

STATE OF OHIO
ADJUTANT GENERAL'S DEPARTMENT
2825 WEST DUBLIN GRANVILLE ROAD
COLUMBUS, OHIO 43235-2789

MEMORANDUM

TO: SEE DISTRIBUTION

FROM: Gregory L. Wayt, Major General (Ohio), The Adjutant General 

DATE: January 21, 2005

SUBJECT: Policy – State Employee Procedure Letter #2A
Overtime and Compensatory Time for Bargaining Unit Employees

1. REFERENCES:

- A. Article 13, AFSCME/OCSEA Labor Agreement.
- B. Appendix Q, Article 13.17

2. SCOPE:

- A. All state employees, except firefighters, included in the AFSCME/OCSEA Contract are eligible for overtime/comp-time as described in Article 13.
- B. Firefighters are eligible for overtime/comp-time as described in Appendix Q.
- B. Exempt state employees of the department are governed by policy letter #2B.

3. DEFINITIONS FOR BARGAINING UNIT EMPLOYEES EXCEPT FIREFIGHTERS:

- A. Overtime: Occurs when an employee paid pursuant to Section 123:1-43-01 OAC is required, by an administrative superior, to be in an active pay status for more than 40 hours in any calendar week. Sick leave shall not be considered as an active pay status for the purposes of overtime calculations. Employees shall be entitled to overtime compensation or compensatory time off.
- B. Compensation/Compensatory Time: An employee entitled to overtime compensation shall be entitled to compensation for such time over 40 hours at one and one-half times his regular rate of pay. The employee may elect to take compensatory time off, in lieu of overtime pay on a time and one-half basis.

4. PROCEDURES FOR BARGAINING UNIT EMPLOYEES EXCEPT FIREFIGHTERS:

- A. The employee has the option to request overtime payment or compensatory time off.
- B. Compensatory time off must be taken at a time mutually convenient to the employee and the supervisor. If an employee's request to use compensatory leave is denied, the compensatory time requested shall be paid to the employee at his/her option. All requests for compensatory time to be paid must be in writing and accompanied by the Request for Leave (ADM 4258) denied by the supervisor.
- C. When an individual requests overtime payment, a Request for Approval of Overtime or Holiday Work, AGN Form 0008, must be executed and submitted with the Time and Attendance Report (T & A), AGN Form 0023, to the State Human Resources Division (AGOH-SHRD). The employee requesting overtime payment must sign and complete the form. The form is forwarded to the employee's supervisor for approval and signature prior to working the overtime. It is the supervisor's responsibility to coordinate with the State

Overtime and Compensatory Time For Bargaining Unit Employees

Finance Office (AGOH-FI) to ensure funds are available for the requested overtime.

- D. If an individual desires compensatory time off instead of cash payment, then the data from the Request for Approval of Overtime or Holiday Work is carried over to a Compensatory Record, AGN Form 0009. Compensatory time accrued must be entered on the T & A, with the code "CA." The Time & Attendance Certifying Officer must retain the completed Request for Approval of Overtime or Holiday Work and Compensatory Record and post balances accordingly as they are used. As compensatory time is used, a "CU" is entered on the T & A and the balance remaining must be adjusted on the Compensatory Record. DO NOT submit the Compensatory Record (AGN Form 0009) with the T & A.
- E. Maximum Accrual: The maximum accrual of compensatory time shall be two hundred forty (240) hours. When the maximum hours of compensatory time accrual are attained, payment for overtime work shall be made.
- F. Time Limits: Compensatory time must be used within two hundred seventy (270) days from when it was earned. Compensatory time not used within two hundred seventy (270) days shall be paid to the employee at the employee's current regular rate of pay upon written request.
- G. The Request for Approval of Overtime or Holiday Work and Compensatory Records (AGN Forms 0008 and 0009) are accountable forms, as are the T & As (AGN Form 0023). Certification Officers are reminded that these forms must be maintained and made available for short or no notice inspection by proper officials of this department and state auditors. See policy letter #4.
- H. Compensatory time off may not be used during any scheduled work period in order to earn overtime, holiday pay, or additional compensatory time.
- I. All compensatory time must be used before an employee is granted a leave of absence.
- J. Upon termination of employment, an employee shall be paid for unused compensatory time at a rate which is the higher of:
 - i. The final regular rate received by the employee; or
 - ii. The average regular rate received by the employee during the last three years of employment.

