

**MEMORANDUM OF UNDERSTANDING REGARDING  
OVERTIME REIMBURSEMENT**

**between**

**MONROE COUNTY SHERIFF'S OFFICE**

**and**

**PEMBROKE PINES POLICE DEPARTMENT**

**IN CONSIDERATION** of the promises and mutual covenants and agreements contained herein, the parties agree as follows:

**I. PURPOSE AND PARTIES**

The South Florida High Intensity Drug Trafficking Area (SFLHIDTA) is a task force program funded by grants through the Office of National Drug Control Policy, Executive Office of the President of the United States. SFLHIDTA is governed regionally by the SFLHIDTA Executive Board which determines how said grant funds are allocated. The Monroe County Sheriff's Office ("MCSO"), a political subdivision of the State of Florida, serves as a fiduciary, receiving and disbursing federal grant funds allocated to SFLHIDTA.

SFLHIDTA's Cocaine Strategy Initiative has approved reimbursing the Pembroke Pines Police Department up to, but not to exceed **\$18,343.75** for overtime incurred in support of Cocaine Strategy investigations led by U.S. Secret Service Electronic Crimes Task Force.

MCSO, as fiduciary for SFLHIDTA, and Agency do hereby agree as follows:

1. The Agency may request reimbursement for overtime for task force officers assigned to the above name Initiative. Officer(s) must be eligible for such compensation from their parent agency/department for work conducted in support of the Operation. SFLHIDTA funds shall not be used to pay for overtime related to training attendance, or non-investigative administrative work, or fringe benefits.
2. SFLHIDTA funded overtime for fulltime participants shall not exceed the lower of applicable state and local regulations for an officer's parent agency or 25% of the federal GS-12 Step-1 pay scale for federal law enforcement officer "Rest of US" that is in effect at the beginning of the calendar year (January 1). The Agency of the individual receiving SFLHIDTA-funded overtime shall ensure the maximum amounts are not exceeded. Funds must be spent in compliance with established SFLHIDTA Program Policy, including multi-agency participation, collocation and the SFLHIDTA intelligence sharing plan.
3. The Agency will submit a claim for reimbursement with the following documentation:
  - a. A letter on Agency letterhead outlining total amount of request, time period of the overtime incurred, and instructions as to how a check should be made payable and an address and contact person for remittance.
  - b. The Overtime Summary/Certification Sheet "Request for Reimbursement of South

- Florida SFLHIDTA Overtime Expenses” filled out and signed by an authorized representative of the agency.
- c. Copies of the Agency’s overtime authorization sheets providing reference to the SFLHIDTA operation with signatures of the employee and supervisor.
  - d. Either the individual pay stubs or a report from the Agency’s payroll system showing the amount paid to the officer for that overtime.
  - e. Copies of the Agency’s timesheets for the relevant time periods to verify the method of overtime calculation.

## **II. POINTS OF CONTACT:**

### **MCSO:**

Patrick McCullah, General Counsel  
Monroe County Sheriff's Office  
5525 College Road  
Key West, Florida 33040  
Telephone: 305.292.7020  
Fax: 305.292.7070  
E-mail: [pmccullah@keysso.net](mailto:pmccullah@keysso.net)

### **SFHIDTA:**

Genii Cockshutt, Fiscal Officer  
3101 Commerce Parkway  
Miramar FL 33025  
Phone: 954-430-4903  
Email: [ghcockshutt@sflhidta.org](mailto:ghcockshutt@sflhidta.org)

### **AGENCY:**

The Agency’s designated contact concerning this MOU, including reimbursement requests and disclosures, shall be:

Sergeant Angela Goodwin  
Pembroke Pines Police Department  
9500 Pines Blvd  
Pembroke Pines, FL 33024  
Phone: 954-450-6915  
Email: [agoodwin@ppines.com](mailto:agoodwin@ppines.com)

### **INITIATIVE POC:**

TSA Craig Williams  
US Secret Service

10350 NW 112<sup>th</sup> Avenue  
Miami, FL 33178  
Phone: 305-863-5124  
Email: [craig.williams@uss.s.dhs.gov](mailto:craig.williams@uss.s.dhs.gov)

### III. TERM AND TERMINATION:

1. This MOU is **effective as of January 1, 2019 and remains through December 31, 2019.**
2. Either party may terminate this MOU at any time by providing (30) days prior written notice of termination.
3. In the event of a material breach of this MOU, either party may immediately terminate this MOU.

