3-02/300.05 - General Information

Information requested on the Overtime and Paid Hours Worked Report forms (e.g., FLSA employee, exempt employee, or reserve deputy) shall be legibly printed in ink or typed. The identification data and all subsequent information shall be completed as follows:

Name

In the following order, the employee reporting overtime shall provide the last name, first name, and middle initial. If there is no middle initial use the initialism [NMI] - and include the brackets.

Rank/Title

The employee's title shall be entered in full, unless one of the abbreviations shown below is involved in the title. The following are the only acceptable abbreviations to be used on the Overtime or Paid Hours Worked Report forms:

- Dep. Deputy
- Sgt. Sergeant
- Lt. Lieutenant
- Capt Captain
- Cmdr. Commander
- Admin. Administrative
- Int. Intermediate
- L.E. Intern Law Enforcement Intern
- LECSO Law Enforcement Community Service Officer
- Sr. Senior
- Sh. Sta. Clk. Sheriff Station Clerk
- Steno. Stenographer
- Sup. Supervising
- T.C. Typist Clerk
- C.A. Custody Assistant
- C.L.O. Court Liaison Officer
- L.E.T. Law Enforcement Technician

Unit of Assignment

Enter the name of the employee's official unit of assignment. If the employee is on a temporary assignment with another unit, the name of the permanent unit of assignment shall be entered unless specifically instructed otherwise. Approved abbreviations are acceptable (e.g., ELA Station, IRC, SEB, or Homicide).

Outside OT Organization Code Number (ORG#)

Enter the accounting organization ORG.# to which the overtime is to be charged. This field should remain

blank if the overtime is to be charged to the employee's unit of assignment.

Employee Number

Enter the reporting employee's number located on the stub of the employee's paycheck. Employees should be sure to enter their correct employee number to avoid the overtime being credited to another employee.

Paid/Saved

Check the appropriate box based on existing guidelines published in accordance with the employee's appropriate Memorandum of Understanding (MOU).

Total Overtime Hours

Enter the total number of overtime hours reported, excluding briefing time (for specific instructions, see "Time Spent Briefing For This Overtime").

Voluntary/Ordered

Check the appropriate box to indicate whether the overtime was voluntary or ordered, in accordance with the employee's appropriate MOU.

Date Worked

Enter the month, day, and year the employee began the overtime shift. If the overtime worked extends into the following day, do not submit an additional form. One form shall be submitted and dated for the day the overtime began; the starting and ending times shall be continuous (e.g., 2300 hours to 0200 hours).

RDO

Check "yes" or "no" to indicate whether the overtime was worked on a regular-day-off (RDO).

Regular Shift

Enter the beginning and ending hours for the employee's regularly assigned shift unless the overtime was worked on a regular-days-off.

Overtime Hours Worked

Enter the beginning and ending hours for actual overtime hours worked.

When entering the overtime hours worked, the following guidelines shall apply:

- If the employee worked their regular shift and the overtime was an extension of their regular shift, they shall enter the start and end times for the overtime only;
- If the employee worked their regular shift and also worked other hours not an extension of their regular shift, only the start and end times of the overtime shall be entered;

- If the employee worked on a regular-day-off, the start and end times of overtime hours worked shall be entered; and
- If the employee worked more than one separate and distinct period of overtime (not an extension of their regular working shift on a regular day worked, or on a regular-day-off), they shall use separate forms to record each beginning and ending overtime period.

Call-Back Time

When reporting overtime as a result of a "call-back," justify the requirement for overtime and use the most specific overtime reason code (e.g., if call-back is due to broken windows or B/O alarm, the code should be 808 - Facility Security) and an applicable Budget Activity Code.

Overtime Reason or Reason Code

This section of the form shall be completed for all overtime hours worked and/or paid assignments authorized by the County Salary Ordinance, contracts, and unusual occurrences. The codes printed on the Overtime and Paid Hours Worked Report forms shall be used. No other codes are authorized for use in the eHR Human Resources Management Application. It is the responsibility of the supervisor approving the overtime to ensure the use of the proper code. Refer to Manual of Policy and Procedures (MPP), section 3-02/300.10, Overtime, for guidelines regarding the proper use of overtime categories and codes.

Control Number (OCN)/Project Code

If the overtime is worked due to a non-reimbursable event such as a large fire, flood, earthquake, civil disturbance, etc., the Department shall make an announcement when an unusual occurrence is in effect, and a control number (OCN)/project code is assigned. The number must be entered on the form. Separate forms shall be prepared for each day's overtime attributable to the specific event.

OCN/project codes are assigned to special event contracts, private entity contracts, school district contracts, and other reimbursable events worked.

OCN project codes shall be entered on the form, if a contract is worked and recorded as overtime or paid hours worked.

Budget Activity Code

This section of the form shall be completed for **all** overtime and/or paid hours worked. Only the codes printed on the Overtime and/or Paid Hours Worked Report Forms shall be used. No other codes are authorized for use in the eHR Human Resources Management Application. It is the responsibility of the supervisor approving the overtime to ensure the use of the proper code. Refer to MPP section 3-02/300.10, Overtime, for guidelines on the proper use of overtime categories and codes.

Detailed Explanation and Justification of Overtime and/or Hours Worked

The supervisor approving the overtime shall ensure that a reasonable, and concise justification is provided for all overtime worked. The following examples are **NOT** acceptable:

- Shift hold-over;

- Heavy workload;
- Late call; or
- Too many inmates.

When detailing the justification, overtime accountability shall be the primary consideration. The following examples are generally acceptable; however, additional information may be required and should be included if available:

- Shift held over due to: Several arrests, a large volume of calls for service with 30 calls backlogged, several large parties in progress; or,
- Heavy workload due to: Secretarial staff had to process 20 arrests for court with reduced staff due to sick call-ins; or,
- Late call: Refer to tag 198 re: 211 Now call at Thrift Gas Station; or,
- Additional security for overflow inmates housed in the jail chapel.

The space can also be used by units to track special studies (e.g., time spent testifying in court, special programs, etc.).

If the employee is to be compensated for travel time, such time should be included in both the "Overtime Hours Worked" and "Total O/T Hours" sections and indicated in the overtime justification.

Court/URN Number/Stationed at (Emergency Operations Bureau)

If the overtime involves going to court or time spent on a case, the appropriate Court Case Number or URN shall be entered in this space.

Vehicle Information

When required, an employee who is assigned to drive a vehicle as part of their activity during an event shall enter the starting, ending, and total mileage for the activity. If a county vehicle was used, the vehicle number, make, and model shall also be entered. To provide accurate cost information if the vehicle used is not a county vehicle, the term "permittee" or "non-permittee" shall be entered in lieu of the county vehicle number.

A permittee is defined as someone who regularly claims mileage reimbursement as opposed to a non-permittee who claims mileage reimbursement on a rare or occasional basis.

Authorized Shift Differential

If an employee working overtime is entitled to shift differential, the supervisor pre-approving the overtime shall indicate if the employee is entitled to P.M. (evening) or E.M. (early morning) shift differential.

Supervisor’s Pre-Approval Signature* and Employee Number

Whenever practical, all overtime worked shall have prior approval before work can begin. Employees covered by FLSA shall have prior approval from their supervisor before working overtime, unless such overtime worked is the result of a bona fide emergency (e.g., natural disaster, riot, spontaneous jail lockdown, etc.). Absent emergent situations, per this MPP, failure to obtain prior approval violates county policy and may result

in employee discipline. Enter the name of the watch commander or supervisor who is initially consulted and gives prior approval for the overtime. The station court liaison officer shall also use this box to certify on-call overtime.

Managers and approving supervisors shall ensure that overtime is within their budget and is not misused by employees. However, any overtime that is worked by an employee, and that is properly documented, whether it was pre-authorized or unauthorized, shall be paid/saved, if applicable, in accordance with the FLSA. The supervisor pre-approving the overtime shall also include their employee number.

Employee's Signature* and Date

The employee's signature certifies the overtime was worked and the Overtime Worked Report is completed accurately. The signature must be the employee's full, legal signature. The employee's signature must be made using a Department-approved digital signature or in ink.

Approving Supervisor's Signature*, Date, and Employee Number

The supervisor's signature certifies the following:

- The accuracy of the entire Overtime and Paid Hours Worked Report form;
- The necessity for working overtime; and
- The overtime worked conforms to unit and Department policy.

The approving supervisor shall enter the date they sign the Overtime and/or Paid Hours Worked Report form using a Department-approved digital signature or in ink. The approving supervisor shall also include their employee number.

*Absent emergent situations, per this MPP, failure to obtain prior approval violates county policy and may result in employee discipline.

Distribution

After certifying the accuracy and necessity of the overtime and/or paid hours worked, the supervisor shall submit the Overtime and/or Paid Hours Worked Report form to the unit commander, or their designee, for final approval. Approved forms shall be forwarded to the unit time accountant for entry into the eHR Human Resources Management Application. Employees submitting their time through ESS shall enter the overtime information on their TIMEI document.

All approved forms shall be retained at the unit except when instructed otherwise by Personnel Administration Bureau's Time Accounting Unit or Emergency Operations Bureau.

Final Approval

The unit commander shall initiate procedures to ensure all overtime is accurate and necessary.