5. DEFINITIONS FOR BARGAINING UNIT FIREFIGHTERS:

- A. Overtime: Overtime shall be calculated on hours in active pay status in excess of one hundred and four (104) hours during the fourteen (14) day pay period. Overtime shall be paid at one and one-half (1.5) times his/her regular rate of pay. All overtime must be authorized by an administrative authority. Employees shall be entitled to overtime compensation or compensatory time off.
- B. Compensation/Compensatory Time: The employee may elect to take compensatory time off in lieu of cash overtime payment for hours worked in excess of one hundred and four (104) hours during the fourteen (14) day pay period. Such compensatory time shall be granted at one and one-half (1.5) basis.

6. PROCEDURES FOR BARGAINING UNIT FIREFIGHTERS:

- A. The employee has the option to request overtime payment or compensatory time off.
- B. Requests for compensatory time off may be submitted within forty-eight (48) hours in advance of the anticipated time off. In the event forty-eight (48) hours notice is not

AGOH-SHRD

SUBJECT: POLICY - State Employee Procedure Letter #2A

Overtime and Compensatory Time For Bargaining Unit Employees

possible, the request shall be made as soon as possible and shall not be unreasonably denied. All requests must be followed up by a request in writing submitted at a reasonable time after the initial request.

- C. When an individual requests overtime payment, a Request for Approval of Overtime or Holiday Work, AGN Form 0008, must be executed and submitted with the Time and Attendance Report (T & A), AGN Form 0023, to the State Human Resources Division (AGOH-SHRD). The employee requesting overtime payment must sign and complete the form. The form is forwarded to the employee's supervisor for approval and signature prior to working the overtime. It is the supervisor's responsibility to coordinate with the State Finance Office (AGOH-FI) to ensure funds are available for the requested overtime.
- D. If an individual desires compensatory time off instead of cash payment, then the data from the Request for Approval of Overtime or Holiday Work is carried over to a Compensatory Record, AGN Form 0009. Compensatory time accrued must be entered on the T & A, with the code "CA." The Time & Attendance Certifying Officer must retain the completed Request for Approval of Overtime or Holiday Work and Compensatory Record and post balances accordingly as they are used. As compensatory time is used, a "CU" is entered on the T & A and the balance remaining must be adjusted on the Compensatory Record. DO NOT submit the Compensatory Record (AGN Form 0009) with the T & A.
- E. Maximum Accrual: Each firefighter may accrue compensatory time to a maximum of four hundred eighty (480) hours (i.e., 320 hours at one and one-half). When the maximum hours of compensatory time accrual are attained, payment for overtime work must be made in cash.
- F. Time Limits: A firefighter shall be paid for unused compensatory time ONLY upon termination of employment.
- G. The Request for Approval of Overtime or Holiday Work and Compensatory Records (AGN Forms 0008 and 0009) are accountable forms, as are the T & As (AGN Form 0023). Certification Officers are reminded that these forms must be maintained and made available for short or no notice inspection by proper officials of this department and state auditors. See policy letter #4.
- H. Compensatory time off may not be used during any scheduled work period in order to earn overtime, holiday pay, or additional compensatory time.
- I. All compensatory time must be used before an employee is granted a leave of absence.

Enclosures: (3)

1-AGN 0008 - Request for Approval of Overtime or Holiday Work

2-AGN 0009 - Compensatory Record

3-State Employee Overtime Roster

DISTRIBUTION:

AD

STATE OF OHIO

ADJUTANT GENERAL'S DEPARTMENT

REQUEST FOR APPROVAL OF OVERTIME OR HOLIDAY WORK

Date: _____

1. Division or Section: _____

2. Name of Employee: _____

3. Dates and Hours Worked:

<u>DATE</u>	<u>CLOCK HOURS</u>	<u>TOTAL OT HOURS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Reason for Overtime: _____

5. Proper coordination has been made with the State Finance Officer (AGOH-FI) to insure that funds are available to pay this overtime. Yes No