#### MONROE COUNTY SHERIFF'S OFFICE

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

#### PEMBROKE PINES POLICE DEPARTMENT

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

APPROVED AS TO LEGAL FORM

OFFICE OF THE CITY ATTORNEY

1/22/19

## SOUTH FLORIDA HIDTA OVERTIME POLICY/PROCEDURES

Agencies wishing to claim reimbursement for overtime expenses must submit their claims to SFHIDTA Fiscal Officer within 60 days of the paying the overtime to the individual. The reimbursement request package consists of:

1. REQUEST FOR REIMBURSEMENT ON AGENCY LETTERHEAD. This letter should include total amount of request, time period of OT, name, phone number and email address of person to be contacted if questions, and name and address of payee.
2. OVERTIME SUMMARY SHEET "Request for Reimbursement of South Florida HIDTA Overtime Expenses" signed by an authorized representative of the agency and by the initiative commander.
3. COPY OF AGENCY'S OVERTIME AUTHORIZATION SHEET(S) referencing HIDTA case and signed by the employee and supervisor.
4. COPY OF AGENCY'S PAY PERIOD TIME SHEET/TIME CARD(S) to verify method of overtime calculation.
5. COPY OF PAYROLL REGISTER, PAY STATEMENT OR PAYCHECK/STUB to verify overtime payment and rate.

As each HIDTA initiative is responsible for complying with ONDCP's overtime guidelines I am providing them below for your reference:

### **6.9.2 Overtime**

#### **6.9.2.1 Eligibility for Overtime**

*Generally, only state, local, and tribal law enforcement officers and uniformed Federal agents (e.g., uniformed Customs and Border Protection and U.S. Forest Service) are eligible for HIDTA-funded overtime. In unusual circumstances, non-law enforcement personnel may receive HIDTA-funded overtime if the overtime is performed exclusively for a HIDTA-funded activity as defined in section 4.4.*

*HIDTA funds shall be used to pay overtime only if the participant is eligible for such compensation by his/her parent agency and the overtime was performed in support of a HIDTA-designated Enforcement Initiative or Intelligence and Information Sharing Initiative.*

#### **6.9.2.2 Unauthorized Uses for Overtime**

*HIDTA funds shall not be used to pay overtime related to training attendance, financial management, drug treatment, drug demand reduction or prevention, or non-investigative-related administrative work.*

#### **6.9.2.3 Organized Crime Drug Enforcement Task Force (OCDETF) Overtime**

*Once an investigation receives OCDETF designation, the OCDETF Program should pay for overtime. While there is no absolute prohibition on the use of HIDTA funds for overtime related to OCDETF cases, HIDTA funds should not be the first source of overtime for OCDETF cases.*

#### **6.9.2.4 Maximum Overtime Amounts\***

*HIDTA-funded annual overtime for individual state, local, and tribal law enforcement officers and uniformed Federal agents shall not exceed the lower of: (1) applicable state, local, and tribal regulations of officer's parent agency; or (2) 25 percent of the Federal GS-12, Step 1 level pay scale for "Rest of U.S." in the law enforcement general schedule (GS) in effect at the beginning of the calendar year (CY), the parent agency's FY, or other 12-month period selected by the parent agency.*

*In addition, this reimbursable overtime rate is the maximum that an officer can receive during the calendar year, fiscal year, or other 12-month period from all Federal funding sources combined. As the cap on overtime from all Federal sources is imposed by other Federal agencies, including the Department of Justice and Homeland Security, ONDCP has no authority to waive or increase Federal overtime authorized for HIDTA task force officers who will exceed the limit.*

