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.

"N on-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

Adoption Date: 2013

| Revision Date(s): 1/28/97, 3/27/00, 8/1/00, 2/20/02 | Page 1 of 4

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| TIMEKEEPING |
|----------------------|
| NON-EXEMPT EMPLOYEES |

Adoption Date: 2013

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.

| 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: |

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| Option 2: | | |
|------------------------------------|------|--|
| Employee Name: | | |
| Day | Date | |
| | | |
| Total Regular Hours: | | |
| Total Overtime Hours: | | |
| Total Workweek Hours: | | |
| Time In | | |
| Time Out | | |
| Total Hours | | |
| Employee Verification Signature: _ | | |

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| OVERTIME A | ALITHORIZA | ATION FORM |
|------------|------------|------------|
| OVERTIME | MUTHORIZA | ATTOM FORM |

Name_____ Date _____

Job to be Done

Reason for Overtime

Form Returned: Date _____

Signature of Worker_____

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Signature of Superintendent_____

Rate of Pay: (Reg.)_____ (OT)

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2/20/02