

GROUP OVERTIME REQUISITION AND AUTHORIZATION FORM

Event or Detail Title:		Payable by or Billable to:		Incident #:	
Date of Event:			Location of Event:		
Official in Charge Print:	OIC PR#:	OIC Signature:		<input type="checkbox"/> Call In while off duty <input type="checkbox"/> Held Over <input type="checkbox"/> Early Start of Shift <input type="checkbox"/> Impact <input type="checkbox"/> Major Detail <input type="checkbox"/> City Event <input type="checkbox"/> Grant <input type="checkbox"/> Election <input type="checkbox"/> Other _____	
		<i>Supervisor: 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>			

Personnel Name:	OT Hours of Duty	OT Hours Payable:	Location or Post:	Employee Signature

By signing this document, I assert and affirm that the overtime requested above is accurate and I have worked the time claimed. pp ___ of ___

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Personnel Name:	OT Hours of Duty	OT Hours Payable:	Location or Post:	Employee Signature

By signing this document, I assert and affirm that the overtime requested above is accurate and I have worked the time claimed. pp ___ of ___