*For non-law enforcement officers, the maximum amount shall be the lower of: (1) the applicable state, local, and tribal regulations of the agency hiring or contracting with the individual; or (2) 25 percent of the Federal GS-12 step 1 level pay scale in the General Schedule ("Rest of U.S.") in effect at the beginning of the calendar year, the parent agency's fiscal year, or other 12-month period selected by the parent agency.*

#### **6.9.2.5 Responsibilities for Overtime Compliance**

*The participating agency or initiative supervisor of the personnel receiving HIDTA funded overtime shall ensure overtime is tracked, the maximum allowable amounts are not exceeded, the overtime is for HIDTA initiative-related activities, and the individual does not receive overtime compensation from another funding source for the same hours worked.*

#### **6.9.2.6 Overtime Non-Compliance**

*ONDCP shall require repayment by the participating agency if overtime payments to an individual exceed the maximum limit or if the hours charged to overtime are found not to be for HIDTA initiative-related activities. If ONDCP finds that a parent agency's recordkeeping is deficient, ONDCP may impose additional reporting requirements on that agency.*

## Request for Reimbursement of South Florida HIDTA Overtime Expenses

**Instructions:** This form must be signed by the HIDTA task force coordinator certifying that the OT claimed is for HIDTA-related work and by the agency representative certifying that the amounts claimed are actual costs and that reimbursement for this time has not been or will not be provided by any other funding source. Agency must provide supporting documentation consisting of: copies of investigator OT authorization sheets, showing when he/she worked the HIDTA case, copies of the investigators timecard (electronic or paper) showing all the hours worked for the relevant pay period, and copies of payroll register, verifying the overtime rate claimed and showing he/she was paid for that time.

**OCDETF Overtime:** Once an investigation receives OCDETF designation, the OCDETF Program should pay for overtime. Exceptions to this rule must be obtained from the SFHIDTA Director.

Maximum Overtime Amounts: South Florida Overtime Reimbursement is capped for a 12-month period at \$13,915 per full time participant and \$5,000 per part time participant, unless prior approval from SFHIDA Director is obtained to exceed those amounts. In this case, ONDCP's Overtime Reimbursement cap applies, wherein reimbursement shall not exceed the lower of: (1) applicable state and local regulations of officer's parent agency; or (2) 25 % of the Federal GS-12 Step 1 level pay rate for Federal Law Enforcement Officers ("Rest of U.S.") for a 12-month period. For 2018, the cumulative amount of reimbursement is to be accumulated from January 2019 to December 2019, using the Salary Table effective in January 2019 ([https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/19Tables/html/RUS%20\(LEO\).aspx](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/19Tables/html/RUS%20(LEO).aspx)), which is \$18,343.75.

This reimbursable overtime rate is the maximum that an officer can receive during the calendar year, fiscal year, or other 12-month period from all Federal funding sources combined. As the cap on overtime from all Federal sources is imposed by other Federal agencies, including the Department of Justice, Homeland Security and FEMA, ONDCP has no authority to waive or increase Federal overtime authorized for HIDTA task force officers who exceed the limit.

Note: Parent agencies, not the grantees, are responsible for ensuring their officers' South Florida HIDTA and ONDCP annual caps are not exceeded. Should an agency inadvertently be overreimbursed, the grantee will deduct the overage from the next reimbursement.

Agency of investigators below:			Name of HIDTA Initiative	Grant Number:		
			Pay Period(s) of overtime incurred this claim From: To:			
Contact Person			Telephone Number/Email			
	A	B	C	D	E	F
Name of Investigator	Is this person assigned FT to the above named initiative? (Y or N)	OT hours claimed from HIDTA this period	Overtime Rate	OT reimbursement Requested (B x C)		
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TOTALS				\$ -		

*I certify that to the best of my knowledge the above data are true and accurate; that these are the actual costs incurred; that all outlays were made in accordance with the grant or other agreement conditions; that they have not been and will not be reimbursed by any other entity; and that payment is due and has not been previously requested.*

Recipient Agency Representative:	Signature	Title	Date
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I certify that to the best of my knowledge the individuals listed above participated in the above-named HIDTA initiative during this time period for the above-listed number of overtime hours.

Number of Overtime Hours:		Signature	Title	Date
HIDTA Task Force Coordinator:				