



ROBBINS JANET

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INTEROFFICE CORRESPONDENCE

DATE: February 3, 2000

TO: All RMRS Employees

FROM: Fred P. Hughes, COO & Deputy General Manager, T-893-A, X5841 

SUBJECT: POLICY ON CONTROL OF OVERTIME WITHIN RMRS – FPH-022-00

Attached is a preliminary copy of the RMRS policy on overtime which outlines the limits and process to be followed to manage overtime within RMRS. In the past, overtime has been used without much control. It is imperative that we manage overtime and control its use. This policy is effective February 14, 2000.

The overtime limits in this policy apply to all RMRS employees. The approvals and controls are required for both paid and unpaid overtime. The work to be accomplished on overtime must be meaningful, scheduled ahead of time, assigned by name, and approved ahead of time.

The process will also include a feedback system that provides managers with the overtime worked by employee. You can expect scrutiny of these lists and questions regarding the validity of overtime if it appears to be excessive. The form for requesting and approving overtime is also attached.

For us to continue to succeed we must manage all the factors that influence our costs and profit closely. This includes overtime. Please follow the process outlined and ensure you control the expenditure of overtime on your projects.

If you have questions please call me at 966-5841.

jbd

ADMIN RECCRD
SW-A-003953

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POLICY ON OVERTIME

The use of some overtime is necessary in order to accomplish the scheduled activities. However overtime is not a right or guarantee. The use of excessive or long term overtime will eventually impact both safety and production and is, therefore, not desirable. The purpose of this policy is to incorporate consideration of these concepts into planning and work execution.

General Policy

- Overtime budgets will be established by project/WADlet at the start of each fiscal year. Overtime expenditures will be tracked against those budgets on a monthly basis.
- Long-term (one month) individual overtime will be controlled such that no employee exceeds a weekly total of 55 hours worked per week. This assumption should be included in project planning.
- Individuals may exceed the 55-hour limit and work up to the COOP limits for short periods of time (i.e. one month) with approval of the Project Manager or Director. Approval of a Vice President is required for periods exceeding one month.
- COOP limits apply to all RMRS employees regardless of position. Overtime limits apply to unpaid and paid overtime.

Approval

- Overtime requests shall be submitted in advance of the overtime to be worked.
- Overtime requests will include the employee(s) name(s), specific activity to be accomplished, hours of overtime to be worked, and the dates of the scheduled overtime.
- Overtime requests will be approved by the employee's immediate manager and the project manager. Overtime in excess of one month will require approval of the corresponding VP.
- Approval to exceed the COOP limits will require President or COO written approval in advance.
- Upon completion of the overtime the tasks accomplished shall be recorded on the request form and submitted to the immediate manager.

Monitoring

- Overtime use shall be monitored on a weekly basis by each project/WADlet.
- Overtime use shall be monitored on a monthly basis by Executive Management.
- Individual monitoring data shall be provided weekly to project managers/WADlet managers and Vice Presidents. Those individuals above the 50-hour threshold will be highlighted.
- Reports will be produced by the RMRS Planning, Budgeting and Integration group.

RMRS OVERTIME - APPROVAL FORM

Date of Request: _____ Date(s) of Overtime: _____

Facility/Project: _____

Reason for working overtime:
(Be specific, i.e. safety, surveillance, critical job continuation)

Actual work accomplished on overtime listed:

Included in current planned overtime schedule: _____ yes _____ no

List of individuals working overtime:

Salaried Personnel:

Total hrs. to be worked

_____	_____
_____	_____
_____	_____
_____	_____

Hourly Personnel:

Total hrs. to be worked

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Immediate Manager Approval:

Printed Name:

VP Approval: *(Required if overtime exceeds
one month in duration)*

Printed Name:

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