



**SAN JOAQUIN COUNTY WORKNET  
 EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT  
 POLICIES AND PROCEDURES DIRECTIVE**

DIRECTIVE NO.	EFFECTIVE DATE	APPLICABILITY	PAGE
D-7	July 1, 2015	Departmental	1 of 3
<b>SUBJECT: OVERTIME EARNED/TIME OFF REQUEST FORM</b>			

I. PURPOSE

The purpose of this directive is to establish a uniform policy and procedure for the authorization of San Joaquin County WorkNet/Employment and Economic Development Department (EEDD) staff to accrue overtime, to request time off against accrued overtime, sick leave, annual leave, floating holidays or to request time off without pay when the employee has no accrued time available for the purpose for which it is being requested.

II. GENERAL INFORMATION

The Overtime Earned/Time Off Request Form (Attachment 1) is to be used for overtime earned/time off requests. It provides a record of all authorized time off and overtime accrued by San Joaquin County WorkNet/EEDD personnel. This record is necessary for accurate payroll records through San Joaquin County WorkNet/EEDD Financial Management Division and with the County Auditor/Controller's Office individual employee record keeping process. Through use of the form by all San Joaquin County WorkNet/EEDD employees, personnel will have an accurate accounting of their time accrued and taken, and outstanding balances in annual leave, sick leave, overtime and floating holidays.

III. POLICY

1. It is the administrative policy of EEDD that the earning of overtime should be the exception and not the rule and it must be reasonable and necessary for effectiveness and efficiency of the operation and administration of San Joaquin County WorkNet/EEDD and its programs.
2. It is the administrative policy of EEDD that all employees shall use the Overtime Earned/Time Off Request Form for documenting all time (during regular County working hours) taken off when they are not away from the office on authorized EEDD business.

3. It is the administrative policy of EEDD that all employees use the Overtime Earned/Time Off Request Form for documenting all authorized overtime earned when conducting San Joaquin County WorkNet/EEDD business during times which are not normal working hours for EEDD.

#### IV. PROCEDURE

1. All time taken off shall only be valid if the Overtime Earned/Time Off Request Form is completed and contains the EEDD employee's and Supervisor's signature. Overtime must be approved in advance by the Executive Director or designee.
2. All supervisors are responsible for recommending, to management, the authorization of overtime to be accrued for any EEDD employee under their supervision. Unless an emergency workload situation arises, recommendations for any employee to accrue overtime is to be processed through EEDD Executive Management before the date and time of the overtime to be worked.
3. All supervisors are responsible for the time taken off by all employees under their supervision. Therefore, except for times of EEDD employee emergencies or illnesses, supervisors shall recommend time off only when individual and unit workload and deadlines can be met without the individual for whom time off is recommended.
4. All supervisors shall determine, before recommending to management the approval of the overtime to be accrued, that the overtime will be necessary for the meeting of department and unit goals and objectives and that the department and individual being recommended can assist in meeting these goals and objectives through the overtime activity.

#### Completion of Overtime Earned/Time Off Request Form

Forms are to contain all information indicated on the spaces. The form shall contain:

1. Name of the employee.
2. Pay period in which time is taken/accrued.
3. Unit
4. Date of the request. The date shall be in advance of the time to be taken/accrued except for cases of illness or emergency.
5. Date, time, hours to be taken/accrued.
6. Purpose of request.
7. Whether, in the case of overtime accrued, it is to be paid or compensated in time off.

Note: Employees may request payment for overtime worked even if the time could be taken as compensatory time off.

Note: All compensation paid to employees is recorded by the Auditor/Controller and is reflected in the employee's yearly W-2 "earnings" record reported to the Internal Revenue Service.

