and next year, (positively/negatively):

Rationale for filling position:

Names and/or number of others in the same position in the workgroup:

Impact if position is not filled:

Value added if position filled

Requested advertising (in addition to DCCCD web site): _____

New Hire Request: Facilities:
Office: Room Number _____ Need a room/cubicle _____ Outline plan for securing office space if no office has been designated
Keys: need access to this room(s)
Furniture: No furniture needed _____ Furniture needed _____ List furniture needed or special purpose

New Hire Request: Information Technology:
Phone: Current phone number _____ Phone is needed _____ List equipment needed
Computer: Computer not needed _____ list location of current computer to be used _____
 Computer needed _____ list equipment needed, i.e. computer, printer, scanner
Network printer access: name and location _____
Network line: network line already in office _____ One is needed. Location required: _____

Outline any other special requirements (including non-standard software) or special requirements.

Supervisor Signature _____ Date _____ Supervisor Title _____ Supervisor Phone _____

Area Vice President/PT Member Date _____ VPBS Signature _____ Date _____ President Signature _____ Date _____

Director of Human Resources Date _____ HR only – date moved to DHR for posting _____

Please work with Human Resources for completing the form. Submit to your PT member for processing. If approved you will be contacted by Human Resources. 10/2014

LEAVE TYPES

AN OVERVIEW OF PAID LEAVES

VACATION

Full-time staff – Staff accrue vacation time based on their duration of service with DCCCD:

- ▶ 0-60 months (5 years) 1 day per month (8 hours)
- ▶ 61-120 months (6 to 10 years) 1.25 days per month (10 hours)
- ▶ 121-180 months (11 to 15 years) 1.50 days per month (12 hours)
- ▶ 181-239 months (16 to 19 years) 1.75 days per month (14 hours)
- ▶ 240 months (20 years or more) 2 days per month, (16 hours)

Only 48 days maximum per year are carried into the next fiscal year.

Full-time administrators

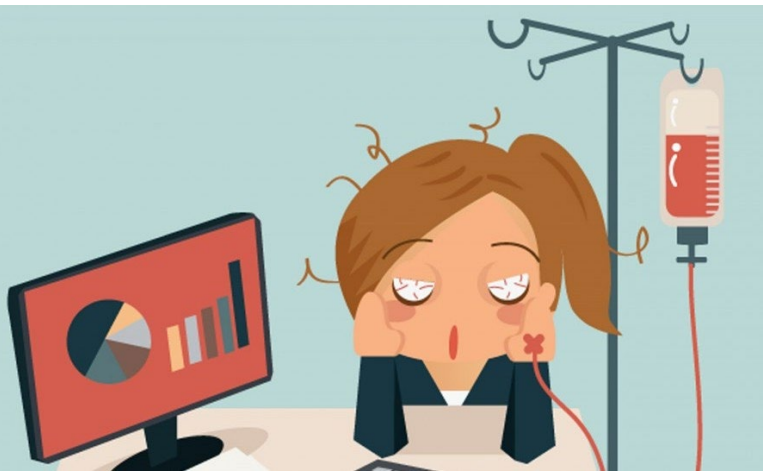
- ▶ Employees on 12-month contracts are eligible for 24 working days of vacation per fiscal year (accruing two days per month). Only 48 days maximum per year are carried into the next fiscal year.



SICK LEAVE

- ▶ Administrators: 12 days/96 hours per new fiscal academic year (Sept. 1).
- ▶ Staff: 12 days/96 hours paid sick leave per new fiscal academic year (Sept. 1).
- ▶ Faculty: six hours of paid sick leave per month for the length of the employment term (Sept. 1).

A maximum of 66 days per year can be carried forward into the next fiscal year.



Sick leave shall only be used for the following:

- ▶ 1. illness of an employee.
- ▶ 2. Illness of a member of the employee's immediate family or another person who occupies a position of similar significance in the family of the employee. Up to 12 days per year or 96 hours
- ▶ 3. Family emergency.
- ▶ 4. Birth or placement of a child when taken within the first year after the child's birth, adoption, or foster placement.
- ▶ 5. When employees have medical or dental appointments are during the work hour, get the supervisor's approval.
- ▶ 6. Appointments with the College District-authorized employee and dependent assistance program provider.

