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**Policy Statement:**

The Village of Innisfree believes that it is fair to compensate for overtime to employees when they are required to work beyond regularly scheduled hours to overcome unexpected workloads and to meet extraordinary situations.

**Purpose:**

To establish how and when overtime shall be paid and the reporting requirements to support why the overtime was required for risk management purposes.

**Principles:**

**1.0 CALCULATION OF OVERTIME**

- 1.1 Overtime for employees shall be calculated as provided in the employee's contract of employment and/or in accordance with current *Employment Standards Code (ESA)*.
- 1.2 When calculating an employee's hours of work in a work day or a work week, any paid time off shall be included in the total of an employee's hours of work in a work day and a work week.
- 1.3 Overtime shall be calculated to the nearest quarter hour.

**2.0 PAID TIME OFF IN LIEU OF PAYMENT OF OVERTIME**

- 2.1 Overtime less than fifteen minutes in a work day shall be without pay.
- 2.2 It is the intention of the municipality to avoid-overtime pay if at all possible.
- 2.3 Overtime is taken as time off in lieu at a rate of regular pay.
- 2.4 If the Employee has been asked to work overtime, overtime shall be credited to an employee at a rate of one and a half times his/her hourly rate of pay. *(Per ESA Code)*
- 2.5 Employees are encouraged to secure his/her supervisor's approval prior to working overtime whenever possible.
- 2.6 An employee shall take paid time off in lieu of payment of overtime at a time approved by his/her supervisor.

**3.0 OVERTIME REPORT FORM**

- 3.1 The attached Overtime Report form must be completed for all overtime worked for risk management purposes and submitted with timesheet. Timesheets are submitted on a Weekly Basis.

**4.0 END OF PROCEDURE**

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**OVERTIME REPORT**

**Municipal Department:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

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**Date of Overtime Worked:** \_\_\_\_\_

**Time Period of Overtime:** \_\_\_\_ am/pm to \_\_\_\_ am/pm

**#Hours of Overtime** \_\_\_\_ (to the quarter hour)

**Explanation of the requirement for overtime hours:** (an emergency situation, extended timeframe to complete specific duties, etc.)

\_\_\_\_\_  
Signed by Employee

\_\_\_\_\_  
Signed by Supervisor