



OVERTIME REQUEST

EMPLOYEE NAME: _____

DEPARTMENT: _____

ACTUAL TIME WORKED:

FROM _____ AM PM TO _____ AM PM

FOR _____ TOTAL HOURS ON _____
(Date)

POLICE USE ONLY

- Court Time
- Investigation
- Short Shift
- Fire All Call
- Special Event
- Other

DO YOU WANT YOUR OVERTIME IN:

- Pay
- Compensatory Time

HOURS TO BE PAID AT:

- Straight Time
- Time and one-half
- Double Time

DESCRIPTION OF OVERTIME WORK:

EMPLOYEE SIGNATURE _____

DEPT. DIRECTOR APPROVAL _____