Bereavement (Funeral Leave)

- ▶ Up to three (3) consecutive days, per episode, may be granted at any one time for the death of an immediate family member

- ▶ "Immediate family" is defined as:
 - ▶ spouse,
 - ▶ son or daughter,
 - ▶ a son- or daughter-in-law,
 - ▶ Parent and parent-in-law,
 - ▶ Sibling and sibling-in-law,
 - ▶ grandparent and grandchild or
 - ▶ any person residing in the employee's household at the time of illness or death.



PARENTAL LEAVE

- ▶ A full-time employee employed for 36 consecutive months or more may take up to four (4) consecutive weeks of paid leave.
 - ▶ A new-born child,
 - ▶ Placement of a child in the custody of the employee for adoption, or foster care,
 - ▶ Employee leaves within the 12 months at the beginning of the birth of a child, or the placement of the child in the custody of the employee for adoption or foster care.
- ▶ Employee requesting leave must provide the appropriate medical, adoptive, or foster care documentation

“There are
no unwanted
children.
Just unfound
families.”

—NATIONAL ADOPTION CENTER

CATASTROPHIC SICK LEAVE POOL

- ▶ The month of August is set aside for administrators and staff employees to donate a maximum of 10 days (80 hours) to the Catastrophic Sick Leave Pool.
- ▶ Faculty employees may contribute to the pool annually from May 1 through June 1.



- ▶ During hardship and when an employee has exhausted all leave time earned (vacation, sick days, extenuating circumstances days), an employee and employee's family may request to use days from the sick leave pool.
- ▶ The maximum number of days available to be drawn from the sick leave pool is one-third of the total amount of time in the pool or 90 working days.
- ▶ Up to 12 working days for a dependent after a 20-calendar day elimination period.

Court Appearances (formerly Jury Duty)

- ▶ Full compensation for jury duty due to compliance with a valid subpoena or for jury duty by the College District and shall not be deducted from the employee's pay or leave balance.
- ▶ This privilege does not apply to court cases involving an employee's personal business.



MILITARY LEAVE

- ▶ An employee may be granted a leave of absence from their duties without loss of time, vacation days or salary.
- ▶ This is for a period not to exceed fifteen (15) working days per year to perform authorized training or short-term active duty military service.



Personal Leave (formerly Extenuating Leave)

- ▶ All employees shall earn two days of paid leave per fiscal year to conduct personal business in accordance with administrative regulations.
- ▶ An employee may accrue, and use, if available, a maximum of four days of personal leave each fiscal year.
- ▶ Upon termination of employment with the College District, accrued personal leave forfeited.



SABBATICALS (LONG AND SHORT-TERM)

- ▶ Sabbatical leave, if approved, is granted to faculty and administrators who have worked at least seven (7) consecutive years.
- ▶ The purpose of sabbatical leave is for personal and professional improvement that benefits the institution of students and employees.

Long-term sabbatical leave:

- ▶ Administrators: for one (1) semester,
- ▶ Faculty: up to one (1) year.

Short-term sabbaticals leave:

- ▶ Administrators: a maximum of six (6) weeks,
- ▶ Faculty: six (6) to 12 weeks.

Staff is not eligible for a sabbatical leave of absence.

WORKER'S COMPENSATION

- ▶ When employees receive injured on the job, the district covers the workers' compensation insurance.
- ▶ Injuries sustained on the job must be reported immediately to the employee's supervisor and then to the nurse's office.



HOLIDAY CALENDAR

NAME	LENGTH OF HOLIDAY	SPECIFICS OF HOLIDAY
MARTIN LUTHER KING, JR	One (1) Day	Third Monday in January
SPRING BREAK	Five (5) Days	The week of Spring Break as provided in academic calendar
GOOD FRIDAY	One (1) Day	
MEMORIAL DAY	One (1) Day	
FOURTH OF JULY	One (1) Day	If holiday falls on a Saturday the Friday before will be recognized, if on Sunday the Monday afterwards will be recognized
LABOR DAY	One (1) Day	
THANKSGIVING	Two (2) Days	Thursday (Thanksgiving) and following Friday
CHRISTMAS AND NEW YEARS	Six (6) Days	Christmas Day through New Year's Day
CHRISTMAS EVE	One (1) Day	Only when December 24 th falls on a Monday

Everything you need to
know about entering
time sheets!





