

	Subject of Procedure: <b>Overtime</b>	
	Section of Manual: Human Resources	Procedure Number: 151
	Originating Unit: Human Resources	Effective Date: November 1, 1998 Revised: March 9, 2021

**Scope:**

This procedure applies to all employees

**Definitions:**

Workweek: a 7-day period beginning on Sunday and ending on Saturday.

Non-Exempt: an employee paid an hourly wage and is eligible for overtime pay

Exempt: an employee paid a minimum salary in accordance with the Fair Labor Standards and/or State specific standards and perform executive, administrative, or professional duties.

**Procedural Requirements**

I. Designation

Each employee is designated as either non-exempt or exempt in accordance with federal and state wage and hour laws. An employee's exempt or non-exempt status may be changed only by approval of the Chief Financial Officer, Chief Operations Officer, Chief Executive Officer/President.

II. Non-exempt status

Nonexempt employees, including intermittent hourly, are entitled to overtime pay. Overtime is paid at one and one-half times the employee's regular rate for each hour worked in excess of 40 hours in a workweek. Holidays, vacation days, sick leave, and other scheduled or unscheduled time off will not be considered hours worked for purposes of calculating overtime.

III. Exempt status

Exempt employees are not entitled to overtime pay for hours worked in excess of 40 hours in a workweek. Supervision, management, and some professional positions are classified as exempt.

IV. Authorization for overtime

Occasionally it may be necessary for non-exempt staff to work overtime, such as when a department is understaffed, a special project is underway, or other extenuating

circumstances. Non-exempt employees are required to obtain permission from their supervisor before working over 40 hours in a given week.

#### V. Overtime reporting

Non-exempt employees must report all hours worked on their timesheets without exception, regardless of if permission was attained. No one has the authority to instruct or influence employees to falsify time worked. If an employee is encouraged to report more or less than actual hours worked, the employee should immediately report the situation to the Human Resources Manager.

#### VI. Attestation of understanding

All Non-exempt employees will sign an attestation of understanding of overtime reporting upon hire. (Appendix 1) The Human Resources department will ensure that the form is completed during agency orientation and filed in the employee personnel record.

As a valued CareLink employee you are empowered with self-reporting of time worked, absences and mileage traveled. This is a serious responsibility and has serious consequences if not completed accurately.

It is your responsibility to ensure that you are accurately reporting your work hours and miles traveled for reimbursement purposes. Your job has been designed so that when you are organized and efficient you can normally accomplish your tasks assigned during a 37.5-hour work week. If you must work more than 37.5 hours in a week you are required to get authorization from your supervisor or manager before the time is worked. Actual hours worked over 40 in a week will be paid at overtime rates. (Holiday, Annual and Sick Leave do not count toward overtime calculations) Examples of extra time requests would be when your department is short staffed, there is a special project in progress or other extenuating circumstances. By requiring you to request overtime, not only is CareLink being cost conscious but also identifying when you may need help in how you are approaching your tasks and offer additional training, assistance, or corrective action.

You may not, in any situation, work hours that you are not recording on your timesheet as an hourly paid employee.

**I attest the following for any and all time or mileage submissions:**

“By submitting my Timesheets for approval, I verify that the dates, times, hours worked, and paid or unpaid time off, if any, are accurate and complete for each pay period for which they are submitted. I understand that CareLink is relying upon my verification to accurately calculate my compensation and I release CareLink from any liability or damages of any kind resulting from my inaccurate or untrue verification.

By submitting my Mileage Expense Report for approval, I verify that the dates, times, miles traveled, and reason for travel are accurate and complete for the period indicated. I understand that CareLink is relying upon my verification to accurately calculate my mileage reimbursement and I release CareLink from any liability or damages of any kind resulting from my inaccurate or untrue verification.

I further understand that inaccurate or false reporting is grounds for immediate termination.”

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature