

Overtime Compensation

820.1 PURPOSE AND SCOPE

This policy establishes guidelines and procedures regarding overtime for employees, in conformance with the Fair Labor Standards Act (FLSA) (29 USC § 201 et seq).

820.2 POLICY

The San Diego County Probation Department will compensate nonexempt employees who work authorized overtime either by payment of wages as agreed and in effect through the *Memorandum of Agreement Between the County of San Diego and the San Diego County Probation Officers' Association and the Memorandum of Agreement Between the County of San Diego and the San Diego County Supervising Probation Officers' Association* (hereinafter referred to as "MOA"), or by the accrual of compensatory time (29 CFR 553.22). Employees who are salary exempt from FLSA are not compensated for overtime worked.

820.3 COMPENSATION

Payment of wages to nonexempt employees for overtime, or accrual of compensatory time in lieu of compensation for overtime worked, shall be paid as agreed and in effect through the MOA for each hour of employment for which overtime compensation is required (29 USC § 207(k)(2); 29 USC § 207(o)(1)).

At the employee's request and with supervisor approval, periods of overtime worked may be handled informally by mutual agreement between the supervisor and the employee. In such cases, the supervisor shall manage a subsequent shift adjustment within the same work period that the overtime was worked, rather than submit a request for overtime compensation (29 USC § 207(k)).

Salary exempt employees may be eligible for administrative leave, which may be granted at the discretion of the exempt employee's immediate supervisor.

820.4 REQUESTS FOR OVERTIME COMPENSATION

Generally, no employee is authorized to work overtime without the prior approval of a supervisor. If circumstances do not permit prior approval, approval shall be sought as soon as practicable during the overtime shift and in no case later than the end of the shift in which the overtime is worked.

Nonexempt employees shall:

- (a) Obtain supervisory approval, verbal or written
- (b) Not work in excess of 16 hours, including regularly scheduled work time, overtime, and extra-duty time, in any consecutive 24-hour period without supervisory approval
- (c) Not work in excess of 56 hours overtime in any pay period
- (d) Not work more than seven days in a row without having a full day off (a 24-hour period on a single calendar day)

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- (e) Record the actual time worked in an overtime status in UKG. Informal notations on reports, logs, or other forms not approved for overtime recording are not acceptable. When the overtime worked was performed too late to be entered in UKG, the employee shall submit a Change in Status Form 180 (CS 180) to their supervisor indicating overtime hours worked, date, and the reason the overtime was worked
- (f) Submit the request for overtime compensation to their supervisors by the end of shift or no later than the next calendar day

820.4.1 SUPERVISOR RESPONSIBILITIES

Supervisors shall:

- (a) Prior to authorizing an employee to work overtime, evaluate the need for the overtime
 1. Supervisors should not authorize any request to work overtime if the overtime would not be an appropriate use of department resources
 2. A supervisor may be required to obtain Division Chief approval prior to authorization of overtime work
- (b) Upon receipt of a request for overtime compensation, confirm that the overtime was authorized and then verify the actual time worked
 1. Supervisors identifying any unauthorized overtime or discrepancy shall initiate an investigation consistent with the Personnel Complaints Policy

Supervisors may not authorize or approve their own overtime.

820.5 ACCOUNTING FOR PORTIONS OF AN HOUR

Authorized overtime work shall be accounted in the increments as listed:

TIME WORKED	INDICATE IN UKG
Up to 15 minutes	.25 hour
16 to 30 minutes	.50 hour
31 to 45 minutes	.75 hour
46 to 60 minutes	1 hour

820.5.1 VARIATION IN TIME REPORTED

When two or more employees are assigned to the same or similar activity, fieldwork, case or court appearance, and the amount of time for which overtime compensation is requested varies among the officers, the approving supervisor may require each employee to explain the reason for the variation.

820.6 REQUESTING USE OF COMPENSATORY TIME

The individual employee may request compensatory time in lieu of receiving overtime payment. The appointing authority may also require that compensatory time be taken in lieu of cash.

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Maximum accruals of compensatory times are governed by the Compensation Ordinance and vary by job classification.

Employees who have accrued compensatory time shall be allowed to use that time for time off within a reasonable period after making a request if the request does not unduly disrupt department operations. Requests to use compensatory time will be submitted to the employee's supervisor at least 24 hours in advance of its intended use. Supervisors may make exceptions in unusual or extraordinary circumstances. Case relief for investigators shall be handled as specified in the Leaves and Absences Procedures.

Compensatory time may not be used for time off for a date and time when the employee is required to appear in court on department-related matters. Supervisors shall not unreasonably deny employee requests to use compensatory time (29 CFR 553.25).

820.7 ROTATING SENIORITY

During ordered overtime situations, while officers are arranged in reverse seniority, this seniority will be "rotating seniority". The seniority list for subsequent weeks would begin where it stopped the previous week.

820.8 REFERENCES

For further guidance, refer to the Administrative Services Procedure Manual Overtime Compensation

[See attachment: CS180.pdf](#)

Attachments

CS180.pdf

ABSENCE / OVERTIME REPORT (CS 180)				Dept. ID _____		OVERTIME SECTION				REQUEST HOURS PAID AS:		DATE OVERTIME WORKED			
Emp. Name _____				Empl. ID _____		# OF HOURS	FROM		TO		COMP <input type="checkbox"/> CASH <input type="checkbox"/>				
Last _____		First _____		Class No. _____			AM	PM	AM	PM					
ABSENCE						SCHEDULED <input type="checkbox"/>		CALL BACK <input type="checkbox"/>		REASON WORKED					
FROM _____ THRU _____						AUTHORIZED BY: _____									
Date _____ Time _____ Date _____ Time _____															
REASON:						OVERTIME / LEAVE				PR. #		CODE		HOURS	
<input type="checkbox"/> SICK LEAVE PERSONAL <input type="checkbox"/> *SICK LEAVE OTHER <input type="checkbox"/> LEAVE WITHOUT PAY <input type="checkbox"/> OTHER				<input type="checkbox"/> VACATION <input type="checkbox"/> COMP TIME OFF <input type="checkbox"/> *BEREAVEMENT LEAVE (PLEASE INDICATE DATE OF DEATH) *INDICATE MOA-ELIGIBLE PERSON		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED									
EXPLAIN HERE:						APPOINTING AUTHORITY									
_____						_____								LEAVE WITH RIGHT TO RETURN <input type="checkbox"/> Yes <input type="checkbox"/> No	
I FULLY UNDERSTAND ALL TERMS AND CONDITIONS OF THE REQUEST.						PERSONNEL DEPARTMENT SECTION								<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	
EMPLOYEE SIGNATURE _____						_____									

CHARGE ALIAS OR CORRECT TO _____	# OF HOURS _____	DATE _____
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Date _____ Time _____ Date _____ Time _____															
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