



Division 07

Fiscal Affairs

Chapter 02 – Overtime Accountability and Procedures

March 2009

POLICY

This General Order shall establish Fire/EMS Department procedures for approval of overtime.

DEFINITIONS

Emergency Overtime - Overtime for which:

- The need becomes known after the submission of the most recent weekly scheduled overtime report
- The overtime is needed to maintain manning levels which are depleted because of:
 - Emergency Annual Leave
 - Sick Leave
 - IOJ or Light Duty
- The overtime is needed to:
 - Hold personnel beyond normal quitting time due to emergency incident or other emergency operational needs
 - Call key personnel back to duty because of an emergency incident or other emergency operational needs
 - Maintain the emergency fleet at a minimum of 75% readiness

Scheduled Overtime – Overtime that is anticipated at least one week in advance, and cannot be avoided by changing shifts or detailing

PROCEDURES

1. General Provisions

All overtime and compensatory time must be recorded on a compensatory time/overtime justification form. Compensatory time/Overtime justification forms must be signed by the employee, his/her supervisor, and a Battalion Chief or higher ranking official. These forms must be completed in advance and submitted with employees' timesheets.

Overtime must be authorized as indicated above, or at higher levels, for the following situations:

- Hold over for emergency incidents- Career Units
- Call back for emergency incidents- Staff Operations Officers, Division Commanders, and Majors
- Fill shifts vacated by leave (emergency)- Staff Operations Officers and Division Commanders
- Fill shifts vacated by leave (anticipated)- Majors and Communications Division Commander
- Overtime of Meetings, Holidays, or Training- Fire Chief
- Call back for mechanical failure- Staff Operations Officer

NOTE: Overtime for any situations not covered above must be approved by the Fire Chief or the respective Deputy Fire Chief. Promptness, accuracy and verification are the responsibility of the submitter and the supervisory chain.

Non-Emergency Operational Overtime



All requests for non-emergency operational overtime will be submitted five (5) working days in advance on a Scheduled Overtime Request form.

Meetings, Holidays, and Training

Scheduled overtime for meetings, holidays, and training must be submitted for approval through the chain-of-command to the office of the Fire Chief no later than seven (7) working days prior to actually working. The justification will include the requirements and related alternatives which were considered as well as the fiscal impact, and whether it is expected to be a continuing or recurring need. For facilities and personnel scheduling purposes, these requests should normally be submitted well in advance of the event.

Emergency Overtime

All overtime must be recorded on an Individual Overtime Justification form. These forms must be signed by the individual and his/her supervisor, with the proper summary forwarded by the supervisor through the chain-of-command.

Processing

All scheduled overtime will be submitted one week in advance on an Overtime Summary/Request form. All Overtime worked must be recorded on an Individual Overtime Justification form, signed by the individual and his/her supervisor, and submitted with the individual's time sheet to the appropriate Battalion/Division Commander. These must be summarized on the Overtime Summary/Request form.

The completed Overtime Summary/Request form must be in the Office of the Deputy Fire Chief no later than 1400 hours every Monday.

When Monday is a holiday, forms must be in no later than 1200 hours Tuesday.

The Overtime Summary/Request form will be completed on a weekly basis utilizing the summary portion for the week just completed, and the request portion for the next week's scheduled overtime. (Each week – Sunday through Saturday)

Compliance

Failure to comply with this General Order will result in denial of the overtime pay and appropriate disciplinary action.

REFERENCES

N/A

FORMS/ATTACHMENTS

Attachment - Individual Overtime/Comp Earned Justification form

PLEASE PRINT OR WRITE LEGIBLY

Payroll ID# (Required)	
# OF HOURS WORKED	
WORKED AT	
EVENT / OFFICE / STATION #	
BATT / OFFICE AFFILIATION	

**PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT
INDIVIDUAL OVERTIME/COMP EARNED JUSTIFICATION**

HOLIDAY SELF: _____
OTHER: _____
(CHECK ONE)

