



POLICIES AND PROCEDURES
MONTGOMERY COUNTY
DEPARTMENT OF FIRE AND RESCUE SERVICES

NO. 519

PAGE

1 OF 5

DATE

May 8, 1994

TITLE

WORK SUBSTITUTION

DIRECTOR APPROVAL

PURPOSE

1.0 To establish the policy and procedure for DFRS employees regarding the substitution of work shifts, or parts thereof, particularly when leave is not available. This procedure is not to be considered a stand-by as defined in Policy 514, Tardiness.

APPLICABILITY

2.0 All DFRS employees in the Fire Protection Occupational Series.

2.1



This Policy was developed in cooperation with the International Association of Firefighters, Local 1664.

DEFINITIONS

3.0 Work Substitution(s) - A period(s) of time when an employee who is scheduled to work has another employee of equal rank and qualifications work their scheduled shift.

POLICY

4.0 In Section 3(c) of the Amendments (Section 7 (p)(3) of the Fair Labor Standards Act), employees who agree to work substitute hours, with the approval of the public agency employer, do not have a claim for Fair Labor Standards Act overtime pay for those extra hours.

4.1 The minimum substitution requirements are: Duty Officer for Duty Officer; Lieutenant or Sergeant for Lieutenant or Sergeant; Master Firefighter for Master Firefighter; Firefighter for Firefighter; Paramedic for Paramedic; and driver for driver. Work substitutions that exceed this minimum are acceptable.



POLICIES AND PROCEDURES
MONTGOMERY COUNTY
DEPARTMENT OF FIRE AND RESCUE SERVICES

NO. 519

PAGE

2 OF 5

DATE

May 8, 1994

TITLE

WORK SUBSTITUTION

DIRECTOR APPROVAL

A handwritten signature in black ink, appearing to be "S.A.", written over the "DIRECTOR APPROVAL" field.

- 4.2 Work substitutions must meet the specific operational needs of the stations affected. Under extenuating circumstances a work substitution can be approved outside these limits with the approval of the District Chief or Duty Chief. For example, at the beginning of the shift in question, the Chief has the discretion to approve a work substitution of a Firefighter for a Master Firefighter if all specific operational needs are met.
- 4.3 Work substitutions will be permitted when established operational service levels can be maintained. Work substitutions must not incur overtime or cause the detail of personnel not involved in the work substitution. Work substitution is a privilege that may be suspended.
- 4.4 The Department assumes no responsibility or liabilities for work substitution paybacks.
- 4.5 Approved work substitutions are final, subject to Section 6.5 of this policy.
- 4.6 The receiving Station Officer has the authority to approve work substitutions after consultation with the Staffing Officer.
- 4.7 Work substitution requests may not be submitted more than 30 days in advance of the proposed date. Work substitutions must be finalized at least 24 hours prior to the requested shift. Under extenuating circumstances, a work substitution can be approved in less than 24 hours, with the approval of the Duty Chief.
- 4.8 Bi-weekly time sheets must reflect regularly scheduled hours. Work substitution time will not be reflected on the bi-weekly time sheets. However, official log books of the duty station and the Daily Activity Report will indicate which employee is actually on duty.



