



Robert L. Quinn
Commissioner

State of New Hampshire

DEPARTMENT OF SAFETY

Division of Fire Standards and Training & Emergency Medical Services

www.nh.gov/safety/divisions/fstems



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NH SHSGP Overtime/Backfill Forms Packet and Instructions – July 2024

Packet Contents

- **Overtime/Backfill Policy** – Please read this carefully. It outlines the specifics of what is allowable and what is not.
- **Overtime/Backfill Form** – **NO LONGER REQUIRED**
- **Notice of Local Requirement to Complete ICS 300 / ICS 400 (ONLY USED FOR ICS 300/400 CLASSES)**
- **Summary Sheet (Spreadsheet)** – Use this spreadsheet to calculate the allowable overtime/backfill costs for each student member of your agency.
- **Volunteer Declaration** – This is used by volunteer agencies that do not pay their responders an hourly rate for responses or training.
- **Later Payment Statement for Call and/or Volunteer Payroll** – This is to be used by agencies that do not have a method whereby they pay their responders on a regular schedule.

Basic Instructions

All reimbursement documentation packets must be submitted to the Division of Fire Standards and Training and EMS by the deadline outlined in the approved grant agreement. The Division of FST&EMS will verify each student's successful completion of the training, which will determine their reimbursement eligibility.

1. Calculate their payroll on the Summary Sheet and either 1) attach signed payroll documentation to support the amount being requested for each student, or 2) complete the Later Payment Statement in the case of Call or Volunteer responders. If you elect to pay Call or Volunteer responders prior to submitting for reimbursement, please provide signed payroll documentation. This can be either an actual payroll records or copies of canceled checks.
2. Create an invoice for the total amount being requested.
3. Complete the Volunteer Declaration if applicable.
4. Submit entire packet to the Division of FST&EMS for processing. Send the packet to:

Heather Clough (heather.c.clough@dos.nh.gov)
NH Department of Safety
Division of Fire Standards & Training and EMS
33 Hazen Drive
Concord, NH 03305

OVERTIME AND BACKFILL POLICY FOR DHS-APPROVED TRAINING COURSES

1. Scope

This policy shall take effect immediately and will apply to training participation for eligible classes. This policy shall not be precedent setting for any other classes, programs or grant periods, as outlined.

2. Policy:

The policy set forth shall be for all first responders that attend DHS-Approved classes as outlined above.

A. General Conditions

1. Under no circumstances is dual compensation allowed.

There is no reimbursement for straight time pay except in the cases of part time, paid-per-call or volunteer stipends.

2. There is no longer a cap of \$650 per day on payroll.

3. Mileage reimbursement is not eligible for reimbursement.

Only expenses outlined in this document shall be eligible for reimbursement.

Reimbursement for Overtime and/or Backfill will be paid to the community *not* the student. The Grant reimbursement is intended to make a "municipality whole" for the participation of an employee in training or exercises.

B. FULL TIME PERSONNEL

Communities will be reimbursed for full time personnel participating in eligible training under the following conditions:

Overtime

Full time personnel who are paid overtime to attend training will be reimbursed for actual time in class; i.e. 8 hours of pay for an 8 hour class. Travel time and/or mileage are not eligible.

Backfill

Full time personnel who are called in on overtime to cover a duty shift for another member who is on-duty and receiving straight time to attend training (backfill) will be reimbursed for the actual class time only as outlined above. Travel time and/or mileage are not eligible.

It is expected that the responder who is assigned to training in lieu of normal duty and whose shift is being covered will return to duty to complete their normal shift assignment.

C. PART-TIME PERSONNEL

If an agency has budgeted employees to work less than a full-time schedule, the time that these employees spend traveling to and attending approved training above and beyond their regularly scheduled hours can be considered overtime and therefore covered. For example, if an agency budgets an individual for 20 hours per week but approved training activities require that person to work 25 hours in a week, the additional 5 hours spent in training could be covered by SHSGP grants.

D. PAID-FOR-CALL, PAID-ON-CALL, AND PAID-PER-CALL VOLUNTEER PERSONNEL

If an agency relies upon paid-for-call, paid-on-call, and/or paid-per-call volunteer personnel and opts to include them in approved training and exercises, grantees can use SHSGP grant funds to pay volunteers for their attendance at these activities in accordance with established processes. These Communities will be reimbursed

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for their members to attend training based on their documented rate of pay.

E. STIPENDS FOR VOLUNTEER FIRST RESPONDERS

Stipends for purely volunteer first responders to attend approved training are allowable when volunteers are completely unpaid and no legal agreement exists to support pay for training activities with the following justification:

These Communities will be reimbursed for actual class time at the rate of \$20.80 per hour. Student travel time and mileage expenses are not eligible.

All funds will be paid to the community. Students will not receive payment made out to them.

F. Filing Procedure

The following procedure must be followed by all Communities seeking reimbursement of payroll costs as outlined in this policy:

All documentation packages must be submitted to the Division of Fire Standards and Training and EMS for initial review as soon as possible following the completion of the class. The following documents must be submitted as part of this package:

1. Successful completion of the specific training courses must be on file at the Fire Academy.
2. Summary sheet listing the employee's name, date of training, rate of pay, hours, benefits by percentage and total amount requested, **signed by an authorized official**. Benefits are limited to FICA, Workers Compensation, Unemployment Compensation and Retirement rate in effect at the time of the training.
3. Payroll documentation to support the requested reimbursement, signed by an **official authorized to approve payroll**.
4. Volunteer Stipend Justification (if applicable), **signed by an authorized official**.
5. Invoice for the total amount requested, made out to NH Department of Safety, Grants Management Unit.

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VOLUNTEER STATUS DECLARATION FOR SHSGP REIMBURSEMENT

Organization Name: _____

Address: _____

I hereby certify that members of our organization are purely volunteers and receive no monetary compensation for their efforts on our behalf.

1. Volunteers in the State of New Hampshire are held to the same standards as their career counterparts, if not by law then by the public they are protecting. Training to meet these standards often places an undue hardship on both the volunteer and the organization due to the ever-increasing amount of time that volunteers are both asked and expected to contribute. This makes it extremely difficult to find volunteers who are willing to participate in specialized training and exercises beyond their normal scope of responsibility without some sort of compensation as is rightfully due them. It is also inherently inequitable to provide compensation to career responders and not to volunteers who are required to attend the same training.

2. Volunteers in response organizations willingly and freely donate their time to train to their normally expected level of response in their respective disciplines. The training offered or approved by the US Department of Homeland Security, Preparedness Directorate, Office of Grants & Training goes above and beyond their normally expected level of response; the training is designed to prepare responders to deal with all hazards and as such requires additional hours of training which accumulate additional time away from their paid jobs and their families.

Printed Name of Authorizing Official: _____

Title: _____

Signature: _____ Date: _____

