MANDATORY OVERTIME OF CAREER PERSONNEL POLICY

PURPOSE: To provide additional procedures beyond those established by the Department of Human Resources for the administration of overtime and changes in work status.

APPLICABILITY: This policy shall apply as specified to both 40-hour non-uniform and unformed “shift” department personnel of the Department of Emergency Medical Services.

DEFINITION: Mandatory overtime is defined as employees requiring working hours in addition to those normally scheduled within the workweek or workday.

ACTIVATION: The authority to initiate mandatory overtime shall be vested with the EMS Chief, Deputy EMS Chief, Division Chief and EMS Brigade Chief.

OVERTIME PROCEDURES:

- Mandatory overtime may be invoked on any employee to ensure operational readiness is ensured.
- On-duty field personnel may be required to work beyond their assigned shift to ensure operational readiness.
- Non-exempt personnel on the General Pay Plan required working hours addition to those normally scheduled should be eligible for overtime compensation.
- Employees shall receive either comp time at a rate 1 ½ times the hours worked or overtime for hours worked.
- Personnel may request the form of compensation however; the EMS Chief or his designee reserves the right to determine the form of compensation.
Personnel may not work greater than two (2) consecutive 12-hour shifts for no more than 27 continuous hours. Instances where two (2) consecutive shifts are worked, the provider must have planned to be off-duty a full 12 hours before working again. It is the provider's responsibility to schedule his/her extra shift, whether constant staffing or absences with relief, so that this policy is not violated and they are available and eligible to work their regularly assigned shift.

Individuals failing refusal to accept a mandatory overtime assignment may receive in corrective action.

This policy shall become effective upon the approval of the Chief of Emergency Medical Services.

APPROVED:

______________________________
EMS Chief                             Date

1/10/2006

LEGAL REVIEW

Signature on File

______________________________
City Attorney’s Office            Date

Originated       Revised
1/10/2006