General Order Number: 07-02	Effective Date: January 2010
Division: Fiscal Affairs	
Chapter: Overtime Accountability and Procedures	
By Order of the Fire Chief: Marc S. Bashoor	Revision Date: N/A

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 / RESPONSIBILITIES

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, theses 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 for. 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

Individual Overtime/Comp Earned Justification form

HOLIDAY

(CHECK ONE)

SELF:

OTHER:

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 OVERTI	ME/COMP EARNED	JUSTIFICATION

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