



# Rancho Los Amigos National Rehabilitation Center

## DEPARTMENT OF NURSING

### ADMINISTRATIVE

### POLICY AND PROCEDURE

**SUBJECT:** OVERTIME, NURSING

**Policy No.:** A395  
**Effective Date:** 04/1997  
**Page:** 1 of 2

**PURPOSE:** To describe the process for securing and documenting overtime.

#### **POLICY STATEMENT:**

1. Overtime is occasionally necessary to meet patient care staffing requirements.
2. Overtime requires administrative approval prior to the shift or hours worked.
3. Employees who work overtime without approval may be subject to disciplinary action.
4. Overtime for a Rehabilitation Associate requires prior approval by Clinical Nursing Administration or designee.

#### **PROCEDURE:**

1. The Registered Nurse in charge will obtain approval for overtime from the Nurse Manager, designee, or Administrative Nursing Supervisor. Overtime shall not exceed 24 hours per week except when there is an emergent / urgent staffing need that requires the employee to exceed this limit; otherwise, prior approval must then be obtained from the Chief Nursing Officer or Nursing Director prior to working the overtime. Overtime must then be limited to no more than 96 hours per month. Nursing Administration will monitor finance reports of overtime usage to ensure 24 hours a week/96 hours a month has not been exceeded or is appropriately justified.
2. The employee who has been approved for overtime will place his/her name, employee number, classification and who approved the overtime on the Variance Log of the unit where the overtime is worked.
3. The Supervising Staff Nurse, Nurse Manager or Administrative Nursing Supervisor enters overtime hours on the correct date and shift into ANSOS-ONESTAFF. The shift Administrative Nursing Supervisor finalizes overtime in ANSOS-ONESTAFF ensuring overtime is entered in the correct unit.
4. The Nurse Manager or designee will verify the approval of overtime worked by checking time cards against ANSOS-ONESTAFF entries.

#### **OUT OF AREA OVERTIME PROCEDURE**

1. Employees who work outside of their regularly assigned area must complete the OUT OF AREA OVERTIME APPROVAL FORM (attachment A) with the signature of the charge nurse of the area where the overtime is being worked.
2. The employee needs to write his/her name, employee number, classification and who approved the overtime on the variance of the overtime unit. They do not need to write on their unit's variance log.
3. Completed out of area overtime forms are kept with the employee's timecard in the regularly assigned unit.

**Key Point:** Employee must submit the completed OUT OF AREA OVERTIME APPROVAL FORM to the assigned units' timekeeper.

4. At the end of each pay period, the Nurse Manager or designee will verify the overtime worked by checking employee's timecard against the overtime authorization form and ANSOS entries. The OUT OF AREA OVERTIME APPROVAL FORM will be kept together with the employees' timecard.

**Key Point:** *Out of Area overtime approval form is filed along with the timecard copies.*

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**Reference:**

DHS Policy 753 OVERTIME 2011

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04/97 – Revised  
07/00 – Reviewed  
05/01 – Revised  
03/04 – Revised  
06/05 – Revised  
09/08 – Revised  
05/11 – Revised  
12/13 – Revised  
05/17 – Revised  
06/22 – Reviewed

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER**

**OUT OF AREA OVERTIME APPROVAL FORM**

- Instructions:**
- 1) Section I – to be completed by Employee
  - 2) Section II – to be completed by Supervising Staff Nurse/Charge Nurse in the area of overtime and sent/returned to the employee. The employee is responsible to submit the signed form to the home unit timekeeper.
  - 3) Section III – to be completed by Nurse Manager/Designee/Timekeeper
  - 4) This form to be retained with timecard records

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**I. To be completed by the Employee:**

Name: \_\_\_\_\_ Classification: \_\_\_\_\_ Emp. No.: \_\_\_\_\_  
Regularly scheduled shift: \_\_\_\_\_ Regularly assigned work area/unit: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Employee)

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**II. To be completed by the Assistant Nurse Manager/Charge Nurse in the area/unit where the OVERTIME is worked:**

Date of Overtime: \_\_\_\_\_ Cost Center: \_\_\_\_\_  
Area/Unit where overtime was worked: \_\_\_\_\_  
Reason overtime needed:  
 CIM  Staff Sick-Calls  Unexpected increase in census  
 Scheduling Issues  Staff Vacancies  Other \_\_\_\_\_  
Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_ Total Hours Worked: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Supervising Staff Nurse/Charge Nurse)

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**III. To be completed by the Nurse Manager/Designee/Timekeeper in the regularly assigned home area/unit:**

Time card period ending date: \_\_\_\_\_ Entered into One-Staff:  \_\_\_\_\_  
(Initials)

Time card coded:

Date	Hours Worked	Code

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Nurse Manager/Designee/Timekeeper)

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