

Police Department Payroll Project

March 25, 2014

Team Members: Jonathan Alegre,
Yeelin Cheung, Tim Farmer, Tessa Nguyen



Background

Complexity

- 24 hour operation
- 7 different bargaining groups
- 5 different types of work schedules

Background

Volume

- 327 PD employees
- 500 overtime slips
- 250 leave slips
- 1,000 + manual data entries

Going to the Gemba



Going to the Gemba



Purpose

**Efficient, accurate and
timely processing of
Police Department
Payroll**

Problems

\$ Inefficiency

- Multiple handoffs, verification, sorting

\$ Inaccuracy

- Data entry errors cause re-work

\$ Late Submittals of Leave Slips

- Tracking down slips creates over-production

Results

\$ Efficiency

- Process Time – **17%** improvement
 - From 62 hours to 51 hours
- Lead Time – **40%** improvement
 - From 142 hours to 85 hours

Results

\$ Accuracy

- % Complete and Accurate
 - 5% Error Rate to 1 % Error Rate

Results

\$ Timely Submittals

- % of Late Leave Slips – 47% improvement
 - 15% late slips to 8% late slips

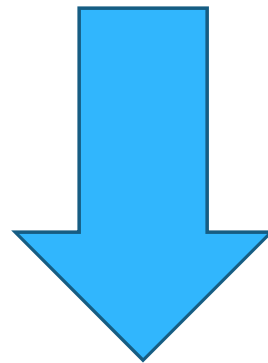
Results

\$ Freed Capacity

- Freed up 0.14 FTE
 - Equates to 11 hours per pay period or 291 hours per year
- Freed capacity does not equal free time
 - Represents time now available for other tasks



Countermeasures



Positive Results

Countermeasures

\$ Efficiency

- Weekly vs Daily attendance roster
- Eliminated secondary signatures
- Random verification of data entry

