


Chicago Animal Care & Control	General Order : #032
Subject: Overtime Management Policy Compensatory Time Earned/Used	Date Revised: 06/20/2018 Manager's Approval: 

In accordance with the City of Chicago Overtime Management Policy, the following will apply:

Completing work on overtime is the exception, not the rule. As a matter of fiscal policy, overtime must be kept to an absolute minimum and only authorized for critical time-sensitive work. To the extent possible, work should be completed on straight time during an employee's regular shift.

Pre-Approval Process (Scheduled Overtime)

Scheduled overtime opportunities:

- (1) Will be determined by the Deputy Director at least one month prior to the day that the scheduled overtime is to take place.
- (2) The Deputy Director will review requests for time off to determine coverage.
- (3) Overtime opportunities will be posted in a designated area of each division and offered by seniority in the employee's job classification (per the CBA).
- (4) In the event that no employees volunteer, the Deputy Director will mandatorily assign such overtime by reverse seniority.

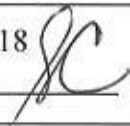
Pre-Approval Process (Un-Scheduled Overtime)

Unscheduled overtime:

- (1) Will be determined by the division manager on an as-needed basis.
- (2) The supervisor will contact the division manager to inform him/her of any needed overtime.
- (3) The division manager will determine if overtime is warranted and will specify the number of hours approved for overtime.
- (4) Employees will not be paid more than the approved number of overtime hours, barring certain extraordinary circumstances as determined by the Deputy Director.
- (5) Unscheduled overtime will be offered first to the employee performing the job at the location and thereafter by seniority.
- (6) In the event that no employees volunteer, the Deputy Director will mandatorily assign such overtime by reverse seniority.

Granting of Overtime

Overtime will be granted per the union contract (see your contract for specific regulations):
 AFSCME Contract Article 16 – Hours of Work and Overtime.
 SEIU Unit II Contract Article 10 – Hours and Overtime.

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Approval of Overtime Authorization Form

- (1) An Overtime Authorization form **{Attachment A}** must be completed by the employee working the overtime immediately upon working the overtime.
- (2) The Overtime Authorization form must be submitted to the supervisor who authorized the overtime the same day the overtime is worked.
- (3) The supervisor will review the form to ensure the following:
 - (a) the appropriate information is on the form (including employee name, correct date, correct hours worked, correct total number of hours, reason for overtime and employee signature).
 - (b) backup documentation (if required) is attached.
- (4) The supervisor will then enter the correct Reason and Labor Tracking Code **{Attachment B}** on the form prior to submitting the form to the division manager.
- (5) The division manager will review the form to ensure the appropriate information is documented, backup documentation is attached and the appropriate labor tracking code is used before determining if the overtime is to be approved or denied.
 - (a) If denied, the form is to be returned to the employee with detailed explanation as to the denial.
 - (b) If approved, the form will be signed and submitted to the Deputy Director.
- (6) The Deputy Director will review, request additional information if required, then sign the Overtime Authorization form and submit it to the Administrative Services Officer for data entry into the payroll system.


Overtime earned will be recorded in 15 minute intervals.

Attached is a chart with the Labor Tracking Codes **{Attachment B}** for overtime per the Overtime Management Policy. The Supervisor will ensure that the appropriate Labor Tracking Code is on the Overtime Authorization form prior to submitting the form to the division manager for review and processing.

Recording Overtime and Compensatory Time

The Administrative Services Officer II shall be responsible for coding both overtime and compensatory time in the Chicago Automated Time and Attendance System ("CATA") via both a reason category code and corresponding labor tracking code.

The Administrative Services Officer II shall obtain all completed Overtime Authorization Forms from the Deputy Director. These forms, which contain corresponding Reason and Labor Tracking Codes, will be used to enter all overtime and compensatory time data into CATA.

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Overtime Review


- (1) Each instance of overtime and compensatory time will be reviewed by the Deputy Director and Executive Director bi-weekly to determine if the overtime/compensatory time was warranted and authorized. Overtime and compensatory time will be evaluated using both labor and category codes to track costs and trends, in order to focus on operational areas with the most overtime and compensatory time used.
 - (a) For instances of unscheduled overtime found to be unnecessary, there will be further review with the division manager to determine ways to more accurately predict any necessary future unscheduled overtime.
- (2) Monthly departmental meetings will be held with the Executive Director, Deputy Director, Administrative Services Officer II, Operations Manager and Shelter Manager to review divisional overtime reports. Ways to reduce the amount of overtime and compensatory time used will be discussed at these meetings.
- (3) The Deputy Director will compare actual expended overtime with the actual budgeted overtime on a monthly basis in order to remain within the budgeted allotment for the department.
- (4) The Deputy Director will also periodically compare submitted Approval of Overtime Authorization forms to overtime expenditures to ensure compliance with the Overtime Management Policy.

