DATE: April 11, 2019

TO: David Mann

FROM: Kathy Johnson-Louis

201900786

RE: Health Dept., Home Health Overtime Usage Abuse and Approval Process

My name is Kathy Johnson – Louis. I have worked for the City of Cincinnati for over 27 years. I have processed payroll for over 22 years. I was the payroll supervisor for MSD and GCWW (The Joint Utility) for over 5 years. This is just to say I do know a little about payroll/CHRIS.

I transferred to Health Dept., Home Health Division February 2018. Jill Byrd and I approve Home Health timesheets in CHRIS.

I am attaching the email that I sent to Jill Byrd stating that I'm no longer comfortable approving the timesheets for Home Health nurses.

We had one nurse that stated she worked 15 hours on Sunday March 31. When I asked her about the time she got upset. I was trying to see if she meant, she worked 8 hours and that she should be receiving double time for working on a Sunday. She told me that I don't need to be questioning her time. So after we had words, I sent the attached email to Jill stating that I'm no longer comfortable approving her time in CHRIS.

I'm writing this letter because I think there needs to be an audit of Home Health overtime usage and approval process. There is three nurses in Home Health and two of them are sisters. The PHN 3 and the PHN 2 are sisters. The PHN 3 assigns the overtime to the PHN 2's. No one approves the overtime hours before they are worked.

I have attached a spreadsheet of Home Health overtime hours for the first quarter. Home Health division is always on the chopping block when it comes the budget. I believe the overtime is being abused.

If you have any further questions I can be reached at 513-235-7736.

Home Health - Nurses

2019 First Quarter Overtime

· · · · · · · · · · · · · · · · · · ·	Pay Period	Traci Lewis	Richena Robinson	Stacey Watkins
ОТН	1	9	10.8	6
OT2	1	2	9.6	9.7
HD2	1	0	2.3	0
TOTAL		11	22.7	15.7

	Pay Period	Traci Lewis	Richena Robinson	Stacey Watkins
OTH	2	7	2	9.5
OT2	2	2	10.4	7.5
HD2	2	2		0
TOTAL		11	12.4	17

	Pay Period	Traci Lewis	Richena Robinson	Stacey Watkins
OTH	3	7	6.2	14
OT2	3	4	2	23.3
HD2	3	2	11.3	0
TOTAL		13	19.5	37.3

	Pay Period	Traci Lewis	Richena Robinson	Stacey Watkins
OTH	4	8	4.3	10
OT2	4	4	5	3.3
HD2	4	0	0	0
TOTAL		12	9.3	13.3

	Pay Period	Traci Lewis	Richena Robinson	Stacey Watkins
OTH	5	5	4	3.8
OT2	5	4	2.8	10.8
HD2	5	6	5.4	11
TOTAL		15	12.2	25.6

	Pay Period	Traci Lewis	Richena Robinson	Stacey Watkins
OTH	6	6.5	6.7	9.25
OT2	6	4	6.9	11.5
HD2	6	0	0	0
TOTAL		10.5	13.6	20.75

	Pay Period	Traci Lewis	Richena Robinson	Stacey Watkins
ОТН	7	8	10.1	13.5
OT2	7	2	0	10.4
HD2	7	0	0	0
TOTAL		10	10.1	23.9

First			
Quarter			
Total OT	82.5	99.8	153.55

Stacey Watkins OT

Louis, Kathy

Tue 4/9/2019 4:28 PM

To: Byrd, Jill <Jill.Byrd@cincinnati-oh.gov>

Cc: Schulte, Kathy <Kathy.Schulte@cincinnati-oh.gov>; Kathy Johnson (kathyj36@msn.com)

<kathyj36@msn.com>

1 attachments (104 KB)

Stacey Watkins timesheet PP008.pdf;

Jill,

I'm sure you heard by now that I had a problem with Stacy Watkins overtime. I received it today around 3pm. So I ask her how did she work 15 hours on Sunday March 31. The calculation didn't add up for me. She has a problem with me questioning her OT. She states that if I don't know how to add it up maybe I shouldn't be approving her overtime. I explain that I don't have any problem adding up Richenas and Traci OT. But that is fine. Jill needs to approve your time.

She explains that they work long hours over the weekends and we need to go out in the field with them one day. She goes on to state that they have to go into houses with roaches and they don't have access to restrooms, etc. I stated that she chose her occupation and I chose my occupation. I chose to sit in a office all day.

I approved her time in CHRIS and it was still wrong. So she had to call Maya to fit it. The 15 hours was suppose to be on Saturday March 30.

She took her timesheet to Traci to see if she could add it up. I don't know if Traci was able to or not.

I had to go down stairs for something.

So I'm requesting for some else to approve Stacey's time. I'm not comfortable approving it any longer.

PS: About 2 weeks ago Stacey and I had a problem with her travel reimbursement. She said that her luggage fee was \$70 on their return flight. I told her that you are only allowed one luggage. She states that they had to bring about some books. I ask her to write something up so I can submit it with the travel reimbursement. She got upset with me again because I had questions regarding her travel reimbursements. So she said that she will talk to you (Jill). I said fine again.

I know the city rules regarding travel reimbursement and I was just trying to follow the rules. But that seem to be a problem.

Thanks

Kathy Johnson-Louis Administrative Specialist Cincinnati Health Dept - Home Health 1525 Elm Street, 3rd Floor Cincinnati OH 45202 513-352-3081 or 513-352-3160



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Mission: To achieve health equity and improve the health & wellness of all who live, work and play in Cincinnati.

Vision: To make the City of Cincinnati the healthiest city in the nation.

Values: Accountability, Collaboration, Commitment, Communication, Excellence, Leadership & Quality

Report ID

C_TLTMSH

CT2 OT2 OTH REG TRL

Summary:

Total Summary:

3.00 12.30 17,00 80.00

112.30

\$354.29

\$354.29

City of Cincinnati CHRIS EMPLOYEE TIMESHEET

Page 1 of 1 Run Date 04/09/2019 Run Time 14:29:47

Pay Begin Date: Pay End Date: Run (D; Taskgroup:

Watkins, Stacey R 24957 2642445 - HLT PHC CNS WD Home Nursing 277 - Public Health Nurse 2

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3/30/19

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OVERTIME SLIP



EMPLOYEE NAME Stary Watking

WEEK 1	NUMBER OF HOURS	DATE WORKED	OVERTIME WORK LOCATION
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday	12.3-6.5	3/30/19	MCH
<u>week 2</u>	NUMBER OF HOURS	DATE WORKED	
Sunday	NUMBER OF HOURS	3/31/19	OVERTIME WORK LOCATION
Sunday Monday	3612	3/31/19	
Sunday Monday Tuesday	3612	3/31/19	
Sunday Monday Tuesday Wednesday	3612	DATE WORKED	
Sunday Monday Tuesday	3612	DATE WORKED	

COMPENSATORY TIME EARNED PAYROLL PERIOD



Part 1. To be completed by employee for instances of overtime hours worked for which compensation will be made in compensatory time. If multiple instances occur within a pay period the entire pay period can be listed on one form. Please follow directions below:

Emp	loyee's Name	atking	Title PHNI	Dept,	Div
Date	3/31/19	Overtime Hours Wor	ked		Hours Earned
Reas	on C &	auts			
Empl	oyee's Signature:		0	Date_	4/9/19
Part 2. To be signed by the appropriate supervisors and forwarded to the payroll clerk for the section.					
I hereby certify that the overtime hours reported above were authorized by my office and were in fact worked on the date(s) stated.					
Supervisor's Signature				Date _	52 I
Dept/Division Head Initials				Date _	
Part 3. If more than one occurrence of overtime is worked within the same pay period, please list the dates of the overtime worked and the times of each below, then add the total number of overtime hours worked above in the "Overtime Hours Worked" section.					
	Date	Hours		Date	Hours
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2.			9.		
3.			10.		
4.			11.		
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