FAIR LABOR STANDARDS ACT
(REGULATION)

In accordance with the policy of the board of education, the following regulation shall ensure compliance with the Fair Labor Standards Act within this school district.

1. This district will pay all nonexempt employees at least the federal minimum wage and time and one-half for all hours worked which exceed 40 hours per week, or permit compensatory time off at the rate of one and one-half hours off duty for each overtime hour worked. However, any overtime hours to be credited for overtime pay must be approved in advance by that employee's designated superior. Failure to get approval for overtime may result in disciplinary action being taken, which may include termination of employment.
2. This district will inform employees of the law by posting information disseminated by the U.S. Department of Labor.
3. This district shall establish, through separate administrative regulations, the process of time keeping which complies with the Act.

FAIR LABOR STANDARDS ACT
PROCEDURES

It is the intent of this school district to fully comply with the Fair Labor Standards Act (FLSA), its regulations, and relevant court decisions and to cooperate with state agencies in an effort to maintain compliance with the FLSA.

The following procedures and guidelines are to be followed in each department to ensure employees are properly compensated for approved hours worked in excess of the established work week as required by the provisions of the FLSA.

Definitions

"Overtime" is defined as authorized, compensable work time in excess of forty (40) hours per work week. A "work week" for full-time nonexempt employees is forty (40) hours during one consecutive seven-day period beginning at 12:00:01 a.m. on Saturday and ending at 12:00 midnight on the following Friday. "Non-covered employees" are those who are excluded from the definition of "employee" within the meaning of 29 USCA §203(e) (Supp. 1990). "Covered employees" are those who meet the definition of "employee" within the meaning of 29 USCA §203(e) (Supp. 1990). Covered employees will be either exempt or nonexempt employees. An "exempt employee" is a covered employee who is exempt from FLSA by virtue of meeting one of the tests for exemption. A "nonexempt employee" is a covered employee who does not meet one of the tests for exemption.

Exemptions

The FLSA exempts certain groups of covered employees from coverage. The following categories of exemptions are established:

1. Executives
2. Administrators; e.g., superintendents, principals
3. Professionals; e.g., teachers, special education skilled service providers, attorneys, auditors, nurses, counselors
TIMEKEEPING
NON-EXEMPT EMPLOYEES

The district may use a time clock, have a timekeeper keep track of employee work hours, or have the employees write their own times on sign-in/sign-out records. Whichever method is used, employees will be required to sign the time card/sheet to indicate knowledge of recorded work time.

The following are samples of timekeeping formats that may be used by the district to meet record keeping requirements. These formats may be substituted by the district’s current format if the same information requirements are met.

Option 1:
Day/Date:

Employee Name ______________________________________

Total Regular Hours: _________________________________

Total Overtime Hours: ________________________________

Time In:

Time Out:

Time In

Time Out

Total Hours

Employee Signature ________________________________

Total Workweek Hours: ____________________________

Timekeeper's Signature: ____________________________
Option 2:

Employee Name: ___________________________________________________

Day       Date

Total Regular Hours:__________________
Total Overtime Hours:____________________
Total Workweek Hours:____________________

Time In

Time Out

Total Hours

Employee Verification Signature: ________________________________
OVERTIME AUTHORIZATION FORM

Name___________________  Date  ______

Job to be Done ______________________________________________

Reason for Overtime ____________________________________________

Form Returned: Date _____________________________________________

Signature of Worker_____________________

Signature of Superintendent_____________________

Rate of Pay: (Reg.)________  (OT)  ______________