

OREGON STATE HOSPITAL

PORTLAND – SALEM

POLICIES AND PROCEDURES

SECTION 4: Fiscal

POLICY: 4.016

SUBJECT: Overtime Recordkeeping Procedure

APPROVED: ROY J. ORR
SUPERINTENDENT

DATE: MARCH 16, 2010

I. POLICY

Oregon State Hospital (OSH) will maintain recordkeeping procedures that adequately document the use of employee overtime. These procedures will provide for the independent verification of all overtime claims before signing of timesheets and will include a hospital-wide "Overtime Authorization" form and "24-Hour Timesheet."

II. PROCEDURES

A. Overtime Authorization Form (OSH STK 12579):

1. Complete form whenever an employee will receive compensation (overtime, straight time, comp time) for working hours in addition to their regular schedule.
2. Although parts of the form can be completed prior to the time worked, the hours worked and the supervisor's/designee's signature will be completed after the time worked.
3. After completion, the distribution of the three-part form is as follows:
 - a) White - to employee's supervisor;
 - b) Canary - to employee; and
 - c) Pink - to unit/program where overtime is worked.
4. Employee's supervisor will verify that overtime was worked by referring to the date on the 24-Hour Timesheet, the staffing sheet/schedule or, if work was performed in another area, to the overtime calendar.

5. All Overtime Authorization forms will be retained for three years by the employee's program/department.
- B. 24-Hour Timesheet - required to be used on all units for all direct care staff (Mental Health Therapist, Correctional Treatment Therapist, and Registered Nurse):
1. Employee will enter the time reported to work, time ending work, and other data required to complete differential pay.
 2. Employee will sign verifying that information entered is accurate.
 3. The signature of the shift on-site nurse/designated lead will indicate that all staff scheduled to work for the shift were present.
 4. If there are concerns about accuracy of the timesheet, the on-site nurse/designated lead will contact the Unit Director.
 5. The timesheet is to be retained for four years by the program and can be used as verification of Overtime Authorization forms.
- C. Overtime Calendar:
1. Calendar is established for every unit and is named OT and the unit name (i.e., OT35A).
 2. Program Director will establish list of persons authorized to input or view the calendar.
 3. Authorized persons will enter the overtime data of persons who work overtime on units other than where they are regularly scheduled. The data source for the entry will be the Overtime Authorization form or the 24-Hour Timesheet.
 4. The data must be entered by the next work day after the time worked but must be entered to meet schedules for submission of timesheets to payroll.
 5. Supervisors who receive Overtime Authorization forms stating that an employee has worked overtime in another area will verify the time worked by reviewing the data on the calendar.
 6. If data is verified, the supervisor will indicate on the Overtime Authorization form how verified, date verified, and sign the form.

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7. All discrepancies should be reviewed with supervisor of the area where overtime was worked.
8. No employee timesheet will be signed indicating that overtime has been worked unless there is an Overtime Authorization form signed by the employee's supervisor.

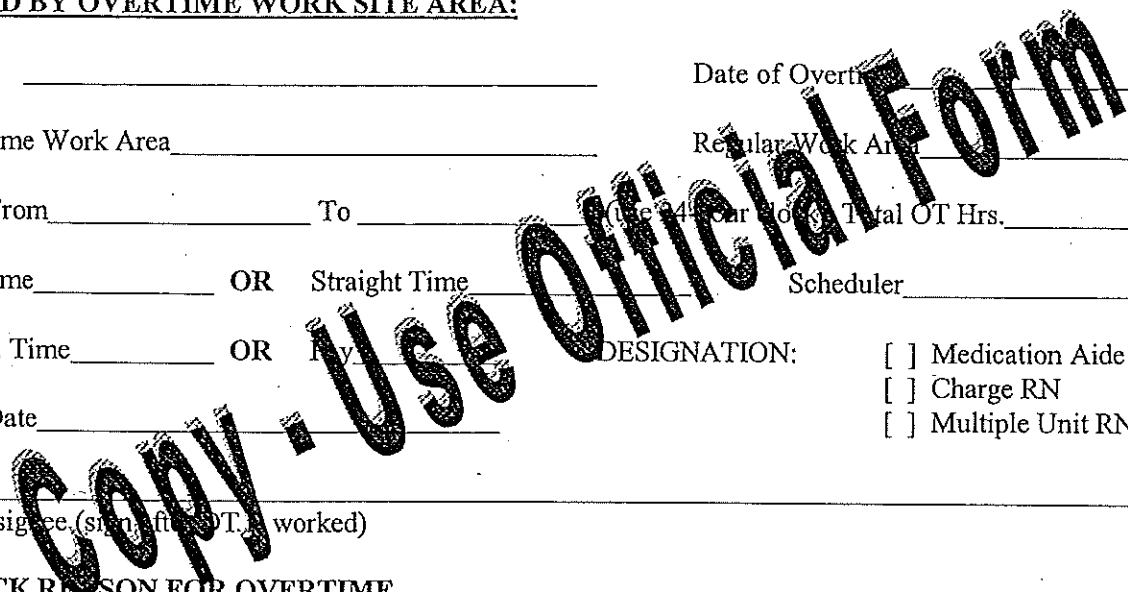
Replaces Oregon State Hospital Policy and Procedure 4.016, *Overtime Recordkeeping Procedure*, dated 3/21/2006.

OREGON STATE HOSPITAL

OVERTIME AUTHORIZATION

COMPLETED BY OVERTIME WORK SITE AREA:

1. Name _____ Date of Overtime _____
 Overtime Work Area _____ Regular Work Area _____
 O.T. From _____ To _____ (for 24-hour care) Total OT Hrs. _____
 Overtime _____ OR Straight Time _____ Scheduler _____
 Comp. Time _____ OR Pay _____ DESIGNATION: Medication Aide
 Hire Date _____ Charge RN
 Multiple Unit RN



Supervisor/Designee (sign after O.T. worked)

2. CHECK REASON FOR OVERTIME

- Acuity
- Suicide Precautions/Behavior Precautions
- Medical/Hospital Coverage
- Administrative Leave
- Parental/Family Medical Leave
- On-the-job Injury
- Light Duty
- Sick Leave
- Vacation/Compensatory/Personal Business Leave
- Leave Without Pay
- Training

Other:

- Meetings Documentation Vacancy No Meal Break
- Lead/Cover Military Leave Transport Jury Duty
- Other: _____

COMPLETED BY EMPLOYEE'S REGULAR WORK AREA: DOCUMENT USED TO VERIFY: (Check one)

- Calendar: _____ Date Verified _____
- 24-hour daily timesheet: _____ Date Verified _____
- Staffing sheet/schedule: _____ Date Verified _____

Supervisor's Signature

Distribution: white – Employee's supervisor; canary – Employee; pink – OT Work Area

Oregon State Hospital
24-HOUR TIMESHEET

Unit: _____ Date: _____

DAY SHIFT Employees are to note IN and OUT using 24-hour clock Sign at end of each shift worked

Please Print Name	Days Off	Unplanned Leave	Time		Shift (in hours)		Assigned Med Attn	Multi-Staff RN Charge Diff	Signature (Employee signature certifies that your entries are accurate)
			In.	Out.	Regula r	OT			

Shift on-site nurse/designated lead Signature (sign if staff scheduled to work were present or notify Unit Director with concerns): _____

NOTE: 24-Hour Timesheet must be turned in to timekeeper no later than noon daily, Monday-Friday. Any changes or additions to this timesheet must be reviewed, approved and made/dated by the unit director only.

SWING SHIFT

Employees are to note IN and OUT using 24-hour clock

Sign at end of each shift worked

Please Print Name	Days Off	Unplanned Leave	Time In	Time Out	Shift (in hours)		Assigned Med Aide	Multi-Unit	Staff RN Charge Diff	Signature (Employee signature certifies that your entries are accurate)
					Regula	OT				

Shift on-site nurse/designated lead Signature (sign if staff scheduled to work were present or notify Unit Director with concerns):

NIGHT SHIFT

Employees are to note IN and OUT using 24-hour clock

Sign at end of each shift worked

Please Print Name	Days Off	Unplanned Leave	Time In	Time Out	Shift (in hours)		Assigned Med Aide	Multi-Unit	Staff RN Charge Diff	Signature (Employee signature certifies that your entries are accurate)
					Regula	OT				

Shift on-site nurse/designated lead Signature (sign if staff scheduled to work were present or notify Unit Director with concerns):

NOTE: 24-Hour Timesheet must be turned in to timekeeper no later than noon daily, Monday-Friday. Any changes or additions to this timesheet must be reviewed, approved and dated by the unit director only.