

**EAST COUNTY FIRE & RESCUE**  
**POLICIES, PROCEDURES & GUIDELINES**

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**SUBJECT: Exempt Employee Compensation**

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**ADOPTED BY:** 

**Board Chair**

**REVIEWED: \_\_\_\_\_**

**BY: \_\_\_\_\_**

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**Policy:**

In accordance with RCW 52.14.100, it shall be the policy of East County Fire & Rescue, to provide all EXEMPT employees with flex-time, comp time and/or overtime as defined in the following paragraphs.

**Definitions:**

- **Flex-Time:** the normal hours per pay period worked in an irregular fashion within that same pay period.
  
- **Overtime:** shall be paid at time and one half for any hours worked outside of the employee's normal schedule only.

**Action:** Provisions of this policy require approval of the Fire Chief, utilizing the appropriate form. (See tab a)

Exempt employees may earn comp-time, at the discretion of the Fire Chief—for hours worked above and beyond what would be considered “normal” hours (typically 50 hours per week for exempt employees). East County Fire & Rescue recognizes they are not obligated to pay overtime to an exempt employee, but may do so—without jeopardizing the employee's exempt status. Compensating beyond the salary does not dilute or nullify the salary basis. Therefore, above the salary, East County Fire & Rescue can pay a bonus, straight time overtime (STOT), or even time and a half of a regular rate without violating the requirements for the salary basis test. It is acceptable to track the time of exempt employees for the purposes of performance, discipline and other organizational matters, but not for the purposes of pay. Nevertheless, it is permissible to count the hours that an exempt employee works in order to compensate that employee over and above the salary basis.



East County Fire & Rescue  
P.O. Box 345 Washougal, WA 98671

Over Time/Comp / Flex Time Earned  
Comp / Flex Time Used

Employee's Name \_\_\_\_\_

Supervisor \_\_\_\_\_

OTP/Comp / Flex Hours Earned \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_

Time earned at Straight Time \_\_\_\_\_ Time & a half \_\_\_\_\_

Reason for working outside regular scheduled hours: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Comp / Flex Time Used \_\_\_\_\_ Date \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_ Rejected \_\_\_\_\_