Signature of State Finance Officer (if required): _____

6. Signature of employee requesting overtime compensation: _____

7. Approved
 Disapproved

Signature of Division or Section Chief

Date

**STATE OF OHIO
ADJUTANT GENERAL'S DEPARTMENT
COMPENSATORY RECORD**

NAME: _____ **SSN:** _____

DATE	Comp-Time Accrued (CA)	X 1.5 =	Comp-Time Earned	Comp-Time Used (CU)	Balance Available	Supervisor Signature
		X 1.5 =				
		X 1.5 =				
		X 1.5 =				
		X 1.5 =				
		X 1.5 =				
		X 1.5 =				
		X 1.5 =				
		X 1.5 =				

Notes:

1. Every comp-time accrued (CA) entry must be supported with an AGN 0008 which originally authorizes and documents the overtime worked.
2. Only those employees who have been authorized to work overtime and holidays are entitled to request comp-time.
3. Complete this form in original only and retain by the T & A Certifying Officer.
4. This form must accompany a request for comp-time payoff.
5. A completed sample form appears on the reverse.

SAMPLE

STATE OF OHIO
ADJUTANT GENERAL'S DEPARTMENT
COMPENSATORY RECORD

NAME: John J. Doe SSN: 123-45-6789

DATE	Comp-Time Accrued (CA)	X 1.5 =	Comp-Time Earned	Comp-Time Used (CU)	Balance Available	Supervisor Signature
6/4/99	N/A	X 1.5 =	Balance Forwarded		20	Sally Smith
6/6/99	1	X 1.5 =	1.5	-	21.5	Sally Smith
6/8/99	1.5	X 1.5 =	2.25	-	23.75	Sally Smith
6/18/99	0	X 1.5 =	0	2	21.75	Sally Smith
6/21/99	3	X 1.5 =	4.5	-	26.25	Sally Smith
		X 1.5 =				
		X 1.5 =				
		X 1.5 =				

Notes:

- Every comp-time accrued (CA) entry must be supported with an AGN 0008 which originally authorizes and documents the overtime worked.
- Only those employees who have been authorized to work overtime and holidays are entitled to request comp-time.
- Complete this form in original only and retain by the T & A Certifying Officer.
- This form must accompany a request for comp-time payoff.
- A completed sample form appears on the reverse.

SAMPLE

KPLACE:

CALENDAR QUARTER:

DATE:

NAME (TYPE/PRINT) SIGNATURE	ENTER PAY PD END DATE →		OVERTIME ELECTION	STATE SENIORITY DATE	POSITION CLASS TITLE	YES	NO	OW	OR	FR	TOTAL OT HOURS WORKED THIS QUARTER									
	OW	OR																		
								OW	OR	FR										
								OW	OR	FR										
						YES	NO	OW	OR	FR										
						YES	NO	OW	OR	FR										
						YES	NO	OW	OR	FR										
						YES	NO	OW	OR	FR										
						YES	NO	OW	OR	FR										

INSTRUCTIONS ON REVERSE SIDE

OW = OVERTIME WORKED
OR = OVERTIME REFUSED
FR = OVERTIME FAILED TO REPORT

NOTES:

1. Each collective bargaining employee will be asked once each calendar quarter to declare his desire to be considered for overtime and sign this form. Form should be executed in the first month of each calendar quarter (Jan, Apr, Jul, Oct).
2. The overtime roster will be posted. The rosters will be updated every pay period in which any affected employee earns overtime. If no overtime is worked during a pay period, then there is no need to update the roster. The steward may be provided a copy of the roster upon request.
3. "Call-back" pay is excluded from overtime calculations. (See Article 13.08)
4. Newly hired permanent employees will be added to the roster immediately after date of appointment.
5. State seniority is the total length of service in a permanent full-time position or succession of positions within the employ of the State of Ohio dating back to the last date of hire. Last date of hire will be the same as date of continuous service.
6. Employee who refuses overtime offered shall be credited on the overtime roster with the amount of overtime offered.
7. Employee who fails to perform overtime agreed to will be charged double the overtime amount.
8. For the purpose of analyzing equitable distribution of overtime, the overtime rosters will be purged or all balances returned to zero in the pay period that includes 31 December annually. Therefore, overtime rosters must be retained for one (1) full calendar year, 1 Jan - 31 Dec.