

ROBERT L. QUINN COMMISSIONER OF SAFETY

State of New Hampshire

DEPARTMENT OF SAFETY JAMES H. HAYES BLDG. 33 HAZEN DR. CONCORD, N.H. 03305 (603) 271-2791

RICHARD C. BAILEY, JR. ASSISTANT COMMISSIONER

> EDDIE EDWARDS ASSISTANT COMMISSIONER

NH SHSGP Overtime/Backfill Forms

Packet and Instructions – April 2020

Packet Contents

- Overtime/Backfill Policy <u>Please read this carefully</u>. It outlines the specifics of what is allowable and what is not.
- Overtime/Backfill Form This form will need to be completed for each student who successfully completes the courses outlined in the Policy mentioned above.
- Overtime/Backfill Worksheet Use this spreadsheet to calculate the allowable overtime/backfill costs for each student member of your agency.
- **Volunteer Declaration** This is used by volunteer agencies that do <u>not</u> pay their responders an hourly rate for responses or training.
- Later Payment Statement for Call and/or Volunteer Payroll This is to be used by agencies that do not have a method whereby they pay their responders on a regular schedule.

Basic Instructions

- 1. Complete the Overtime/Backfill form for each student who attended the class.
- 2. Complete the Volunteer Declaration if applicable.
- 3. Calculate their payroll on the Overtime/Backfill Worksheet and either 1) attach signed payroll documentation to support the amount being requested for each student, or 2) complete the Later Payment Statement in the case of Call or Volunteer responders. If you elect to pay Call or Volunteer responders prior to submitting for reimbursement, please provide signed payroll documentation. This can be either an actual payroll record or copies of canceled checks.
- 4. Submit entire packet to the Training & Exercise Unit for processing through the HSEM Resource Center:

https://prd.blogs.nh.gov/dos/hsem/?page_id=8413



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OVERTIME AND BACKFILL POLICY FOR DHS-APPROVED TRAINING COURSES

1. Scope

This policy shall take effect immediately and will apply to training and exercise participation for eligible courses and exercise events. This policy shall not be precedent setting for any other classes, programs or grant periods, as outlined

2. Policy:

The policy set forth shall be for all first responders that attend DHS-Approved classes as outlined above and HSEEP compliant exercises. Submission of Overtime/Backfill related expenses are contingent on a Grant Application and subsequent award letter from the Training & Exercise Unit.

A. General Conditions

- 1. Under no circumstances is dual compensation allowed.
- There is no reimbursement for straight time pay except in the cases of part time, paid-per-call or volunteer stipends.
- 3. The maximum allowable reimbursement is set by the Commissioner of the NH Department of Safety at **\$650 per person per day**.

Only expenses outlined in this document shall be eligible for reimbursement.

Reimbursement for Overtime and/or Backfill will be paid to the community <u>not</u> the student. The Grant reimbursement is intended to make a "municipality whole" for the participation of an employee in training or exercises.

B. FULL TIME PERSONNEL

Communities will be reimbursed for full time personnel participating in eligible training under the following conditions:

Overtime

Full time personnel who are paid overtime to attend training will be reimbursed for actual time in class; i.e. 8 hours of pay for an 8 hour class. Travel time and/or mileage are not eligible. Please see the Training & Exercise Grant Guidance for exceptions and additional details.

Backfill

Full time personnel who are called in on overtime to cover a duty shift for another member who is onduty and receiving straight time to attend training (backfill) will be reimbursed for the actual class time only as outlined above. Travel time and/or mileage are not eligible.

It is expected that the responder who is assigned to training in lieu of normal duty and whose shift is being covered will return to duty to complete their normal shift assignment.

C. PART-TIME PERSONNEL

If an agency has budgeted employees to work less than a full time schedule, the time that these employees spend traveling to and attending approved training above and beyond their regularly scheduled hours can be considered overtime and therefore covered. For example, if an agency budgets an individual for 20 hours per week but approved training activities require that person to work 25 hours in a week, the additional 5 hours spent in training could be covered by SHSGP grants.

D. PAID-FOR-CALL, PAID-ON-CALL, AND PAID-PER-CALL VOLUNTEER PERSONNEL

If an agency relies upon paid-for-call, paid-on-call, and/or paid-per-call volunteer personnel and opts to include them in approved training and exercises, grantees can use SHSGP grant funds to pay volunteers for their attendance at these activities in accordance with established processes. These Communities will be reimbursed for their members to attend training based on their documented rate of pay.

E. STIPENDS FOR VOLUNTEER FIRST RESPONDERS

Stipends for purely volunteer first responders to attend approved training are allowable when volunteers are completely unpaid and no legal agreement exists to support pay for training activities with the following justification:

These Communities will be reimbursed for actual class time at the rate of \$20.80 per hour. <u>Student</u> travel time and mileage expenses are not eligible.

All funds will be paid to the community. Students will not receive payment made out to them.

F. Filing Procedure

The following procedure must be followed by all Communities seeking reimbursement of payroll costs as outlined in this policy:

All documentation packages must be <u>submitted to the **Training & Exercise Unit**</u> as soon as possible following the completion of the training and/or exercise event. The following documents <u>must</u> be submitted as part of this package:

- 1. Completed NH Department of Safety Overtime/Backfill Reimbursement Forms for each person for whom reimbursement is being requested, **signed by an authorized official**.
- 2. Payroll documentation to support the requested reimbursement, signed by an **official authorized to approve payroll**.
- 3. Overtime/Backfill Worksheet listing the employee name, date of training, rate of pay, hours, benefits by percentage and total amount requested, <u>signed by an authorized official</u>. Benefits are limited to FICA, Workers Compensation, Unemployment Compensation and Retirement rate in effect at the time of the training.
- 4. Volunteer Stipend Justification (if applicable), signed by an authorized official.