

ALL DEPARTMENT PERSONNEL
SUBJECT: SWORN COMPENSATORY TIME BALANCES

November 22, 2024

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submit a plan by December 1, 2024 and their compensatory time balance exceeds 240 hours on December 31, 2024, they may be sent home to immediately reduce their compensatory time balances.

With the exception of sworn Patrol personnel, anyone who believes they will not be able to take the excess time off before the end of the calendar year shall submit a plan to their immediate supervisor, consistent with MOA section 13.6.5.1, by December 1, 2024. Written plans should outline how you will reduce your compensatory time by March 31, 2025. If an employee does not adhere to the plan submitted and their compensatory time balance exceeds 240 by the extended time of March 31, 2025, they may be sent home to immediately reduce their compensatory time balances.

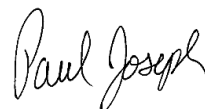
Any Department member who submits a plan by December 1, 2024 shall receive a ninety (90) day carryover (to March 31, 2025) to reduce accrued compensatory time to the 240-hour maximum level. Refer to the San Jose Police Officer's Association MOA, section 13.6.2 for any questions.

The Department does not anticipate a buy down for any employees who have a balance over 240 hours of compensatory time at any time during the current fiscal year.

While sworn Patrol personnel do not need to submit a plan, they shall make every effort to reduce their compensatory time to the 240-hour maximum level by the end of the calendar year.

ORDER

With the exception of Patrol personnel, all sworn Department members shall reduce their compensatory time to the 240-hour maximum level by the end of the calendar year. Those who believe they will not be able to take the excess time off before the end of the calendar year shall submit a plan to their immediate supervisor, consistent with MOA section 13.6.5.1, by December 1, 2024. Written plans shall outline how you will reduce your compensatory time by March 31, 2025.



Paul Joseph
Chief of Police

PJ:PH

Attachment 1: Compensatory Time 90-Day Carryover Request Form

Compensatory Time 90-Day Carryover Request Form

Check one:
 Initial Plan Amended Plan

Employee's Name & Badge #	Bureau / Assignment

Number of hours over 240:

Reason(s) for the requested carryover: (explain)

Plan for reduction: (List start and end dates of planned time-off)

Start Date	End Date	Number of Hours
Total hours:		

Employee's Signature: Date:

Supervisor's Approval: Date:

Routine Instructions:

Employee: Submit your completed "*Compensatory Time 90-Day Carryover Request Form*" to your supervisor.

Supervisors: If the planned absences cannot be granted due to minimum staffing requirements, the supervisors will contact the employee to modify the plan. Supervisors will forward the completed form through their chain of command to the Bureau Deputy Chief.