[Future Student Menu](#)

[Credit Student Menu](#)

[CE/WT Student Menu](#)

[Faculty Menu](#)

[Employee Menu](#)

[Browsable Class Schedule](#)

[Catalog](#)

[eCampus](#)

eConnect Main Menu

eConnect is a web interface that provides a variety of online services to DCCCD students, faculty, and staff.

NOTE: eConnect hours of operation are 4AM - 1AM CST unless otherwise noted.

Select a menu on the right and then an action from the menu, you will be prompted to log in if needed. ➔

[I'm New to eConnect](#)
[What's My Password?](#)

main menu

[Future Student Menu](#)

[Current Credit Student Menu](#)

[Continuing Education/Workforce Training Student Menu](#)

[Faculty Menu](#)

[Employee Menu](#)

[Retention Alert](#)



eConnect for Employee

eConnect Menu >> Employee Menu

My Personal Information

- [My Messages](#)
- [DCCCD Emergency Alerts Information](#)
- [Change E-Mail Address](#)
- [Update My Phone Numbers](#)

Supervisors

- [Review My Staff's Leave Information](#)
- [Section Availability Report](#)
- [Approval for Supervisors](#)
- [Time Sheet History for Supervisors](#)
- [My Staff's Position Information](#)
- [FLSA On-Line Time Sheet Approval](#)
- [FLSA On-Line Time Sheet History \(Supervisors\)](#)

for Part-time

for Full-time

My eConnect Account

- [Change Password](#)
- [Update My Challenge Question](#)
- [Forgot/Reset My Password](#)
- [Verify My Windows Name](#)
- [How-To Manuals](#)
- [Quick Tips](#)
- [Employee E-mail Information](#)
- [Access Employee E-mail \(Outlook\)](#)
- [Academic Calendar](#)
- [District Software Training and Support](#)

Part-time Time Sheet Approval (Supervisors)

Please select the employee time sheet to be reviewed or chose the supervisor you are substituting for.

Choose One	Time Sheet Start Date	Time Sheet End Date	To Be Paid	Approve By Date	Employee Name	Position Title	Position ID	Total Hours	Status
<input checked="" type="radio"/>	10/06/19	11/02/19	November 2019	11/05/19 11:59PM	Employee 1	Administrative Clerk	PCCE-07	0.00	Incomplete
<input type="radio"/>	10/06/19	11/02/19	November 2019	11/05/19 11:59PM	Employee 2	STUDENT ASSISTANT-ON CAMPUS WORK STUDY-FED FUNDS	PS11-07	0.00	Incomplete
<input type="radio"/>	10/06/19	11/02/19	November 2019	11/05/19 11:59PM	Employee 3	STUDENT ASSISTANT-ON CAMPUS WORK STUDY-FED FUNDS	PS11-07	0.00	Incomplete
<input type="radio"/>	09/08/19	10/05/19	October 2019	10/08/19 11:59PM	Employee 1	Administrative Clerk	PCCE-07	0.00	Approved
<input type="radio"/>	09/08/19	10/05/19	October 2019	10/08/19 11:59PM	Employee 2	STUDENT ASSISTANT-ON CAMPUS WORK STUDY-FED FUNDS	PS11-07	78.00	Approved
<input type="radio"/>	09/08/19	10/05/19	October 2019	10/08/19 11:59PM	Employee 3	STUDENT ASSISTANT-ON CAMPUS WORK STUDY-FED FUNDS	PS11-07	78.00	Approved

Approve time sheet entries on behalf of:

SUBMIT



Part-time Time Sheet Entry (Supervisors)

Time must be entered in a 12 hour format using a colon and either 'AM' or 'PM' (example: 8:45AM).

