

**MARIN COUNTY SHERIFF'S DEPARTMENT
GENERAL ORDER MANUAL**

**CHAPTER 2 - PERSONNEL
GO-02-03
Page 1 of 4**

**DATE
December 9, 2002**

OVERTIME and OVERTIME REIMBURSEMENT

POLICY

Overtime is authorized when it is necessary to have sufficient personnel on-duty to fulfill the mission and responsibilities of the Sheriff's Office. It is the policy of the Sheriff's Office to monitor the use, and amount of overtime that employees can work during specified time periods. In order to assure payment and avoid delay in processing by the Business Office all overtime reimbursement requests will be completed in accordance with this order.

OVERTIME HOURS

Except in emergency situations, the following rules will be adhered to when working overtime. (For purposes of this order, emergency situations may include, but are not limited to: response to a subpoena, needs of the department in response to public safety, other situations as directed by a supervisor or commanding officer).

- No employee will work more than sixty (60) hours of overtime within a pay period.
- No employee shall work more than sixteen (16) consecutive hours including approved outside employment. Employees shall ensure that they have adequate rest between shift assignments. In any event, no employee shall report for duty with less than eight (8) hours off duty time before and after his or her regular or overtime shift.
Exceptions: Sworn personnel assigned to a regular schedule of twelve (12) hour shifts may work up to eighteen (18) consecutive hours including approved outside employment providing:
 - They are scheduled and utilize a regular day off (RDO) immediately following the eighteen (18) hour shift worked, or
 - They utilize the Custody Division bunkroom and get six (6) straight hours of rest before their next assigned shift.
- It is the duty of the employee to track his or her work hours and inform his or her supervisor when time limitations are reached.
- A Sheriff's Lieutenant or above, or the Watch Commander during non-business hours, may authorize an exception to the sixty (60) hours of overtime within a pay period if he/she determines that conditions necessitate such an exception and other options have been eliminated. A memorandum will be forwarded to the Bureau Commander of the employee advising of the authorization and setting forth the circumstances that necessitated the exception.

MANDATORY OVERTIME

Supervisors are authorized to order personnel to work beyond their normal duty hours, or if they are off duty, to report for duty when they believe conditions exist that require such measures.

Those personnel ordered to work shall do so unless excused by the ordering supervisor for good cause.

REQUESTS FOR OVERTIME REIMBURSEMENT FORM

Each employee will be held responsible for accurately and promptly completing an Overtime Reimbursement Request Form (Form 3210-01) in accordance with the following instructions (Form, 3210-01, will hereinafter be referred to as an "O.T. SLIP"). The purpose of this form is to accurately document the overtime worked so that the employee can be paid the correct amount.

Failure to properly complete Form 3210-01 may result in overtime pay being withheld.

Overtime will be compensated to the nearest quarter hour.

All three (3) copies will be forwarded to the Watch or Division Commander. The PINK copy will be attached to the meal reimbursement form when meal reimbursement is requested.

An O.T. Slip must be completed as soon as possible after the overtime has been worked.

All O.T. Slips must be approved by the employee's supervisor prior to being forwarded to the Watch or Division Commander.

Form Boxes:

NAME: PRINT or TYPE the last name, first name and initial.

RANK: Indicate rank or classification; i.e., Deputy, Legal Process Specialist, Sergeant, Comm. Dispatcher, etc.

DATE SUBMITTED: Indicate the date the O.T. Slip was completed and forwarded to the Supervisor.

WATCH WORKED: In 24 hour time mode, indicate inclusive hours of scheduled shift on the day of overtime; i.e., 0700-1900, 1900-0700, 0000-0800, 0800-1600, 1600-2400, RDO, etc.

DIVISION ASSIGNED: Indicate the area, unit or division you were scheduled to the day of overtime; i.e., Patrol-Area I, Court Security, Investigations Division, Jail Division, Civil & Doc Services Division, etc.

DIVISION DETAILED TO: Indicate area, unit or division assigned to where overtime was worked; i.e., Patrol I/II/III/IV, Court Security, Investigations Division, District Attorney, Training Unit, Records, etc.

