

Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: DUAL COMPENSATION Policy No.: A222

Supersedes: June 9, 2006 Revision Date: March 23, 2010 Reviewed: July 6, 2013

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PURPOSE

The purpose of this policy is to provide guidelines that are consistent with the Department's position regarding employees receiving dual compensation

POLICY

It is the policy of the Department that, in those instances where the interests of the County would be served, County employees in Departmental facilities may engage in outside employment with affiliating medical schools, their Professional Staff Associations (PSA's), and/or physicians implementing research grants (hereinafter noted collectively as Medical School).

In such instances, care shall be taken to ensure that such County employees are in compliance with all County policies and/or ordinances relative to the satisfaction of their employment obligations to the County

No person employed by the County shall hold more than one full-time position, nor shall any person hold two or more part-time positions which, in the aggregate, exceed full-time

Compensation received from Medical School shall be for work performed for that entity over and above the employee's obligation to County, and shall not represent salary augmentation

PROCEDURE

Employee Responsibility:

It is the responsibility of the individual employee to advise the County of his/her intent to engage in outside employment with Medical School and receive prior approval from his/her immediate County supervisor (see Rancho Policy A232 on Outside Employment; completion of Employee Report on Outside Employment/Incompatible Activity form may also be required). In the event the County supervisor is also the employee's supervisor for the affiliating entity, the approval of the next highest County supervisor or manager not affiliated with the entity shall be required.

Employees engaging in outside employment with Medical School shall give first priority to the satisfaction of their employment obligations to the County. There shall be no overlapping of schedules, nor split shifts established for the purpose of facilitating work for Medical School. Work performed for Medical School shall be completed prior to the beginning or at the end of the employee's normal

EFFECTIVE DATE: December 1, 1993 COUNTY OF LOS ANGELES: DEPARTMENT OF HEALTH SERVICES

APPROVED BY: Signature(s) on File.

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County work shift, and shall not exceed 24 hours per week, in compliance with County ordinance on outside employment

Employees shall be responsible for documenting separately the hours worked for the County and Medical School in compliance with time monitoring policy/procedure,

Either at the time of employment, or at such time as the employee files notice of intent to work for Medical School, such employee shall provide additional information to his/her County supervisor and/or Office of Human Resources relative to the specifics of such employment, by completing an Employee Report of Dual Compensation form (Attachment I),

Supervisor Responsibility:

If an employee is engaged in outside employment with Medical School:

The employee's supervisor is responsible for ensuring that the hours worked for the County and Medical School are documented separately County timecards shall be signed/countersigned by a County employee who either directly supervises the employee working for Medical School, or who is in his/her chain of command The documented time records for both County and Medical School hours worked shall be maintained by the County supervisor and/or manager for a minimum of one year, or as required by applicable ordinance or policy, whichever is longer.

The supervisor is required to ensure that compensation received from Medical School is for work performed for that entity over and above the employee's obligation to the County, and does not represent salary augmentation

The supervisor is also responsible for ensuring that duties performed by the employee in the course of the approved County work day is conducted on the premises owned, leased, and operated and/or authorized by the County

Chief Executive Officer Responsibility:

It shall be the responsibility of the Chief Executive Officer (CEO) to ensure that each employee and supervisor enforce each aspect of this policy

PROCEDURE - Policy Form

Human Resources:

• Provides all incoming employees with the Dual Compensation policy (Attachment II),

Employee Supervisor:

- Discusses the policy with each incoming employee
- Ensures policy form is signed by the employee,
- Ensures that the employee has a copy of the policy,
- Signs the policy form and forwards completed form to Human Resources

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Human Resources:

• Establishes a tracking system to ensure that employees complete the policy form and return the form to the Human Resources Office

- Ensures the form has been signed by both employee and employee's supervisor.
- Files the completed form in the employee's personnel folder.
- Attaches the policy to each Annual Performance Evaluation for documentation of additional review of this policy between the supervisor and the employee

Any violation of this policy, in whole or in part, may be cause for disciplinary action up to and including discharge from County service,

REFERENCE: Los Angeles County Code, 6 16,010

Department of Health Services, Policy 740 RLANRC, Administrative Policy A232

Attachments (2)

Revised: January 2003

June 9, 2006

Reviewed: March 23,2010 Gl I:mm

July 6, 2013 AC

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES Employee Report of Dual Compensation

Employee Name (Print or Type)		Employee	Number
Payroll Title		Facility	
		Division This is to provide	notification
affiliated physician conducting rese	Medicine, its arch under gnployment l	professional staff association, argrant funding, reporting directly toegan/will begin on	0
Proposed work site:			
Telephone Number -County:		School:	
Position/Functional Title:			
Proposed Duties:			
Proposed Working Hours: Count	y:	School:	
EMF I have read and understand the Department school, its professional staff association, an to the best of my knowledge and belief, the	's policy regard d/or affiliating	physicians implementing research gran	
EMPLOYEE:		SUPERVISOR:	
Print Name		Print Name	
Title/Classification		Title/Classification	
Signature	Date	Signature	Date
Approve [] Deny []			
Department Head Signature:			··

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

POLICY/PROCEDURE Employee Receiving Dual Compensation

PLEASE READ AND COMPLETE THE FOLLOWING (IF APPLICABLE)

- County employees intending to engage in outside employment with an affiliating medical school, its Professional Staff Association and/or physicians implementing research grants (hereinafter noted as "Medical School") are required to not if the Department through their immediate County supervisor, and to obtain prior approval for such employment
- A full-time employee of the Department of Health Services, whose work is not governed by an affiliating agreement with a medical school, may receive compensation from the medical school providing that his/her County assignment is not impaired
- 3 Employees receiving dual compensation under these provisions shall limit their medical school employment to 24 horns per week or less, in compliance with County ordinance, and shall not split their County work shift to perform such work.
- 4. Employees receiving compensation from Medical School under these provisions will perform all County work on premises owned, leased, operated and/or authorized by County
- Use by employees, in connection with Medical School employment, of confidential and other non-public inf01mation gathered in contact with patients, clients, employees, 01 from departmental records, is prohibited.
- Any violation of this policy, in whole or in part, may be cause for disciplinary action, up to and including discharge from County service

EMPLOYEE'S CERTIFICATION (ALL EMPLOYEES MUST READ AND SIGN)

I have read and understand the Department's policy regarding outside County employment with an affiliating medical school, its professional staff association, and/or physicians implementing research grants

Employee Signature/Date	Supervisor's Signature /Date

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