Time sheets submitted after the approve by date of 11/05/19 will not be processed.

Employee	Position Title	Position ID	Pay Period End Date	To Be Paid	Approve By Date	Total Hours
	Administrative Clerk	PCCE-07-107019	11/30/19	November 2019	11/05/19 11:59PM	0.00

Date	Day	Hourly Rate	Time In	Time Out	Insert Row	Hours	Notation
10/06/19	Sunday				<input type="checkbox"/>		
10/06/19	Sunday				<input type="checkbox"/>		
10/07/19	Monday				<input type="checkbox"/>		
11/02/19	Saturday				<input type="checkbox"/>		

Did the employee take mandatory vacation during this time sheet period? If so, enter the starting and ending date in MMDDYY format.

Mandatory Vacation Start Date

Mandatory Vacation End Date

I understand that falsification of this document may result in disciplinary action, including termination of employment.

IMPORTANT: The employee will not be paid for this time until it is approved by the supervisor.

Employee Decision Employee has electronically signed the time sheet entry as complete: No

Employee Comments None

Supervisor Decision

Supervisor Comments

Employee E-mail Address

SUBMIT

Approved – The time sheet has been submitted and approved.

Pending Approval – The time sheet has been submitted and is ready for approval.

Incomplete – The time sheet has not been submitted to the supervisor.

Rejected – The supervisor has rejected the time submitted and the employee needs to correct and resubmit the time sheet.

Unique Situations

Contact HR asap if missing employee for time sheet approval

Work on Holiday – must include comments

Work/Study – must have enough funding to cover hours worked during pay period

Part-Time vs Full-Time time sheet due dates

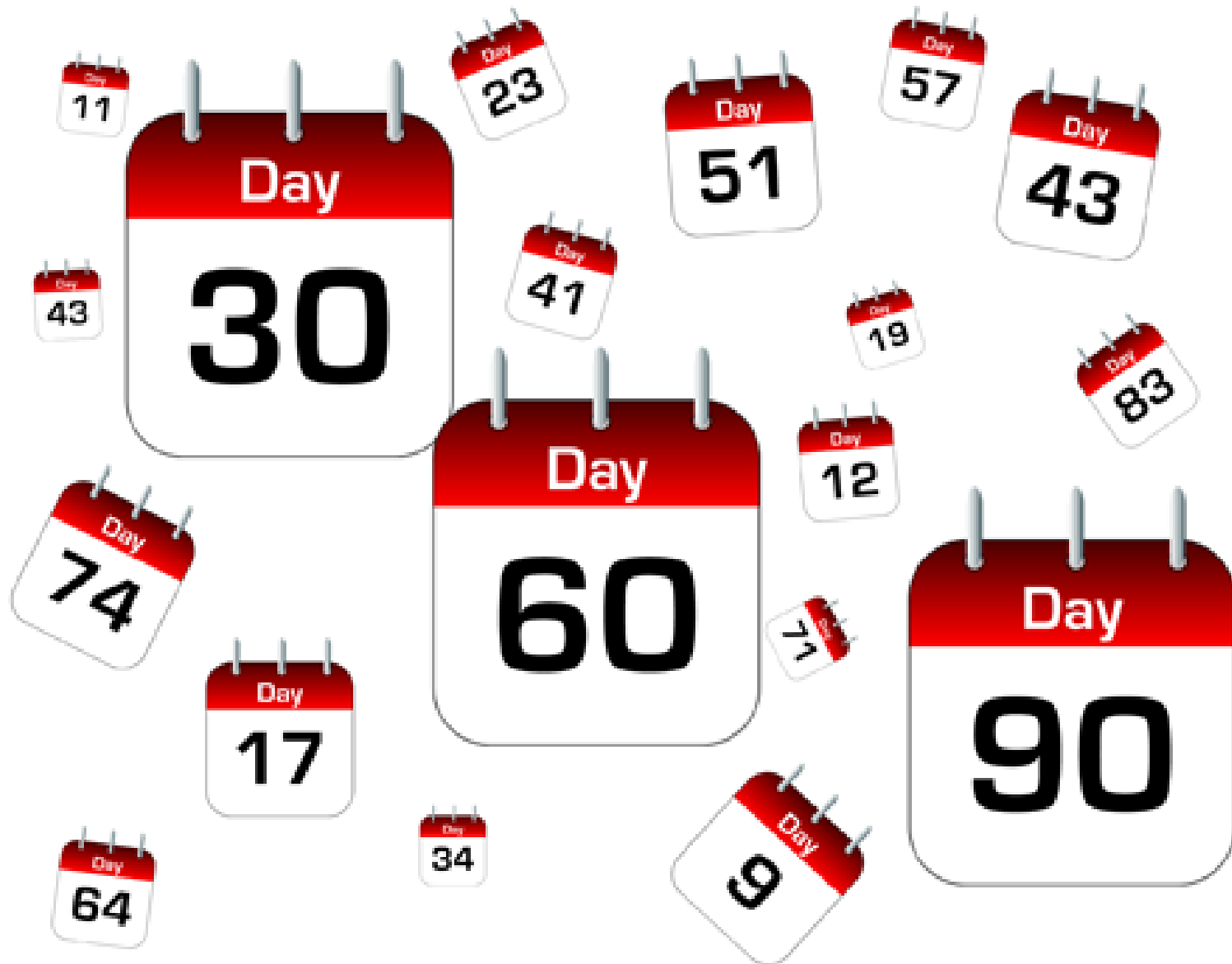
Continuous Supervision Training
Priorities Communication Grow
PERFORMANCE
MANAGEMENT
Feedback Development HR
Improvement Employees
Objectives Goals Corrective
Direction Job Descriptions Review
Coaching Promote Monitor Reward