Holiday - Union Personnel

Employees scheduled to work on a holiday shall submit an Overtime Authorization form in accordance with the Approval of Overtime Authorization Form section of the Commission on Animal Care and Control's Overtime Management Policy.

If a holiday falls on an employee's regular day-off, in order to accumulate compensatory time earned, an Overtime Authorization form must be submitted by the employee to their Supervisor at least one week prior to the holiday.

If an employee is scheduled to work on a Holiday and fails to report for work or calls off, the employee shall forfeit his/her right to pay for that scheduled holiday, unless prior approval for the absence is granted by the Employer. Otherwise, an employee may utilize any available time, in accordance with the applicable policy. An employee may request the 'Holiday Off' at least twenty four (24) hours in advance of the day and may be granted as manpower permits so as not to impede operations.

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Request For Time Off (Using Compensatory Time)

A Request For Time Off form **{Attachment C}** must be submitted by the employee and approved by their supervisor and division manager at least forty-eight (48) hours in advance of the date requested off. Requests for compensatory time off on week-ends (Friday, Saturday, Sunday, Monday) shall be submitted by the employee seventy-two (72) hours prior to the time requested off, and must be accompanied by a To/From form explaining why the time is needed. Employees must be notified of approval or denial within 24 hours of submitting a request.

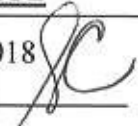
Requests for emergency time (less than 24 hour prior notice) will require documentation identifying and verifying said emergency. A Request For Time Off form must be completed by the employee upon return to duty with verification document attached for submission and approval by the division manager.

Compensatory time off will be granted as manpower permits so as not to impede operations:

- No more than three (3) days of compensatory time is to be taken with a scheduled holiday off or vacation time.
- A request to use more than three (3) days compensatory time must be accompanied by a To/From form and submitted by the employee at least 72 hours in advance to the Deputy Director. The Deputy will meet with Division Manager and determine the viability of the time off.
- Employees experiencing illness while on duty may request to use emergency compensatory time for remainder of day in lieu of medical leave.
- Request for compensatory time will not be granted in lieu of a tardy.

Compliance

Per the citywide policy, employees are expected to comply with the citywide and department overtime management policies. Employees, who fail to comply with the Personnel Rules, and/or related rules and procedures applicable to Chicago Animal Care and Control employees, may be subject to appropriate discipline, up to and including discharge.

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Distribution of the Policy

The Department will ensure that each employee receives a printed copy of the Overtime Management Policy for their records. The Supervisor will distribute and discuss the policy during roll call and have each employee sign an acknowledgement receipt to verify that they received the policy. A copy of the acknowledgement receipt will be filed in the Administration Division.

Chicago Animal Care & Control

Overtime Authorization

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Last Name:	First Name:	Labor Tracking Code:	Current Shift/Watch:	Today's Date:
Date Overtime Earned:	Hours Worked:	Total # hours/minutes:	Requesting: CIRCLE ONE TIME - MONEY - TIME/MONEY	
Reason for Overtime:				
Employee Signature/Date:				
Supervisor Signature/Date:				
Division Manager Signature/Date:				
Deputy Director Signature/Date:				

This overtime authorization form must be submitted to the supervisor who authorized the overtime immediately upon working the overtime. Late submissions will not be accepted.

Revised: 06/20/2018-SC

Chicago Animal Care & Control

Overtime Authorization

Last Name:	First Name:	Labor Tracking Code:	Current Shift/Watch:	Today's Date:
Date Overtime Earned:	Hours Worked:	Total # hours/minutes:	Requesting: CIRCLE ONE TIME - MONEY - TIME/MONEY	
Reason for Overtime:				
Employee Signature/Date:				
Supervisor Signature/Date:				
Division Manager Signature/Date:				
Deputy Director Signature/Date:				

This overtime authorization form must be submitted to the supervisor who authorized the overtime immediately upon working the overtime. Late submissions will not be accepted.

