



SUBJECT: CLASSIFIED PERSONNEL: OVERTIME, ADDITIONAL HOURS/POSITIONS **HR-05**

TO: All Management Personnel

DATE: November 2011

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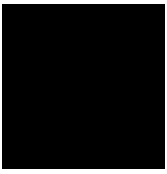
This bulletin is being issued to provide you with guidelines which you must follow regarding the addition of hours and positions and approval for overtime work for classified personnel. It applies to substitute, temporary, probationary, and regular classified personnel. It does not apply to Morning or Noon Duty Assistants. Please retain this bulletin for future reference.

Approval for Overtime Work

Current Board Policy states that:

No overtime work shall be permitted unless authorized by the appropriate member of the superintendent's executive staff or designee. Requests for overtime must be approved in advance, except in those emergency situations which involve health, safety or security.

1. **Please verify with the appropriate Fund Specialist the availability of fund prior to approving overtime. If you ask, allow, or permit classified employees to work overtime, they must be compensated for their work at the rate of time and one-half.**
 - a. Overtime work is any work which an employee does beyond eight hours in any day and 40 hours in any week.
 - b. As, allow, or permit means any time an employee works beyond the eight hours/40-hour-limits, and you know about it or have reason to suspect it.
 - c. Compensation means either pay or compensatory time off.
 - d. Time and one-half means the amount of time worked plus one-half more. For example, if the employee worked one hour, then time and one-half is an hour and one-half, or 90 minutes.
2. **The choice of pay or compensatory time off is mutually discussed by the employee and the supervisor.**





Overtime Compensation Verification

Employee Name: _____

Month: _____

Total Overtime Hours Worked: _____ (see record below)

Compensatory Agreement

Overtime pay at 1.5 times the regular hourly rate.
Number of actual overtime hours to be paid.

AND/OR

Compensatory time off (CTO) at 1.5 times the overtime hours worked.
Number of actual overtime hours worked to be taken as compensatory time off.

Sacramento City Unified School District
PAY-F011 OVERTIME LABOR STATEMENT

NAME					SOCIAL SECURITY No.		
POSITION					LOCATION	DATE	
DATE		OVERTIME HOURS WORKED					DESCRIPTION OF WORK
MO	DAY	GENERAL	OTHER FUNDING	BILLABLE *	CIVIC	PERMIT NUMBER	
TOTAL HOURS OF OVER TIME =							
ADMINISTRATIVE USE ONLY							I hereby certify that the hours worked and described have been performed by the individual named as listed on this labor statement.
BUDGET DEPARTMENT APPROVED BY:							AUTHORIZED SIGNATURE _____ DATE _____
DATE/S	HOURS	BUDGET CODE					AUTHORIZED SIGNATURE _____ DATE _____

General: General Funds
Other: Specific resources/goals indicated by site (i.e. Title 1, SIP, other than General Funds.)
Billable: Site use by other groups/organizations (i.e. Student Activities, PTA, Band Boosters, Student Gov't...)
Civic: Site use by external organizations. Requires permit # that always ends with a "P".

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