



DR. PABLO O. TORRE
MEMORIAL HOSPITAL

RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Human Resource Division		POLICY NUMBER: DPOTMH-APP-COMP BEN-P007-(01)	
TITLE/DESCRIPTION: TIMEKEEPING PROTOCOL FOR WORK-SHIFTING EMPLOYEES			
EFFECTIVE DATE: May 30, 2025	REVISION DUE: May 29, 2028	REPLACES NUMBER: DPOTMH–D-47-P03-S02	NO. OF PAGES: 1 of 8
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

PURPOSE:

To establish consolidated timekeeping procedures for Work-Shifting employees based on the previously approved timekeeping protocols.

DEFINITIONS: N/A**RESPONSIBILITY:**

Immediate Head/Supervisor, Employee, HR Staff/Timekeeper, Payroll Head

POLICY:

1. All employees under the "work-shift" shall observe the standard work schedules specified by the operations, as follows:
 - 6:00 AM to 2:00 PM
 - 2:00 PM to 10:00 PM
 - 10:00 PM to 6:00 AM

Other departments may follow their work-shift schedules required by their operations, as follows:

DEPARTMENT	SCHEDULE	
Admitting	06:00 AM to 02:00 PM 08:00 AM to 04:00 PM 09:00 AM to 05:00 PM 10:00 AM to 06:00 PM	02:00 PM to 10:00 PM 10:00 PM to 06:00 AM
Billing	08:00 AM to 04:00 PM 09:00 AM to 05:00 PM	10:00 AM to 06:00 PM 11:00 AM to 07:00 PM

2. Supervisor/Manager is responsible for creating schedule of their respective employees. Schedules must be entered in the HRPIS shift scheduler prior to the start of the employees' scheduled duty.
3. The employee is required to swipe-in and swipe-out before the start and at the end of his/her scheduled work duty. In case of failure, the employee shall submit an NCR duly signed by the Supervisor or Department Head; otherwise, the employee is considered for one (1) whole day without pay.
4. The employee who has swiped-in for more than 20 minutes after his scheduled duty is considered tardy and shall be deducted an equivalent of one-half (½) day or 4 hours deduction from his/her



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salary.

5. Employees under the "work-shift schedule" are not required to swipe-out and swipe-in during lunch break, however a 30-minute lunch break shall be strictly observed.
6. Overtime request shall be approved by the Supervisor/Manager and shall be submitted to the HR- Compensation & Benefits before the payroll cut-off date as support for inclusion in the payroll. Overtime rendered without authorization shall not be included in the payroll. Additionally, late submissions of overtime requests shall not be processed for payment.
7. As a general rule, all Supervisor/Manager Heads are not allowed to work overtime with pay; however, in lieu of the overtime pay, the employee shall receive the meal allowance and/or transportation subsidy (refer to Policy on Meal and Transportation Subsidy Allowance). Minimum of 4 hours OT for supervisors.
8. Any problems encountered while using the timekeeping swipe machine shall be reported immediately to the IT Technical Support or to his immediate Supervisor or Manager as a basis for preparation of the Incident Report.
9. The Incident Report shall be signed by his/her Immediate Supervisor or Manager within 24 hours and shall be forwarded to HR- Compensation & Benefits as support for updating of the Attendance Report.
10. Using the Paperless Attendance Reporting, the Supervisor/Manager shall validate the Attendance Report thru the Communicator on a daily basis so that any discrepancy in the employee's attendance can be resolved immediately.

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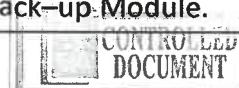
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PROCEDURE (SOP):

1. Supervisor/Manager creates schedule for their respective employees and must be entered in the HRPIS shift scheduler prior to the start of the employees' scheduled duty.
2. Each employee swipes-in and swipes-out before and after the start and end of his scheduled duty; otherwise, the employee is considered absent without pay.
3. Each employee swipes-in not later than 20 minutes before his scheduled duty; otherwise he/she is considered tardy.
4. The Supervisor/Manager approves the overtime to be rendered by the employee and submits the approved Overtime Request to the HR- Compensation & Benefits before the payroll cut-off date.
5. On a daily basis, the Immediate Supervisor checks the attendance of his/her direct reports based on their scheduled time duty.
6. The Immediate Supervisor checks the Attendance Report using the "View Module" in the intranet and summarizes the corrections on the employees' DTR in the Attendance Correction Form (ACF) weekly.
7. The Immediate Supervisor or next level Head submits the Attendance Correction Form (ACF) to the Timekeeper of HR-Employees Compensation & Benefits every 7th, 13th, 16th, 22nd, 28th and 31st/ 1st of the month, as follows:

-For attendance 1 st to 6 th day	- to be submitted on the 7 th
-For attendance 7 th to 12 th day	- to be submitted on the 13 th
-For attendance 13 th to 15 th day	- to be submitted on the 16 th
-For attendance 16 th to 21 st day	- to be submitted on the 22 nd
-For attendance 22 nd to 27 th day	- to be submitted on the 28 th
-For attendance 28 th to 30 th /31 st day	- to be submitted on the 31 st /1 st
8. If there are no corrections for the whole section/department, the Supervisor/Manager submits the ACF to HR-Compensation & Benefits with remarks: "No Corrections".
9. Upon receipt of the Attendance Correction Form from the different departments, the Timekeeper updates or edits the employees' Attendance Report.
10. The Timekeeper backs-up the final Attendance Report in the Timekeeping Back-up Module.





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POLICY TYPE: Administrative

PROCEDURES (Using the Communicator to Check the Attendance Report)

1. Open the communicator and click the "DAILY TIME RECORD".
2. Enter "date start" (mm/dd/yyyy) – Example: 03/01/2025.
3. Enter "end date" (mm/dd/yyyy) – Example: 03/06/2025.
4. Match the time-in and time-out against work schedule.
5. If there are corrections to be made, open the Attendance Correction Form using the menu "Others-Templates" and log the corrections (see sample).



DR. PABLO O. TORRE
MEMORIAL HOSPITAL

RIVERSIDE MEDICAL CENTER, INC.

Owner and operator of the Dr. Pablo O. Torre Memorial Hospital



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Instructions: Please use One (1) row for every issue and encode it in Times Roman pt10 Font size. After filling up the form save it in PDF file format and send it to the Timekeeper through the Communicator.

ATTENDANCE CORRECTION FORM

Department: Station 1

Cut-off Period – From: March 1, 2025 To: March 15, 2025

Employee's Name	Employees I.D. Number	Date	Total O.T. (Hrs.)	Remarks
Rey Santos	001234	3/2/2025	8 hrs	2 pm – 10 pm
Juan Dela Cruz	001235	3/3/2025	-	Changed shift from 2 pm to 10 pm to 6 am to 2pm

Submitted by:

Name (Last Name, First Name MI): _____

I.D. No.: _____

Position: _____

Approved By:

Name (Last Name, First Name): _____

Position: _____

DPOTMH-COMPEN-P007 (01)

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WORK INSTRUCTION:	
KEY TASK	PERSON RESPONSIBLE
1. Creates schedule for their respective employee and must be entered in the HRPIS shift scheduler prior to the start of the employees' scheduled duty.	Supervisor/Manager
2. Swipes-in and swipes-out before and after the start and end of his scheduled duty; otherwise, the employee is considered absent without pay.	
3. Swipes-in not later than 20 minutes before his scheduled duty; otherwise he/she is considered tardy.	
4. Approves the overtime to be rendered by the employee and submits the approved Overtime Request to the HR-Compensation & Benefits before the payroll cut-off date.	Employee
5. Checks the attendance of his/her direct reports based on their scheduled time duty on a daily basis.	
6. Checks the Attendance Report using the "View Module" in the intranet and summarizes the corrections on the employees' DTR in the Attendance Correction Form (ACF) weekly.	
7. Submits the Attendance Correction Form (ACF) to the Timekeeper of HR-Employees Compensation & Benefits every 7 th , 13 th , 16 th , 22 nd , 28 th and 31 st /1 st of the month.	
8. Submits the ACF to HR-Compensation & Benefits with remarks: "No Corrections".	Supervisor/Manager
9. Updates or edits the employees' Attendance Report.	
10. Backs-up the final Attendance Report in the Timekeeping Back-up Module.	