REASON FOR OVERTIME: Give a brief, concise reason for working overtime and indicate the name of person that assigned you (if you have any questions about these requirements ask your supervisor); i.e.:

- Personnel Shortage: Overtime was worked because staffing fell below the minimum required. The slip must indicate the name of the supervisor assigning the overtime, and the name of the person whose shift is being covered.
- Holiday: Indicate which holiday and if overtime is on the first day back from RDO's.
- Court: Criminal/Traffic - attach subpoena and complete boxes for court case number, appearance location and name of defendant.
- Report writing/late arrest: Indicate report case number(s), time of assignment and the name of the supervisor authorizing the overtime. Attach OT Slip to completed reports.

- Range: Only one hour is approved for routine range qualification. If more than one hour is requested, include the name of the range master and the supervisor approving over one hour.
- Training: Indicate type, location, instructor(s), or the supervisor assigning the detail. Example: Advanced Officer Training - Squad Room, Sgt. Smith.
- Outside Contract Detail: Indicate detail, location and person who assigned the detail. Example: County Fair – Marin Center - Sgt. Smith.
- Criminal Investigation: Indicate report case number(s), time of assignment and the name of the supervisor authorizing the overtime.
- Transportation Detail: Include who was transported, where transported to, and the name of the supervisor who assigned the detail.
- Guard Duty Hospital: Include the name of the prisoner(s), which medical facility and the name of the supervisor who assigned the detail.
- Other: Used for any detail that does not fit into another category. Re: Military Leave, Family Leave, Academy Transfer or New Sergeant Transfer etc.

BEGINNING DATE OF OVERTIME: Indicate date that overtime began.

ENDING DATE OF OVERTIME: Indicate date that overtime ended.

BEGINNING HOUR: Indicate time (within five minutes) that overtime began.

ENDING HOUR: Indicate time (within five minutes) that overtime ended.

TOTAL HOURS: Indicate number of hours to nearest quarter, which must correspond to the time indicated above. EXCEPTION: If overtime qualifies for 4-hour minimum, indicate by "4 min."

REQUEST: Comp. time or pay - indicate which type of compensation is desired.

CATEGORY: Indicate the number coinciding with the category at the bottom of the page that most accurately describes your overtime detail. These categories will be utilized for purposes of tracking Division overtime.

SIGNATURE: Sign here indicating that the information contained on the overtime slip is true and accurate.

RANK: Indicate your rank or classification.

RELATED STANDARDS

GO-02-01 Time Sheets

AFFECTED DIVISIONS

ALL

DATE OF REVISIONS

3/6/81

1/18/94 [replaced General Order GN 81-15]

3/5/02 [Special Order on Overtime Hours dated 8/5/99 incorporated into GO]
6/5/02
12/9/02

Appendix

A - Overtime Request Slip

By Order Of:

ROBERT T DOYLE
SHERIFF

APPENDIX A

Marin County Sheriff's Office

Request For Overtime To Be Submitted No Later Than 24 Hours After Overtime Worked.

(Print) Last Name,	First	Initial	Rank/ Classification	Date Submitted	Scheduled Watch
Division Assigned to			Beginning Date of Overtime		Beginning Hour
Division Detailed to			Ending Date of Overtime		Ending Hour
Reason for Overtime					Total Hours
Court Case Number	Request			Category	
	<input type="checkbox"/> Comp Time			<input type="checkbox"/> Pay	
Signature			Approved By Supervisor	Authorized by Commanding Officer	

CATEGORIES OF PAID OVERTIME:

- | | | |
|----------------------------|----------------------------------|-----------------------------|
| (1) Personnel Shortage | (2) Holiday | (7) Outside Contract Detail |
| 1(A) Sick Day Off | (3) Court | (8) Guard Duty-Hospital |
| 1(B) Vacation Day Off | (4) Report Writing / Late Arrest | (9) Transportation |
| 1(C) Compensatory Day Off | (5) Range | (10) Criminal Investigation |
| 1(D) Worker's Compensation | (6) Training | (11) Other_____ |
| 1(E) Unfilled Vacancy | | |
| 1(F) Training Coverage | | |
| 1(G) Extra Day Off | | |
| 1(H) Patrol Transfer | | |