



# BUREAU OF BUDGET & MANAGEMENT RESEARCH

OFFICE OF THE GOVERNOR

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AUG 27 2007

BBMR Circular No: 07-06

## Memorandum

To: All (Line) Department and Agency Heads

From: Acting Director, Bureau of Budget and Management Research

Subject: Overtime Plan Form (BBMR F-15A) – Revised 8/23/07

Attached are all previous communications on overtime policy for your immediate reference.

Please be informed that Form BBMR F-15A (Overtime Plan) has been revised effective 8/23/07. The form has been simplified and is available through BBMR's website at [www.bbmr.guam.gov](http://www.bbmr.guam.gov). You are encouraged to use the electronic form in excel format as it was designed to automatically calculate all pertinent information upon which BBMR will base its review. A completed sample format is also available on the website for your guidance.

Along with the form revision and in compliance with recent U.S. Department of Labor concerns, the following changes and/or reinforcements to current policy, will be enforced effective immediately:

1. All accrued and projected overtime expenditure must be supported by an approved Overtime Plan on form BBMR F-15A (Revised 8/23/07).
2. The Overtime Plan must be accompanied by an allotment schedule or allotment modification form which provides for a funding source for the overtime expense. *(Should your agency appropriation be insufficient to support your Overtime Plan, please indicate so on the "Justification....." section of the form.)*
3. After BBMR approves an agency Overtime Plan, all overtime earned by employees must be included on bi-weekly time sheets submitted to Payroll Division, DOA, to be paid along with the regular bi-weekly payroll.

4. DOA will not be processing any overtime payment for which funding has not been specifically released by BBMR based on a previously-approved Overtime Plan.

#### **FISCAL YEAR 2007 OVERTIME PLAN**

The Bureau continues to request that all overtime be minimized, but should overtime be needed for the balance of this fiscal year, you must submit your Overtime Plan on form BBMR F-15A to BBMR **no later than Wednesday, September 5, 2007.**

#### **FISCAL YEAR 2008 OVERTIME PLAN**

You are also requested to begin projecting your overtime needs for Fiscal Year 2008 and begin completing form BBMR F-15A for this purpose in anticipation of the new fiscal year's budget. **An Overtime Plan for the entire Fiscal Year 2008, is due at BBMR no later than October 10, 2008,** the funding of which shall be included in the applicable agency's appropriation and budget allotment schedule at around the same time for FY 2008.

Please do not hesitate to contact your assigned BBMR Analyst should you need any assistance on these time-sensitive deadlines.

Your usual cooperation and attention is appreciated.



BERTHA M. DUENAS

Attachments

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

DEPARTMENT: \_\_\_\_\_  
 Division: \_\_\_\_\_  
 Section: \_\_\_\_\_  
 Program: \_\_\_\_\_

PERIOD COVERED From: \_\_\_\_\_ To: \_\_\_\_\_  
 (pay period ending) (pay period ending) # of Pay Periods

JUSTIFICATION FOR OVERTIME WORK REQUIRED:

A Position Title	B Number of Pay Periods	C Number of Positions	D O.T Hours Authorized Each Position Each PayPeriod	E Total O.T. Hours Authorized <small>(B x C x D)</small>	F Average Regular Hourly Rate	G Average O.T. Hourly Rate <small>(F x 1.5)</small>	H Total Funding Need <small>(E x G)</small>
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<b>GRAND TOTAL</b>		0		0		\$ -	\$ -

Total Overtime Funding Projected: \$ \_\_\_\_\_  
 Total Estimated Benefits (x 22.94%): \$ \_\_\_\_\_  
 Total Amount Projected: \$ \_\_\_\_\_

Account Number to be Charged: 1 \_\_\_\_\_  
 Account Number to be Charged: 2 \_\_\_\_\_  
 Account Number to be Charged: 3 \_\_\_\_\_

**CERTIFIED FUNDS AVAILABLE:**

\_\_\_\_\_  
*(Certifying Officer's Signature)*

\_\_\_\_\_  
*(Date)*

Approved  
*Per E.O. 2007-02*

Disapproved

\_\_\_\_\_  
*(BBMR Authorized Official Signature)*

\_\_\_\_\_  
*(Date)*

**APPROVED:**

\_\_\_\_\_  
*(Department Head's Signature)*

\_\_\_\_\_  
*(Date)*

NOTE: Attach allotment schedule or allotment modification supporting this Overtime Plan.

**OVERTIME PLAN  
Pursuant to E.O. 2007-02**

DEPARTMENT: <u>Police</u>	<h1>SAMPLE PLAN</h1>
Division: <u>Patrol</u>	
Section: <u>Hagatna Precinct</u>	
Program: _____	

PERIOD COVERED From: September 15, 2007 To: September 29, 2007 2  
 (pay period ending) (pay period ending) # of Pay Periods

**JUSTIFICATION FOR OVERTIME WORK REQUIRED:**

From time to time, any one of the following situations may arise resulting in overtime being incurred:

- 1) Incidents that threaten the public safety may require pulling in officers who may have already maximized regular hours.
- 2) Unplanned personnel absence may cause shift personnel to hold over to the next shift.

A Position Title	B Number of Pay Periods	C Number of Positions	D O.T Hours Authorized Each Position Each PayPeriod	E Total O.T. Hours Authorized <i>(B x C x D)</i>	F Average Regular Hourly Rate	G Average O.T. Hourly Rate <i>(F x 1.5)</i>	H Total Funding Need <i>(E x G)</i>
Police Officer 1	2	20	24	960	\$ 10.28	\$ 15.42	\$ 14,807.77
Police Officer II	2	10	16	320	\$ 11.03	\$ 16.54	\$ 5,294.31
Police Officer III	2	8	8	128	\$ 11.85	\$ 17.78	\$ 2,276.94
Sergeant I	2	8	8	128	\$ 12.65	\$ 18.98	\$ 2,429.54
Sergeant II	2	5	8	80	\$ 13.79	\$ 20.68	\$ 1,654.50
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<b>GRAND TOTAL</b>		57	64	1616	\$ 39.61	\$ 59.41	\$ 26,462.05

Total Overtime Funding Projected: \$ 26,462.05  
 Total Estimated Benefits (x 22.94%): \$ 6,079.40  
 Total Amount Projected: \$ 32,532.45

Account Number to be Charged: 1 5100A071260SE001  
 Account Number to be Charged: 2 \_\_\_\_\_  
 Account Number to be Charged: 3 \_\_\_\_\_

**CERTIFIED FUNDS AVAILABLE:**

\_\_\_\_\_  
*(Certifying Officer's Signature)*

\_\_\_\_\_  
*(Date)*

Approved  
 Per E.O. 2007-02

Disapproved

\_\_\_\_\_  
*(BBMR Authorized Official Signature)*

\_\_\_\_\_  
*(Date)*

**APPROVED:**

\_\_\_\_\_  
*(Department Head's Signature)*

\_\_\_\_\_  
*(Date)*

**NOTE: Attach allotment schedule or allotment modification supporting this Overtime Plan.**