



## Pennsylvania Compensation Rating Bureau

The Widener Building • 6th Floor

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December 5, 1995

### PENNSYLVANIA TEST AUDIT PROGRAM

#### BULLETIN # 33

#### REMUNERATION - MUNICIPAL POLICE JURISDICTION ACT

At a meeting of the Audit Committee held on August 15, 1995 at the Bureau offices, the Committee was asked to examine the issue of the proper treatment of municipal police officers while working with the State Drug Task Force. Under the provisions of the Municipal Police Jurisdiction Act state liability and workers compensation coverage is provided for local police when they are assisting state law enforcement officers. In a separate situation, when local police are performing task force duties at the request (and with the approval) of the appropriate state agent coordinator, the "hold harmless" provisions will also apply in the event the local officer gets injured or causes death, injury or damage in the performance of the requested duties.

The wording of the Municipal Police Jurisdiction Act detailed two different situations concerning local municipal police officers. One scenario involved a local police officer on temporary assignment with the State Drug Task Force. The other situation occurred when the police officer was responding to a request for aid or assistance from a state law enforcement officer. In both situations the State's insurance program would respond and pay the applicable workers compensation benefits instead of the local municipality's policy. It was the consensus of the Committee that the issue at hand was one of an employment not covered under the Workers' Compensation Act rather than an issue of a remuneration inclusion or exclusion. If either of the above scenarios were verified by factual documentation submitted by the municipality, an exempt employment status would be indicated.

The Committee voted to exclude remuneration paid by a municipality to police officers employed by the Commonwealth under the provisions of the Municipal Police Jurisdiction Act subject to verification of the appropriate supporting documentation by the auditor.

RS/jh

## INSTRUCTIONS FOR COMPLETING FORM BN-9531

1. **FEDERAL ID NUMBER** – Municipality Federal Identification Number; should be a 9-digit number, no letters
  2. **NAME OF OFFICER** – Officer's name that worked overtime
  3. **MUNICIPALITY** – Name of municipality requesting reimbursement
  4. **SOCIAL SECURITY NUMBER** – Officer's Social Security Number
  5. **ADDRESS** – Mailing address of municipality
  6. **EXPENSES COVERING TIME PERIOD** – Dates of requested reimbursement (should be for one month)
  7. **BENEFITS INCLUDED IN OVERTIME COSTS** – List the benefits for which you are requesting reimbursement and the rate, if applicable. **APPROVED BENEFITS ARE:**
    - Social Security
    - Workman's Compensation
    - Pension
    - Shift Differential
- NOTE:** Any other benefits require **PRIOR APPROVAL, IN WRITING**, before requesting reimbursement.
8. **LOCAL TASK FORCE HOURS:**
    - A) **Work Date** – Actual date overtime was worked
    - B) **Overtime Start and End Time** – Do NOT use military time
    - C) **Overtime Hours Claimed** – Total number of hours worked on that date
  9. **BNI CASE NUMBER** – Case number obtained from Task Force coordinator (suffixed with a "T")
  10. **REGULAR HOURLY RATE** – Officer's straight rate of pay (may be carried out three [3] decimals ONLY)
  11. **BENEFITS RATE** – Either the percentage rate of benefits included, or a dollar amount of those rates
  12. **TOTAL REIMBURSEMENT RATE** – Regular hourly rate X 1.5 PLUS benefit rate
  13. **TOTAL REIMBURSEMENT** – Total amount of reimbursement requested  
**EXAMPLE:** \$10.00 per hour X 1.5 PLUS \$1.45 Benefit rate X 3.0 hours = \$49.35
  14. **GRAND TOTAL REIMBURSEMENT** – Total overtime amount requested by officer

**NOTE:** IF YOU HAVE ANY QUESTIONS REGARDING THE METHOD OF CALCULATING OVERTIME REIMBURSEMENT, PLEASE CONTACT YOUR LOCAL TASK FORCE COORDINATOR FOR INSTRUCTIONS.

LOCAL TASK FORCE EXPENSES  
OFFICER'S TIME SHEET

FEDERAL ID NUMBER	NAME OF OFFICER
MUNICIPALITY	SOCIAL SECURITY NUMBER
ADDRESS	EXPENSES COVERING TIME PERIOD From _____ To _____

Benefits Included in Overtime Costs (List Benefit & Rate):

**HOURS/COSTS CLAIMED**

LOCAL TASK FORCE HOURS			BNI CASE NUMBER	REGULAR HOURLY RATE	BENEFITS RATE (%)	TOTAL REIMBURSEMENT RATE (\$)	TOTAL REIMBURSEMENT	
WORK DATE	OVERTIME							OVERTIME HOURS CLAIMED
	START	END						
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
<b>TOTAL HOURS</b>			<b>GRAND TOTAL REIMBURSEMENT</b>				<b>\$</b>	

## INSTRUCTIONS FOR COMPLETING FORM BN-9532

1. DATE – Today's Date
2. TASK FORCE NAME – Office of Attorney General Task Force Name
3. TASK FORCE PROJECT # – Five-digit Number Assigned by the Office of Attorney General
4. FEDERAL I.D. NUMBER – Municipality Federal Identification Number; MUST be a 9-digit number and contains no letters
5. MUNICIPALITY – Name of Municipality requesting reimbursement (the check will be issued as written here)
6. MAILING ADDRESS – Complete mailing address (the check will be sent to this address)
7. EXPENSES COVERING TIME PERIOD – Dates of requested reimbursement (should be for one month)
8. SUMMARY FOR ALLOWABLE REIMBURSABLE EXPENSES – Information should be taken from attached form BN-9531
9. MUNICIPALITY SIGNATURE LINE/DATE – Individual responsible for requesting reimbursement should sign here and enter date prepared/submitted to the Office of Attorney General for reimbursement
10. THE OFFICE OF ATTORNEY GENERAL COMPLETES THE BOTTOM PORTION OF THE FORM

NOTE: Please allow approximately 6 - 8 weeks for the return of reimbursement checks

**COMMONWEALTH OF PENNSYLVANIA  
Office of Attorney General**

**APPLICATION FOR REIMBURSEMENT  
FOR LOCAL TASK FORCE EXPENSES**

DATE	TASK FORCE NAME:	TASK FORCE PROJECT #:
FEDERAL I.D. NUMBER (9 DIGITS)	COSTS WILL NOT BE PAID WITHOUT ATTACHED FORM BN-9531 FOR EACH OFFICER AS LISTED BELOW.	
MUNICIPALITY		
MAILING ADDRESS		
		RECORDS CONCERNING THIS INVOICE ARE SUBJECT TO AUDIT BY THE OFFICE OF ATTORNEY GENERAL
		EXPENSES COVERING TIME PERIOD:  FROM _____ TO _____

**SUMMARY FOR ALLOWABLE REIMBURSABLE EXPENSES**

NAME OF OFFICER	OVERTIME HOURS CLAIMED	TOTAL REIMBURSEMENT RATE (\$)	TOTAL REIMBURSEMENT
<b>GRAND TOTAL REIMBURSEMENT REQUESTED</b>			\$

I CERTIFY THAT THE ABOVE REIMBURSEMENT AND HOURS CLAIMED ARE PROPER AND ACCURATE, AND WERE ACTUALLY INCURRED AS A RESULT OF PARTICIPATION IN AN OFFICE OF ATTORNEY GENERAL LOCAL DRUG TASK FORCE.

\_\_\_\_\_ Municipality Official      Date

OFFICE OF ATTORNEY GENERAL

APPROVED:

\_\_\_\_\_  
Bureau of Narcotics Investigation  
and Drug Control

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Code