

30030City of Los Angeles  
Department Of Fire  
**EMERGENCY OVERTIME REPORT**

PAYROLL DIV.				PAY PERIOD				WEEK ENDING DATE				<input type="checkbox"/> PLATOON <input type="checkbox"/> SPECIAL DUTY											
EID #				EMPLOYEE NAME				RANK															
Indicate Cash Payment (PA) or Time (OT) and hours worked. Use appropriate overtime code.																							
A			B			C			D			E			F			G	PA	2.0			
																		0032					
STATE REASON FOR OVERTIME																							
EMERGENCY OVERTIME INSPECTION TO EXPEDITE PLAN CHECK FOR:																							
LOCATED AT:												PLAN CHECK NO:											
FROM:												TO:											
TOTAL HOURS:																							
STATION OR UNIT COMMANDER												BATTALION OR SECTION COMMANDER											
												<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED											