

OPERATIONS DEPARTMENT INSTRUCTION

N2-ODI-5.20
Rev 00

Approved: *[Signature]* **OPERATION ONLY**

FOR INFO

MANAGEMENT COMP TIME

1.0 PURPOSE

To provide guidelines for management comp time in lieu of paid overtime.

2.0 GENERAL REQUIREMENTS

- 2.1 The Supervisor-Operations or higher has the authority to disapprove or cancel any request for comp time.
- 2.2 Comp time will not be accumulated to compensate for overtime worked and paid at straight time.
- 2.3 Comp time will only be considered if the minimum guidelines of Sections 3.0 or 4.0 are met.
- 2.4 Comp time shall only be used during surveillance week or dayshift and only if the minimum guidelines of Sections 3.0 or 4.0 are met.
- 2.5 Comp time shall be used within 5 weeks from the time it is accrued (earned).
- 2.6 Comp time will only be accrued for overtime earned for holidays and/or coverage for day 6 of dayshift. All other overtime shall be considered paid overtime.

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2.7 Comp time for less than 8 hours will be handled on an individual basis; at the discretion of the Supervisor-Operations or higher.

2.8 A licensed SRO with a degree must be on shift.

3.0 MINIMUM REQUIREMENTS FOR COMP TIME; SURVEILLANCE WEEK

3.1 At least 1 SRO from the surveillance shift must be available such that there will be 3 licensed SROs available during dayshift (2 on shift, 1 surveillance) (6 shift rotation only).

3.2 Not scheduled or expected to cover shift.

3.3 Comp time was accrued within the previous 5 weeks.

3.4 Comp time was accrued for a holiday (not taken) or coverage on the 6th day of dayshift.

4.0 MINIMUM REQUIREMENTS FOR COMP TIME; DAYSHIFT WEEK

4.1 At least 1 SRO with a degree must be on shift.

4.2 A surveillance shift SRO agrees to take the shift.

4.3 At least 1 SRO from the surveillance shift must be available such that there will be 3 licensed SROs available during dayshift (2 on shift, 1 surveillance) (6 shift rotation only).

4.4 Comp time was accrued within the previous 5 weeks.

4.5 Comp time was accrued for a holiday (not taken).

5.0 EXCEPTIONS

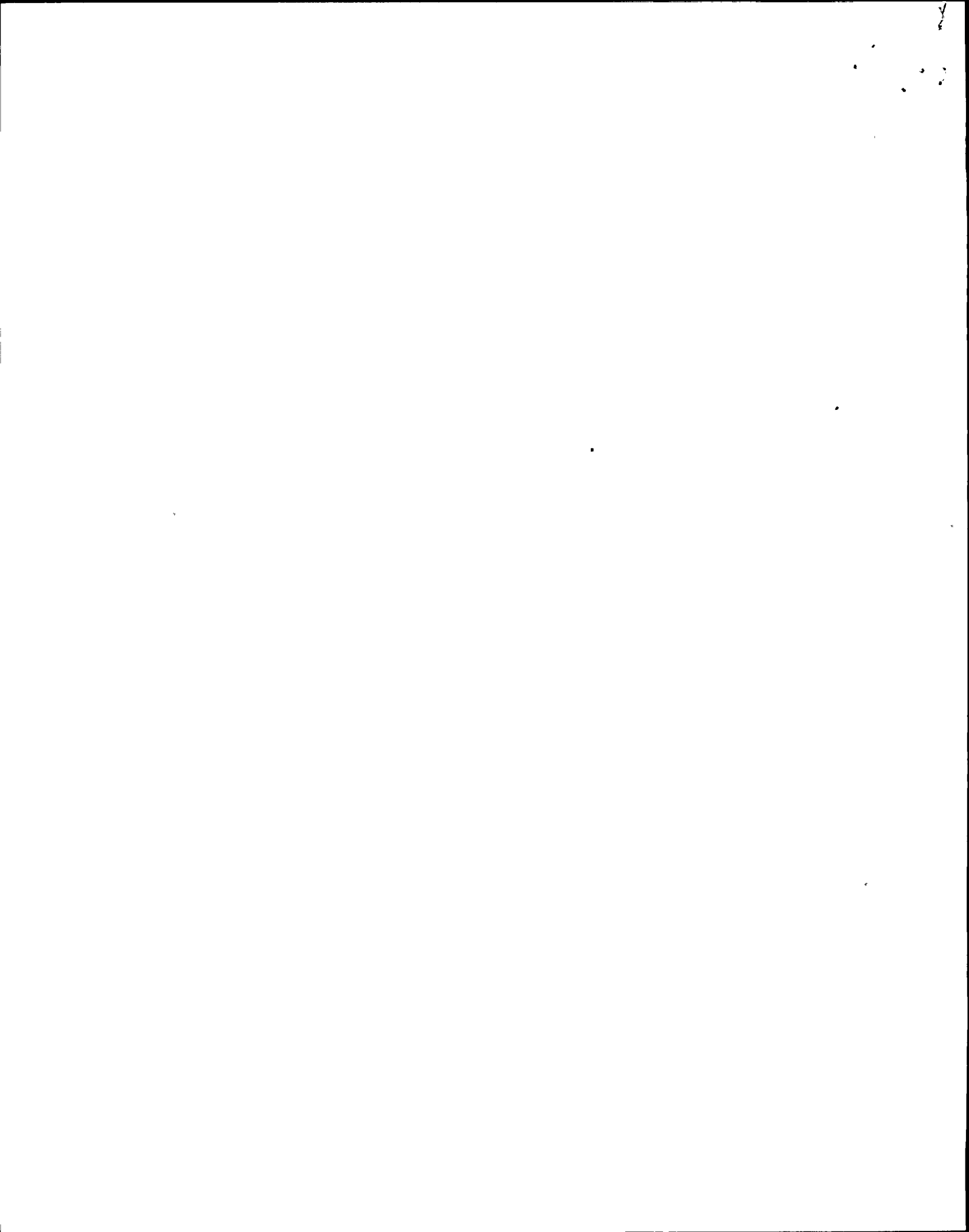
5.1 Should a comp time request be disapproved, the accrued overtime will be submitted as paid overtime on the next available monthly overtime.

5.2 Exception can be made to the minimum of 3 SROs available on an individual basis, provided that:

5.2.1 The expected workload will be minimal.

5.2.2 The SSS scheduled for the requested day(s) is in agreement.

5.2.3 The Supervisor-Operations or his designee approves.



6.0 PROCEDURE

NOTE: A Request Form with an answer of NO for any criteria, will in most cases be disapproved.

6.1 Obtain a Request Form (Attachment 1 or 2) for the desired week.

6.2 Fill out the Form in accordance with Section 6.3 for surveillance week or 6.4 for dayshift week.

6.3 Request for Comp Time; Surveillance Week (Attachment 1)

6.3.1 Print your name.

6.3.2 Enter the date(s) you desire to be off.

6.3.3 Enter the date(s) the comp time was accrued (earned).

6.3.4 Provide a brief explanation for why the comp time is desired.

6.3.5 Enter YES if an extra SRO (not on shift) from surveillance shift will be present the day(s) requested. Otherwise enter NO (see Section 5.0).

Enter the name of the surveillance shift SRO to be present on the day(s) requested.

6.3.6 Enter YES if you are not scheduled or expected to cover shift. Otherwise enter NO.

6.3.7 Enter YES if the comp time was accrued within the previous 5 weeks. Otherwise enter NO.

a. Enter YES if the comp time was accrued for a holiday (that would have otherwise been paid overtime). Otherwise enter NO.

b. Enter YES if the comp time was accrued for the 6th day of dayshift. Otherwise enter NO.

6.3.8 Sign your name and enter the date signed.

6.3.9 Submit request to the Supervisor-Operations or his designee for disposition.

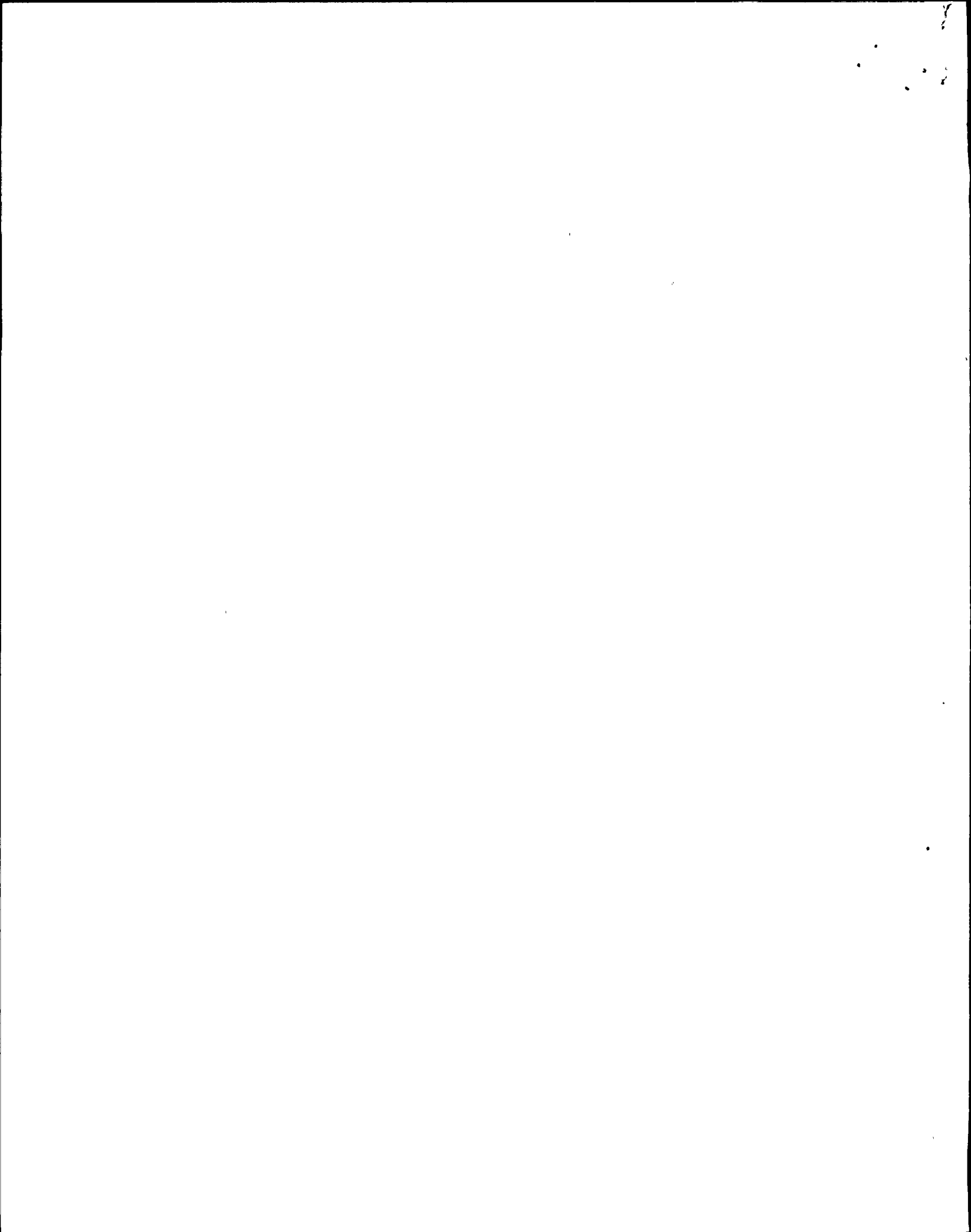
6.4 Request for Comp Time; Dayshift Week (Attachment 2)

6.4.1 Print your name.

6.4.2 Enter the date(s) you desire to be off.

6.4.3 Enter the date(s) the comp time was accrued (earned).

6.4.4 Provide a brief explanation for why the comp time is desired.



- 6.4.5 Enter YES if a SRO with a degree will be on shift the day(s) requested. Otherwise enter NO.
- Enter the name of the SRO with the degree that will be on shift the day(s) requested.
- 6.4.6 Enter YES if the surveillance shift SRO agrees to cover shift in your place on the day(s) requested. Otherwise enter NO.
- Enter the name of the SRO that agrees to cover shift on the day(s) requested.
- 6.4.7 Enter YES if an extra SRO (not on shift) from surveillance shift will be present the day(s) requested. Otherwise enter NO (see Section 5.0).
- Enter the name of the surveillance shift SRO to be present on the day(s) requested.
- 6.4.8 Enter YES if the comp time was accrued within the previous 5 weeks. Otherwise enter NO.
- 6.4.9 Enter YES if the comp time was accrued for a holiday (that would have otherwise been paid overtime). Otherwise enter NO.
- 6.4.10 Sign your name and enter the date signed.
- 6.4.11 Submit request to the Supervisor-Operations or his designee for disposition.
- 6.5 Upon receipt of the Request Form, the Supervisor-Operations or his designee will review the form. He will then decide whether to approve or disapprove the request based on his discretion and the answers to the criteria.
- 6.5.1 Circle the appropriate decision.
- 6.5.2 Sign and date the request form.
- 6.5.3 Return the Request Form to the requestor.

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ATTACHMENT 1
 REQUEST FOR COMP TIME
SURVEILLANCE WEEK

6.3.1 6.3.2 6.3.3	NAME: _____ DATE(s) REQUESTED: _____ DATE(s) ACCRUED (EARNED): _____		
6.3.4	REASON FOR REQUEST: _____ _____ _____		
6.3.5	At least 1 SRO from surveillance shift will be present? WHO: _____	YES	NO
6.3.6	NOT scheduled or expected to cover shift:	YES	NO
6.3.7	Comp time was accrued within the previous 5 weeks?	YES	NO
6.3.7.a 6.3.7.b	Comp time accrued for a holiday(s)? Comp time accrued on 6th day of dayshift?	YES	NO
6.3.8	SIGNATURE: _____ DATE: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> REQUESTOR MO/DY/YR </div>		
6.5.1	COMP TIME IS: APPROVED DISAPPROVED		
6.5.2	SIGNATURE: _____ DATE: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> SUPERVISOR-OPERATIONS/DESIGNEE MO/DY/YR </div>		
	REMARKS: _____ _____ _____ _____ _____ _____ _____		

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ATTACHMENT 2
 REQUEST FOR COMP TIME
 DAYSHIFT WEEK

6.4.1 6.4.2 6.4.3	NAME: _____ DATE(S) REQUESTED: _____ DATE(S) ACCRUED (EARNED): _____		
6.4.4	REASON FOR REQUEST: _____ _____ _____		
6.4.5	At least 1 SRO with a degree will be on shift? WHO: _____	YES	NO
6.4.6	Surveillance shift SRO agrees to cover? WHO: _____	YES	NO
6.4.7	Extra SRO (not on shift) will be present? WHO: _____	YES	NO
6.4.8	Comp time was accrued within the previous 5 weeks?	YES	NO
6.4.9	Comp time accrued for a holiday(s)?	YES	NO
6.4.10	SIGNATURE: _____ <div style="text-align: center;">REQUESTOR</div>	DATE: _____ <div style="text-align: center;">MO/DY/YR</div>	
6.5.1	COMP TIME IS: APPROVED DISAPPROVED		
6.5.2	SIGNATURE: _____ <div style="text-align: center;">SUPERVISOR-OPERATIONS/DESIGNEE</div>	DATE: _____ <div style="text-align: center;">MO/DY/YR</div>	
	REMARKS: _____ _____ _____ _____ _____ _____		

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