



BUREAU OF BUDGET & MANAGEMENT RESEARCH

OFFICE OF THE GOVERNOR
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APR 02 2007

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BBMR Circular No.: 07-05

Memorandum

To: All Department and Agency Heads

From: Director, Bureau of Budget and Management Research

Subject: Submission of Overtime Plan(s)

Executive Order No. 2007-02 requires all Executive branch agencies, departments, bureaus and other instrumentalities to minimize the accrual of overtime and night differential payments. This mandate was promulgated to ensure fiscal integrity and financial stability. Therefore, each Executive branch agency, department, bureau and other instrumentality must develop an overtime plan for approval by the Bureau.

All Agency heads must reassess the use of overtime within their department or agency with an eye towards reducing and even eliminating overtime, if possible. Ideally, overtime should be minimal, and performed only when essential to public services. Additionally, when preparing your Overtime Plan(s), please exclude any exempted positions such as executive, administrative and professional staff pursuant to Executive Order No. 2005-28 and DOA Organization Circular No. 05-022.

Please refrain from incurring any future overtime until your department's Overtime Plan(s) has been approved by the Bureau. Only personnel listed in the approved Overtime Plan(s) will be paid. Overtime payment requests for overtime already incurred prior to this Circular will be reviewed by the Bureau on a case-by-case basis.

All departments and agencies shall prepare Overtime Plan(s) based on its current overtime appropriation level for Fiscal Year 2007 using the attached Overtime Plan form BBMR-F15 for the Bureau's clearance as soon as possible. A copy of the Overtime Plan and Overtime Plan Amendment BBMR-F15B forms are available in the Bureau's website (<http://guamgovernor.net/BBMR>) for your reference.

Thank you for your cooperation.


CARLOS P. BORDALLO

Attachments.

Cc: Chief of Staff, Office of I Maga'lahan Guåhan

OVERTIME PLAN
(Pursuant to E.O. 2007-02)

Department: _____ Division: _____

Number of FTE's Authorized : _____
 Amount Appropriated for Overtime: \$ _____
 Balance of Appropriation as of _____ \$ _____
 (Date of Printout Attached)

JUSTIFICATION AS TO WHY WORK COULD NOT BE PERFORMED DURING REGULAR WORK HOURS:
 (Attached separate sheet if necessary.)

OVERTIME WORK TO BE PERFORMED: (Attached separate sheet if necessary.)

Employee Name	Position Title	Regular Hourly Rate	O.T. Hourly Rate	Number of O.T. Hours Auth.	Total Funding Need	Approx. Dates O.T. Will Be Incurred
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Total Overtime Funding Certified: \$ _____
 Total Estimated Benefits (x 22.65%) \$ _____
 Total Amount Certified \$ _____

Account Number to be Charged: _____

CERTIFIED FUNDS AVAILABLE:

APPROVED:

 (Certifying Officer)

 (Department Head's Signature)

 Date

 Date

OVERTIME AMENDMENT*
(Pursuant to E.O. 2007-02)

BBMR F-15B

Page ____ of ____

* If description of overtime work to be performed is different from previously approved Overtime Plan, do not use this form. Instead, a new Overtime Plan must be submitted.

Department : _____

Division: _____

FTE Authorized: _____

Amount Appropriated for Overtime: _____

Balance of Appropriation as of : _____
Date

\$ _____

JUSTIFICATION FOR OVERTIME AMENDMENT:

EMPLOYEE NAME	POSITION TITLE	Regular Hourly Rate	Overtime Hourly Rate	Number of Hours Previous Authorized	Number of Overtime Hours Paid	Balance of Hours	Increase/Decrease in Hours (this Amend.)	Total Funding Previous Overtime Plan	Balance of Funds From Previous Overtime Plan	Inc/Dec in Funding Required (this Amend.)	Total Revised Funding Needed	Approximate Dates Overtime Will Be Incurred

Total Overtime Funding Certified: \$ _____

Total Estimated Benefits (x 22.65%) \$ _____

Total Amount Certified \$ _____

Account Number to be Charged: _____

CERTIFIED FUNDS AVAILABLE:

APPROVED:

CLEARED PER E.O. 2007-02

(Certifying Officer)

(Department Director)

(Director, BBMR)