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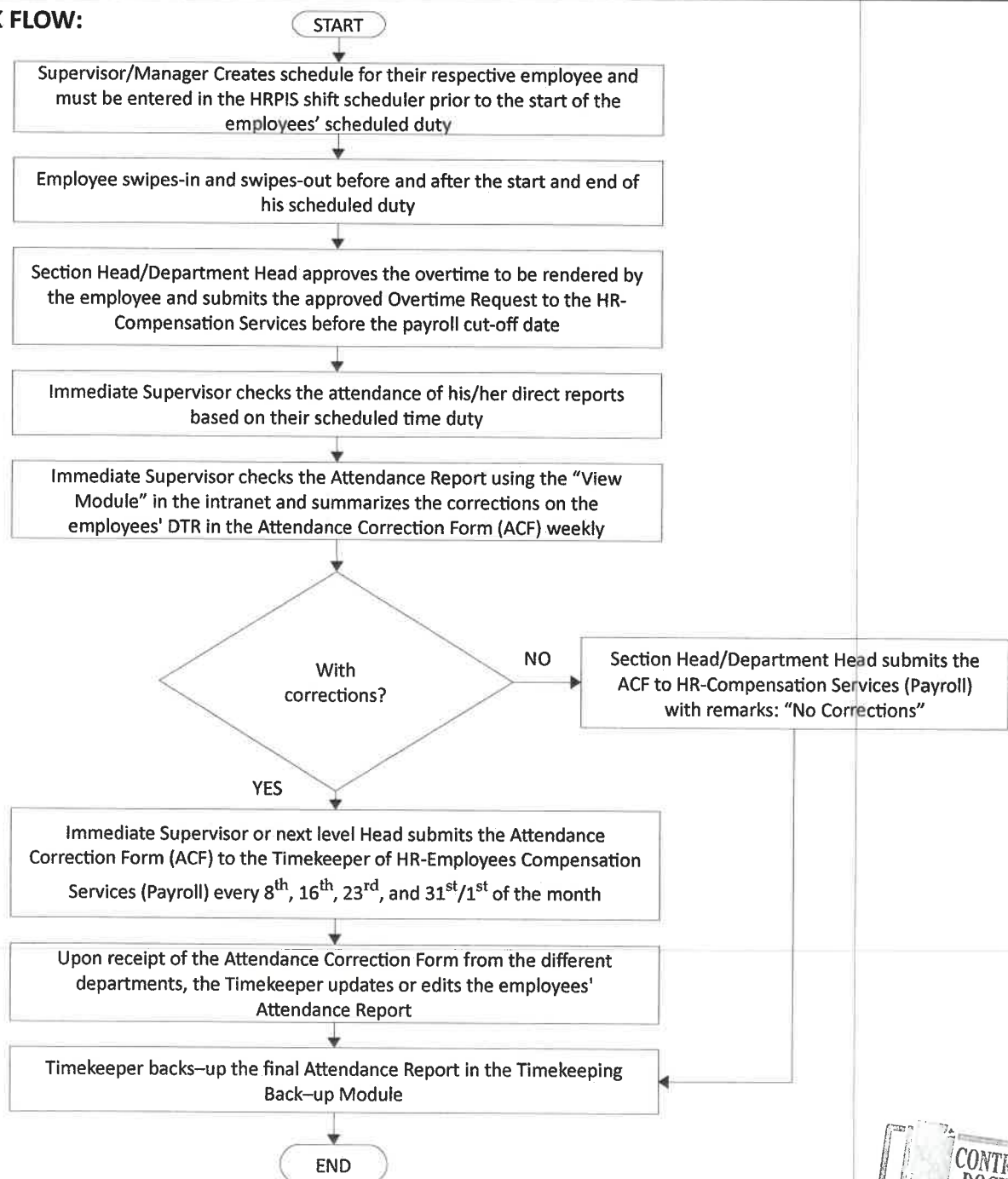
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WORK FLOW:



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FORMS:

1. COMPEN-F009-Attendance Correction Form

EQUIPMENT: N/A

REFERENCES: N/A





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APPROVAL:				
	Name/Title	Signature	Date	TQM Stamp
Prepared by:	RIO MARIE S. GOLVIO Compensation and Benefits Supervisor		5/9/25	
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	JULIE ANNE CHRISTINE J. KO Chief Finance Officer		5/16/25	
	NOEL P. GARBO General Services Head		5/19/25	
	ROSARIO D. ABARING Ancillary Division Head		5/22/25	
	JOSE PEPITO B. MALAPITAN, MD Medical Director		5/26/25	
	MA. ANTONIA S. GENSOLI, MD VP/ Chief Medical Officer		5/26/25	
	SOCORRO VICTORIA L. DE LEON VP/ Chief Operating Officer		5/26/25	
Final Approved by:	GENESIS GOLDI D. GOLINGAN President and Chief Executive Officer		5-30-25	

