Kern County Sheriff's Office

Policies and Procedures

TITLE:	**OVERTIME IN RELATION TO USE OF VACATION, CTO, OR SICK LEAVE**	NO: B-410	
APPROVED:	**Donny Youngblood, Sheriff-Coroner**		
EFFECTIVE:	**REVIEWED:**	**REVISED:**	**UPDATED:**
November 22, 2010	9/04/2020	11/22/2010	9/04/2020

POLICY

The Kern County Sheriff's Office recognizes that Vacation, Compensatory Time-Off (C.T.O.), and Sick-Leave are important benefits earned by members of the Sheriff's Office. The nature of Law Enforcement is such that the safety of each member is inter-dependant upon the other members, and so guidelines have been established to ensure members have access to benefits established by County Administrative Policy and by MOU, while allowing for the ongoing operation of the Sheriff's Office.

DIRECTIVE

Any member released from duty through the use of Vacation, Compensatory Time-Off, or Sick-Leave shall be considered "Off-Duty."

Members will make requests for time off, vacation or compensatory time off, at least three (3) days before it is to commence.

- In emergencies, this requirement may be waived by a supervisor.

Any employee who takes four hours or more of vacation leave, CTO, or sick leave during his or her regularly scheduled, assigned shift shall not, except in cases of emergency, work all or any part of any other shift until after their next regularly scheduled shift ends, or their next regularly scheduled days off, or with written authorization of their supervisor at the rank of Sergeant or above.

Employees are responsible for notifying the authorizing supervisor of their eligibility to work overtime in regard to this directive.

KERN COUNTY SHERIFF'S OFFICE
REQUEST FOR APPROVAL OF COLLATERAL EMPLOYMENT

Employee Name: _____
Last First M.I.

Position Title: _____

Current Assignment: _____

Injured on Duty Status: ☐ No ☐ Yes

Collateral Job Title: _____

Employer's Name: _____

Telephone: _____ **Address:** _____ **City:** _____ **Zip:**_____

Give a detailed description of duties. Include duties, acts, and functions to be performed at any time or under any special circumstance while acting as an employee of the collateral employer. Indicate the number of hours to be worked per day/week. Attach additional pages as necessary.

I have read and understand the Kern County Sheriff's Policy on Collateral Employment.

Employee's Signature/Date: _____

Chief Deputy's Signature/Date: _____

Approve: ☐ Disapprove: ☐

This authorization to engage in collateral employment shall expire on January 1, _____