POLICIES AND PROCEDURES
MONTGOMERY COUNTY
DEPARTMENT OF FIRE AND RESCUE SERVICES

NO. 519

PAGE

3 OF 5

DATE

May 8, 1994

TITLE

WORK SUBSTITUTION

DIRECTOR APPROVAL

- 4.9 An employee who has agreed to perform the work substitution as noted on the Work Substitution Request and who does not report for work in accordance with the work substitution will be subject to disciplinary actions in accordance with any appropriate regulations and Article 33 of the Firefighter's Collective Bargaining Agreement.
- 4.10 An employee who has agreed to the work substitution as noted on the Work Substitution Request and is unable to report for said shift due to illness or injury or other related sick leave uses, will be required to follow all the applicable sick leave procedures and will be charged leave in accordance with those procedures. Debits to leave balances will be made by the Senior Career Officer via memorandum through the Bureau Chief to the Payroll Division.
- 4.11 An employee who has agreed to a work substitution as noted on the Work Substitution Request and then takes annual or compensatory leave, will be required to follow all applicable leave procedures and will be charged leave. Debits to leave balances will be made by the Senior Career Officer via memorandum through the Bureau Chief to the Payroll Division.
- 4.12 Personnel may not work in excess of 38 consecutive hours without the approval of the Duty Chief or District Chief.
- 4.13 Personnel performing work substitutions on Holidays are not eligible for Holiday pay. The employee normally scheduled to work the Holiday but off on a Work Substitution will receive the Holiday pay.
- 4.14 Employees will retain one copy of the Station Officer approved Work Substitution Request Form.
- 4.15 No more than two individuals (the permanent party and the substitution) can be involved in a work substitution for one day or one night shift.

RESPONSIBILITY

- 5.0 All DFRS employees are responsible for knowing the correct procedures when applying for a work substitution.



POLICIES AND PROCEDURES

MONTGOMERY COUNTY

DEPARTMENT OF FIRE AND RESCUE SERVICES

NO. 519

PAGE

4 OF 5

DATE

May 8, 1994

TITLE

WORK SUBSTITUTION

DIRECTOR APPROVAL

SIA.

- 5.1 Any employee desiring a work substitution is responsible for completing a Work Substitution Request and forwarding it to the Station Officer.
- 5.2 Station Officers are responsible for determining if the requested work substitution meets staffing requirements.
- 5.3 The Staffing Officer is responsible for changing the appropriate schedule and noting the date and time the Work Substitution Request was received. This will be done on the form itself.
- 5.4 Copies of all approved Work Substitution Requests will be maintained by the Staffing Officer.

PROCEDURE

- 6.0 The employee desiring a work substitution will complete a Work Substitution Request Form and forward the completed form to his/her Station Officer. The employee will note on the form the name and duty station of the substitute employee.
- 6.1 Upon receipt of the form, the Station Officer will:
 - A. Determine if the substitute employee meets the qualifications needed to complete the required minimum staffing standards at the station.
 - B. Contact the Staffing Officer to confirm employee is not scheduled for a detail due to special qualifications and to assure staffing requirements are met.
 - C. Approve the work substitution and forward it to the Staffing Officer if the minimum staffing requirements are met.
- 6.2 The Staffing Officer will note the work substitution on the scheduling calendars, line-ups, and leave book.
- 6.3 Station Officers will note work substitutions on their Daily Activity Reports.
- 6.4 The employees involved in the work substitution will be subject to all Departmental policies and procedures.



POLICIES AND PROCEDURES
MONTGOMERY COUNTY
DEPARTMENT OF FIRE AND RESCUE SERVICES

NO. 519

PAGE

5 OF 5

DATE

May 8, 1994

TITLE

WORK SUBSTITUTION

DIRECTOR APPROVAL

[Signature]

6.5 Once a work substitution has been approved, it can be changed only by the two parties involved. Any and all changes are to be coordinated through the receiving Station Officer.

6.6 A work substitution has not been approved until both employees have signed the Work Substitution Request and the form is signed by the receiving Station Officer.

ATTACHMENT

7.0 Work Substitution Request Form

CANCELLATION

8.0 DFRS Policy #519, dated January 10, 1990, entitled "Work Substitution" is cancelled.



DEPARTMENT OF FIRE AND RESCUE SERVICES
MONTGOMERY COUNTY, MD.

WORK SUBSTITUTION REQUEST

I, _____
Rank _____ Name _____ Station _____ Shift _____ Kelly _____

Agree to work and assume all responsibilities for:

_____ Rank _____ Name _____ Station _____ Shift _____ Kelly _____

On _____ From _____ To _____ Total hours _____
Date Time Time

Employee signature: _____ Date _____

Employee signature: _____ Date _____

Approved Disapproved

Station Officer signature: _____ Date _____

If disapproved, state reason: _____

AD88012 5/94 White - Employee #1 Yellow - Employee #2 Pink - Scheduling Office