

INDIVIDUAL OVERTIME REQUISITION & AUTHORIZATION SLIP

Officer Name:		Date Overtime Incurred:	Date Requisition Submitted:
Case Information:	Case Name:	Incident Number:	
Overtime Conditions:	<input type="checkbox"/> Call In while off duty <input type="checkbox"/> Held Over <input type="checkbox"/> Early Start of Shift <input type="checkbox"/> Other _____		
	<input type="checkbox"/> Regular Overtime <input type="checkbox"/> Court Related <input type="checkbox"/> Grant _____ <div align="right">Specify Grant</div>		
Scheduled Hours of Duty: From: _____ hrs. To: _____ hrs.		Overtime Hours: From: _____ hrs. To: _____ hrs.	Overtime Hours Requested:
Signature Requesting Officer & PR#:		Signature Authorizing Official & PR#:	
<i>By signing this document, I assert and affirm that the overtime requested above is accurate and I have worked the time claimed.</i>		<i>By signing this document, I assert and affirm that the overtime claimed is accurate and that I hereby authorize that this overtime expenditure be fulfilled.</i>	

Comments

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