

Overtime Policy

We will provide this policy on request at no cost, in large print, in Braille, on tape or in another non-written format.

Introduction

The organisation is keen to ensure that employee's health and safety needs are met and one of the practical ways of doing this is to ensure that Wheatley Care thirty-seven hour week is adhered to on a regular basis.

We acknowledge however that there will be occasions when it may be necessary to exceed the working week and where this is the case the following guidelines should be adhered to: -

1. The Health and Wellbeing Team Leader / Health and Wellbeing Manager / Area Care Manager / Section Head will carry out an individualised risk assessment with employees regarding their capacity to work overtime shifts. This will be reviewed by the Responsible Manager.
 - : The risk assessment should include whether the employee has signed an "opt out" agreement under the Working Time Directive, their normal hours of work, personal circumstances, attendance record and work performance.
 - : The risk assessment should be shared with employees and agreement reached on what would be the acceptable upper limit of hours to be worked. This will be capped at a maximum of 60 hours per week for those who have signed an "opt out" agreement under the Working Time Directive.
2. Approval for working overtime should be given by an employee's line manager (or on call manager) prior to carrying out the overtime hours.
3. An overtime form must be completed in order that an overview can be retained of individual employee's overtime. This should be retained at the service or within the section.

Overtime Hours

Information must be submitted to the finance department on a monthly basis. Payment for these hours will be a month in arrears and will be at basic rate of the individual employee's salary.

It is not envisaged that overtime payments will be made to senior managers. Any hours worked in excess of contractual hours for this grade of manager will be taken as T.O.I.L. Senior managers are those managers who are graded at senior officer grade and above.

WHEATLEY CARE OVERTIME FORM

Name _____

Service _____

Details of overtime (including dates, length and reason)

Overtime approved by _____

Line Manager Signature _____ Date _____

Please retain this form

The finance section should also be informed of the overtime occurred using the monthly staff timesheets.