8. Recommended by employee's supervisor.
9. Date of recommendation.
10. Signature of Executive Director or designee.

Additional Information

1. Separate documents are to be prepared for overtime authorizations and time off requests.
2. Employees and their supervisors are responsible for insuring that forms are completed and signed.
3. Forms must be attached to employee timesheet when presented to Financial Management for documentation purposes. Overtime will not be accrued or paid by Financial Management without completed and signed forms. Timesheets must account for each individual's entire pay period. If forms are not attached, Financial Management cannot record time accurately and employee's checks will not reflect compensation or compensatory time earned by that employee.

V. QUESTIONS REGARDING THIS DIRECTIVE

May be referred to the Executive Director EEDD via Managers or designee.

VI. UPDATE RESPONSIBILITY

The Executive Director of EEDD and/or designee shall be responsible for updating this directive, as appropriate.

VII. APPROVED



JOHN M. SOLIS  
EXECUTIVE DIRECTOR

JMS:rg

EMPLOYMENT & ECONOMIC DEVELOPMENT DEPARTMENT									
OVERTIME EARNED/TIME OFF REQUEST									
NAME (Please Print)					EMPLOYEE ID #		DIVISION NAME		
LAST		FIRST		M.I.					
<p><b>TIME OFF CODES:</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>LVC VACATION</p> <p>LSK SICK LEAVE</p> <p>LFS FAMILY SICK LEAVE</p> <p>LCT COMP TIME USED</p> <p>LFT HOLIDAY (FLOATING)</p> <p>LHR HOLIDAY (REGULAR)</p> <p>LB BEREAVEMENT</p> </div> <div style="width: 45%;"> <p>LJR JURY DUTY</p> <p>LWD WITNESS DUTY</p> <p>LMP MILITARY LV WITH PAY</p> <p>LAT ADMINISTRATIVE LV</p> <p>LA AUTHORIZED LV W/O PAY</p> <p>LU UNAUTHORIZED LV W/O PAY</p> <p>LMU TEMP MILITARY LV W/O PAY</p> <p>LIT INCENTIVE</p> </div> </div>									
<p><b>TIME EARNED CODES:</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>OVERTIME (OTR)</p> <p>LCA COMP EARNED</p> <p>LFA HOL (FLOATING) EARNED</p> <p>LH1E HOL (REGULAR) WORKED</p> </div> <div style="width: 45%;"> <p>CASH PAYMENT</p> <p>R HOL WORKED (OH1)</p> <p>R HOL O/T (OH2)</p> </div> </div>									
NOTE: R = REGULAR HOL = HOLIDAY OT = OVERTIME									
FROM	TO	PM	PM	HOURS	T.O. CODE	DATE WORKED	HOURS WORKED	T.E. CODE	
DATE	DATE	TIME	TIME						
FROM	TO	PM	PM	HOURS	T.O. CODE	DATE WORKED	HOURS WORKED	T.E. CODE	
DATE	DATE	TIME	TIME						
FROM	TO	PM	PM	HOURS	T.O. CODE	DATE WORKED	HOURS WORKED	T.E. CODE	
DATE	DATE	TIME	TIME						
FROM	TO	PM	PM	HOURS	T.O. CODE	DATE WORKED	HOURS WORKED	T.E. CODE	
DATE	DATE	TIME	TIME						
FROM	TO	PM	PM	HOURS	T.O. CODE	DATE WORKED	HOURS WORKED	T.E. CODE	
DATE	DATE	TIME	TIME						
<p>Does the use of accrued leave or leave without pay qualify as Family/Medical leave?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p>									
<p><b>COMMENTS: (Reason for Sick Leave, Reason for Overtime, Relationship for Bereavement Leave, Etc.)</b></p>									
EMPLOYEE					AUTHORIZED				
SIGNATURE					SUPERVISOR				
DATE					DATE				
APPROVED					DESIGNATED AUTHORITY				
DATE					DATE				
<p>Except for sick leave or emergencies, request for all time off must be submitted well in advance of the time requested. When requests are approved, they will be recorded unless you inform the timekeeper or payroll person that they have been cancelled.</p>									