Measurable

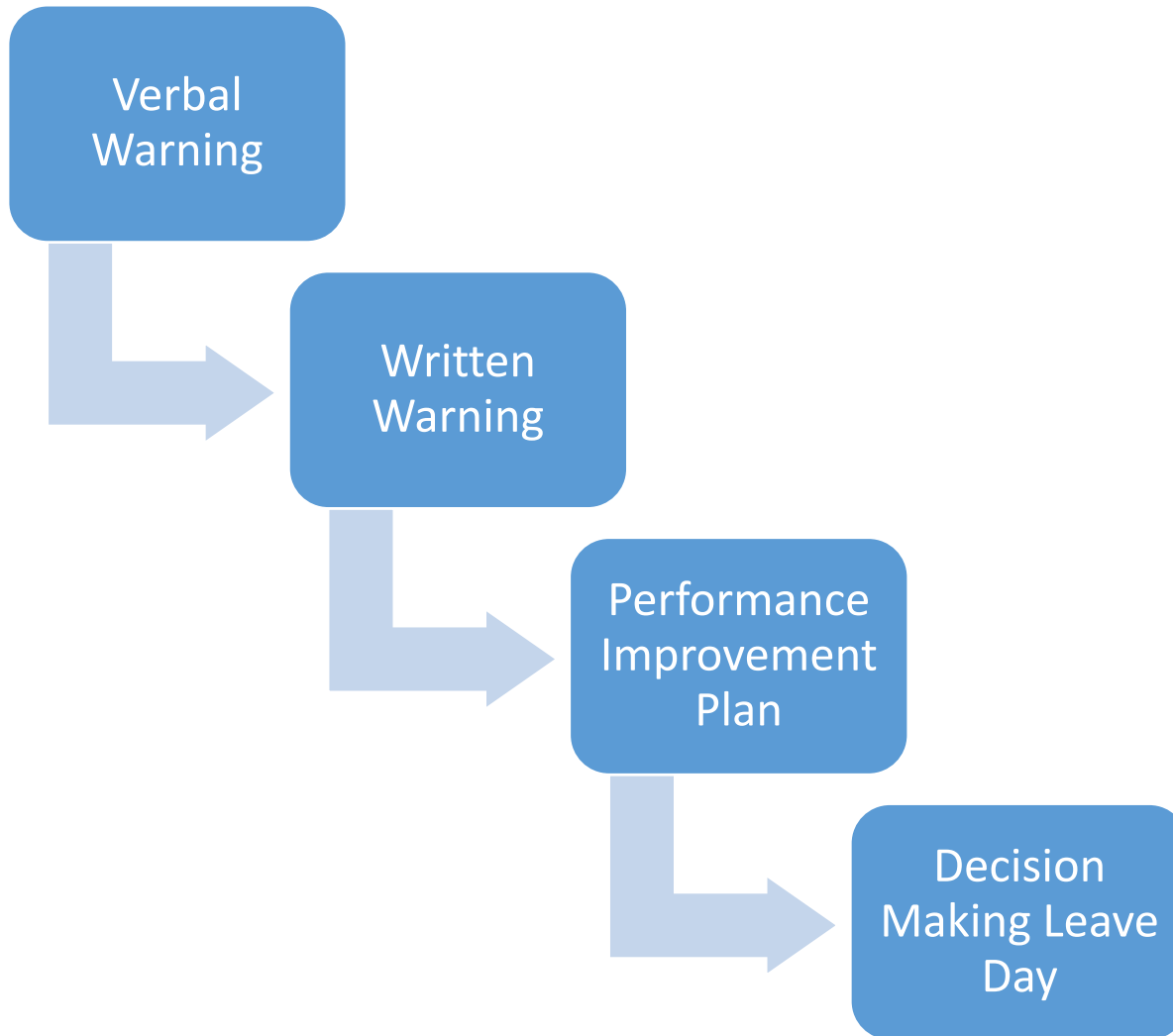
Commitment



LUNCH
TIME



Performance Improvement Process





Reported by an
employee against a
supervisor

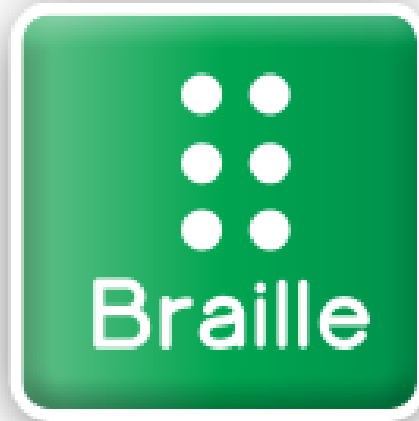
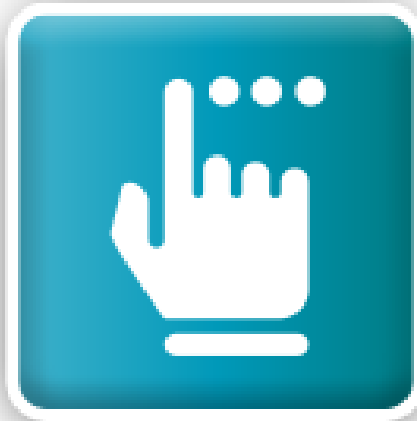
Must have occurred
within the past 30 days

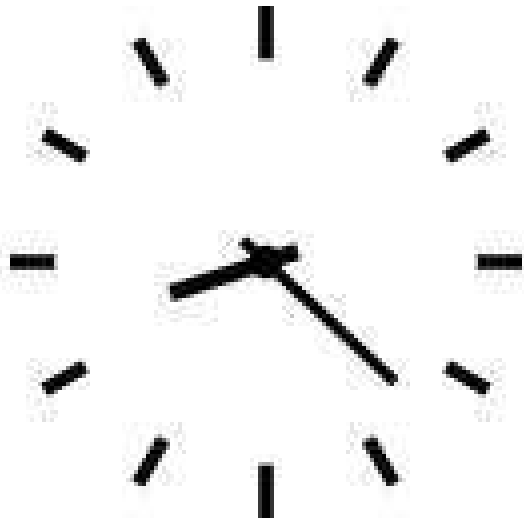
Administrative Leave



Hostile Work Environment

ADA Disability Accommodations





Q & A time

Contact us in the Human Resources Office

Visit us: G420

Call: 972-273-3000

