

## NEW MEXICO DEPARTMENT OF PUBLIC SAFETY GRANTS MANAGEMENT BUREAU

Overtime Certification	
On behalf of read, understand and agree to abide by all of the conc Fair Labor Standards Act (FLSA) regulations, the OJP	, I as the Certifying Official certify that I have litions for Overtime Pay as set forth in the current rules of the Financial Guide and the GMB Financial Guide.
<u>LAW ENFORCEMENT OFFICERS/COMMISSIONED EMPLOYEES</u> In accordance with overtime policy/Union Contract/Bargaining Agreement, I certify that our law enforcement officers work week consists of hours in aday period.	
Overtime Premium Pay I certify that law enforcement officers shall become eli- regular rate of pay for all actual hours worked in excess	gible to be compensated at one and one half (1 $\frac{1}{2}$ ) times their as of hours in a day period.
I certify that any Holiday,Vacation, C (specify), shall be for above specified work period.	comp time, Sick leave, Annual leave, Other e considered as time worked for calculating actual hours worked
CIVILIAN/NON-COMMISSIONED EMPLOYEES In accordance with overtime policy/Union Contract, I certify that our civilian employees work week consists of hours in aday period.	
Overtime Premium Pay I certify that civilian employees shall become eligible to be compensated at one and one half (1 ½) times their regular rate of pay for all actual hours worked in excess of hours in a day period.	
I certify that any Holiday, Vacation, Comp time, Sick leave, Annual leave, Other (specify), shall be considered as time worked for calculating actual hours worked for above specified work period.	
Full Name of Sub-recipient	
Signature of Certifying Official	Date
Printed Name and Title of Certifying Official	
Signature of Sub-recipient Program Representative	Date
Printed Name and Title of Program Representative	
Signature of Sub-recipient Fiscal Representative	Date
Printed Name and Title of Fiscal Representative	