Revised: 06/20/2018-SC

Division
 3003 Admin
 3005 Control
 3010 Care
 3015 Cruelty

CACC Labor Tracking Codes

Dept #	Reason major	Reason minor	Division	CATA Description	Description - Major	Description - Minor	Division	CATA DESCRIPTION
73	2	1	05	Staffing-Vacancy	Staffing - Vacancy		Control	
73	2	1	10	Staffing-Vacancy	Staffing - Vacancy		Care	
73	2	1	15	Staffing-Vacancy	Staffing - Vacancy		Cruelty	
73	2	2	05	Staffing-ATO	Staffing - Approved time off		Control	
73	2	2	10	Staffing-ATO	Staffing - Approved time off		Care	
73	2	2	15	Staffing-ATO	Staffing - Approved time off		Cruelty	
73	2	3	05	Staffing-UPTO	Staffing - Unplanned time off	SickTime/FMLA/DF/100	Control	
73	2	3	10	Staffing-UPTO	Staffing - Unplanned time off	SickTime/FMLA/DF/100	Care	
73	2	3	15	Staffing-UPTO	Staffing - Unplanned time off	SickTime/FMLA/DF/100	Cruelty	
73	3	1	05	Weather-PW	Weather Event - Pet Wellness		Control	
73	3	1	15	Weather-PW	Weather Event - Pet Wellness		Cruelty	
73	4	1	05	Revenue-CT	Revenue Generating - citations		Control	
73	4	1	15	Revenue-CT	Revenue Generating - citations		Cruelty	
73	5	1	05	Event-Clinic	Special Event - onsite clinic event		Control	
73	5	1	10	Event-Clinic	Special Event - onsite clinic event		Care	
73	5	1	15	Event-Clinic	Special Event - onsite clinic event		Cruelty	
73	5	2	05	Event-Adopt	Special Event - onsite adoption event		Control	
73	5	2	10	Event-Adopt	Special Event - onsite adoption event		Care	
73	5	2	15	Event-Adopt	Special Event - onsite adoption event		Cruelty	
73	5	3	05	Event-OffClinic	Special Event - offsite clinic event		Control	
73	5	3	10	Event-OffClinic	Special Event - offsite clinic event		Care	
73	5	3	15	Event-OffClinic	Special Event - offsite clinic event		Cruelty	
73	5	4	05	Event-OffAdopt	Special Event - offsite adoption event		Control	
73	5	4	10	Event-OffAdopt	Special Event - offsite adoption event		Care	
73	5	4	15	Event-OffAdopt	Special Event - offsite adoption event		Cruelty	
73	5	5	05	Event-Other	Special Event - other	(spay day/Animal useage)	Control	
73	5	5	10	Event-Other	Special Event - other	(spay day data entry)	Care	
73	5	5	15	Event-Other	Special Event - other		Cruelty	
73	6	1	05	Holiday-RDO	Holiday - RDO CE Earned		Control	
73	6	1	10	Holiday-RDO	Holiday - RDO CE Earned		Care	
73	6	1	15	Holiday-RDO	Holiday - RDO CE Earned		Cruelty	
73	6	2	05	Holiday-Wrkd	Holiday - Worked		Control	
73	6	2	10	Holiday-Wrkd	Holiday - Worked		Care	
73	6	2	15	Holiday-Wrkd	Holiday - Worked		Cruelty	
73	7	1	05	Staff Mtg	Management - Staff Meetings		Control	
73	7	1	10	Staff Mtg	Management - Staff Meetings		Care	
73	7	1	15	Staff Mtg	Management - Staff Meetings		Cruelty	
73	7	1	03	Staff Mtg	Management - Staff Meetings		Admin	
73	7	2	05	Staff Training	Training Opportunity		Control	
73	7	2	10	Staff Training	Training Opportunity		Care	
73	7	2	15	Staff Training	Training Opportunity		Cruelty	
73	7	2	03	Staff Training	Training Opportunity		Admin	
73	8	1	05	Court	Court / Administrative Hearing Case		Control	
73	8	1	10	Court	Court / Administrative Hearing Case		Care	
73	8	1	15	Court	Court / Administrative Hearing Case		Cruelty	
73	1	1	05	Emergency Field	Emergency - field call (late/no lunch)		Control	
73	1	1	15	Emergency Field	Emergency - field call (late/no lunch)		Cruelty	
73	1	2	10	Emergency Call	Emergency Call (medical care)		Care	(4 hours call in pay)
73	1	2	15	Emergency Call	Emergency Call (Chemical Immobilization)		Cruelty	(4 hours call in pay)
73	9	1	10	Unplanned Assign	Unplanned Assignment (Animal Care)		Care	(late adopt/RTO, rescue, late unloading, movement of animals, cruelty photos/reports/impounds)
73	9	1	03	Unplanned Assign	Unplanned Assignment (Admin Functions)		Admin	(invoicing, storage)
73	9	1	05	Unplanned Assign	Unplanned Assignment (Control Functions)		Control	(Bite Fobs, early warrant)
73	9	1	15	Unplanned Assign	Unplanned Assignment (Inspector Functions)		Cruelty	(DD Case work, early warrant)

"B"

Chicago Animal Care & Control

REQUEST FOR TIME OFF

12/11

Last Name:	First Name:	Employee #:	Current Shift/Watch:	Today's Date:
Date Requesting Off:	Hours Requesting Off:	Day of the Week:	Reason for Request:	
Requesting to use: <i>Circle One</i>	Personal Day - Vacation Day - Comp Time			
Employee Signature/Date:				
Supervisor Signature/Date:				
Division Manager Signature/Date:				

This request must be submitted to your Supervisor at least 48 hours in advance for weekdays (Tues-Thurs) and 72 hours in advance for weekends (Fri-Mon). A to/from must be submitted for weekend requests.

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Date Requesting Off:	Hours Requesting Off:	Day of the Week:	Reason for Request:	
Requesting to use: <i>Circle One</i>	Personal Day - Vacation Day - Comp Time			
Employee Signature/Date:				
Supervisor Signature/Date:				
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