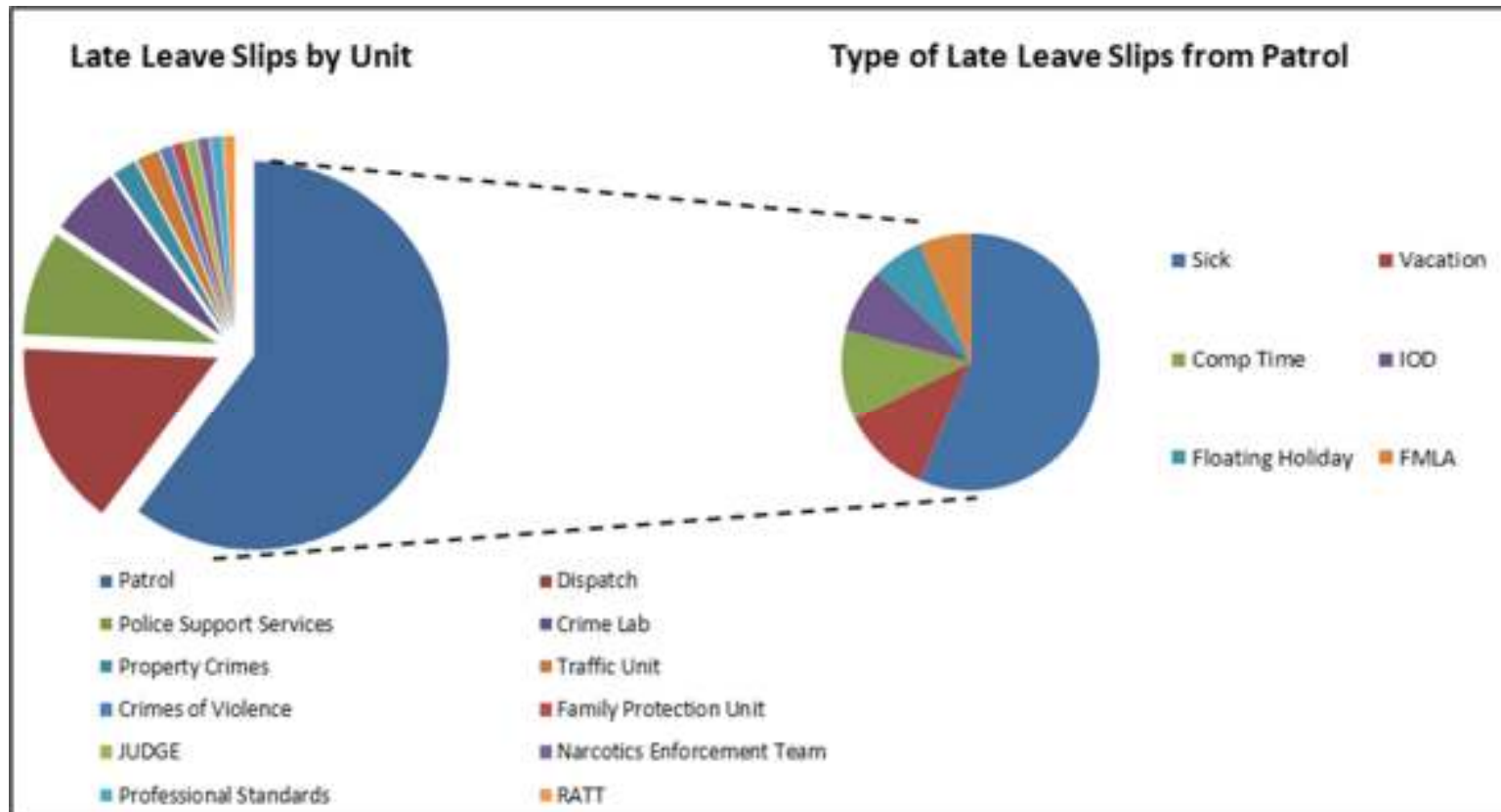
Countermeasures

\$ Accuracy

- Improved payroll submittal deadlines within Department
- Color code overtime sheets for grants

Countermeasures

\$ Analyzing Late Leave Slips



Countermeasures

\$ Sick Leave Notification

PD-543 (REV. 11/96)

210L 10-4

CITY OF CHULA VISTA
POLICE DEPARTMENT

EMPLOYEE ABSENCE MEMO

NAME [REDACTED] DIVISION Patrol

IMMEDIATE SUPERVISOR [REDACTED] WATCH Graves

REASON FOR ABSENCE Sick COPY

DATE ABSENT 8-30-13 ESTIMATED DURATION 1 day

DATE AND TIME REPORTED 8-30-13 1330 REPORTED BY SAC

REPORT RECEIVED BY #786 HOW RECEIVED handline

(Make in duplicate - one copy to Immediate Supervisor, one to Capt.)

Countermeasures



Countermeasures

\$ Updated Form

PD-543 (rev. 12/13)



CHULA VISTA POLICE DEPARTMENT EMPLOYEE ABSENCE FORM

FOR PAYROLL USE ONLY	
Posted	<input type="checkbox"/>
Verified	<input type="checkbox"/>

EMPLOYEE FULL NAME	<input type="text"/>	IMMEDIATE SUPERVISOR	<input type="text"/>
UNIT / TEAM # (for Patrol)	<input type="text"/>	WORK HOURS (ie 0800-1600)	<input type="text"/>
REASON FOR ABSENCE	<input type="text"/>		
DATE ABSENT	<input type="text"/>	ESTIMATED DURATION	<input type="text"/>
DATE & TIME REPORTED	<input type="text"/>		
REPORT RECEIVED BY	<input type="text"/>	HOW RECEIVED	<input type="text"/>

FOR DISPATCH USE ONLY

Name of Supervisor Notified _____	Date & Time Notified _____
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FOR PAYROLL USE ONLY

City ID _____	Pay Code _____	# of Hours _____
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I AM AWARE OF THE CITY'S LEAVE POLICIES AND CERTIFY THAT MY ABSENCE ON THE DATE(S) INDICATED WAS DUE TO THE REASON NOTED.

EMPLOYEE'S SIGNATURE

DATE

SUPERVISOR'S SIGNATURE

DATE

Accomplishments

Apply Lean philosophy & tools in our everyday duties



Kai
改
Change

Zen
善
Good



Accomplishments

Engaged employees during the process

“Thank you for including us in the input. I think this is a great idea and will make us more efficient as an organization.”

“I think this is a great idea. It is often difficult to get an employee to submit a leave slip after they have called in sick.”

Accomplishments

Collaboration with
other departments



Accomplishments

Implemented proactive approach for sick leave

PD-93 (rev. 10/15)

CHULA VISTA POLICE DEPARTMENT
EMPLOYEE ABSENCE FORM

EMPLOYEE FULL NAME: _____ IMMEDIATE SUPERVISOR: _____
UNIT / TEAM # (for Patrol): _____ WORK HOURS (8-360-1600): _____
REASON FOR ABSENCE: _____
DATE ABSENT: _____ ESTIMATED DURATION: _____
DATE & TIME REPORTED: _____
REPORT RECEIVED BY: _____ HOW RECEIVED: _____

FOR DISPATCH USE ONLY
Name of Supervisor Notified: _____ Date & Time Notified: _____

FOR RAYROLL USE ONLY
City ID: _____ Pay Code: _____ # of Hours: _____

I AM AWARE OF THE CITY'S LEAVE POLICIES AND CERTIFY THAT MY ABSENCE ON THE DATE(S) INDICATED WAS DUE TO THE REASON NOTED.

EMPLOYEE'S SIGNATURE: _____ DATE: _____
SUPERVISOR'S SIGNATURE: _____ DATE: _____



Journey to a Lean Enterprise

We are the CITY...

CONTINUOUSLY
IMPROVING
Through
You!