CIRCLE APPROPRIATE EARNINGS: COMP OR OT CIRCLE ONE: S M T W TH F S S M T W TH F S

NAME: _____ DATE WORKED: _____

TIME WORKED FROM / TO: _____ TOTAL HOURS WORKED: _____

NAME OF SUPERVISOR (USUALLY BAT. CHIEF) AUTHORIZING OVERTIME _____

CENTER # _____

MUST CIRCLE APPROPRIATE PREFIX AND CORRESPONDING SUFFIX WITH TOTAL HOURS & PRINT REASON FOR OT/COMP EARNING

*****PROJECT LOCATION CODE: THIS AREA OF THE TIMESHEET MUST INCLUDE A PREFIX & SUFFIX LISTED BELOW*****

EXPLANATION	PREFIX	EXPLANATION	SUFFIX	HOURS
MINIMUM STAFFING	MIN	ADMINISTRATION LEAVE BACKFILL	ADM	
DETAIL (workload detail-peak work periods)	DET	ANNUAL LEAVE BACKFILL	ANN	
ESSENTIAL (Essential services-weather related or other emergencies)	ESS	COURT TIME OVERTIME	CRT	
HOLDOVER/CALLBACK	HLD	COVERAGE FOR RECRUIT CLASS	CLS	
		TRAINING	TRG	
SPECIAL (Special events/other prescheduled tasks)	SPE	FAMILY MEDICAL LEAVE	FML	
		STAFFING REQUEST	STR	
		MILITARY LEAVE BACKFILL	MIL	
TRAINING (Participated in training)	TRG	INJURY OR LIGHT DUTY BACKFILL	IOJ	
OTHER	OTH	NON-OPERATING OVERTIME	NOP	
STANDBY (ONLY FOR CE, NOT OT)	STNDBY	OPERATING OVERTIME	OPR	
		SICK OR BEREAVEMENT LEAVE BACKFILL	SIC	
		VACANT POSITION BACKFILL	VAC	
		PRINCE GEORGE'S COMM. COLLEGE	PGC	
		CAREER RECRUIT SCHOOL	CRS	
		FIRE INVESTIGATIONS	INV	
		NIGHTCLUB TASK FORCE	BAR	
		BOMB SQUAD CALL OUT	BOM	
		NATIONAL MEDICAL STRIKE TEAM	MRT	
		PROMOTIONAL (Promotional process/assessment in other jurisdiction)	PRM	

**** HOLIDAY CODES 061 AND 034 - FORM NEEDED. NO PROJECT LOCATION CODE NEEDED FOR 061****

ADDITIONAL PROJECT LOCATION CODES RELATED TO COMPENSATORY LEAVE EARNED

EXPLANATION	PREFIX	HOURS	EXPLANATION	CODE	HOURS
HOURS WORKED	WRK_ _ _		COMPENSATORY ESSENTIAL SERVICES - WEATHER RELATED OR OTHER EMERGENCIES	AWDESS	
EXPLANATION	CODE	HOURS	COMPENSATORY - TRAINING OTHER THAN MANDATORY (Must be approved by respective Lt. Col.)	AWDTRG	
1.23 HRS C/E FOR DAY WORKERS (No justification form needed)	AWDCNT	1.23	COMPENSATORY - COUNTY HOLIDAY ON REGULAR DAY OFF (Reference salary plan) (No justification form needed)	AWDHOL	

HOMELAND SECURITY CODES - (Fiscal Affairs will provide when authorized by Office of Homeland Security)

EXPLANATION	PREFIX	EXPLANATION	PREFIX	HOURS

OT/COMP WORKING FOR: _____ **REASON:** _____

EMPLOYEE'S SIGNATURE: _____

IMMEDIATE SUPERVISOR'S SIGNATURE: _____
IF WORKED AT A LOCATION OTHER THAN NORMAL DUTY ASSIGNMENT, SUPERVISOR WHERE EMPLOYEE WORKED SHOULD SIGN HERE

AUTHORIZING INDIVIDUAL'S SIGNATURE: _____

ONLY JUSTIFICATION SIGNED BY PREVIOUSLY AUTHORIZED BATTALION CHIEF OR DESIGNEE SIGNATURES WILL BE APPROVED AND PAID