



Request for Overtime Compensation

NAME: _____

TODAY'S DATE / /

DATE of
OVERTIME / /

START
TIME:

END
TIME:

TOTAL
HOURS:

CASE # _____

REASON FOR OVERTIME:

- ☐ Department Overtime
- ☐ Special Coverage *Reimbursed*
- ☐ Dept Paid Special Detail
- ☐ Court
- ☐ Call Out

- ☐ DRUG or ALC Related / *including DV, Court, etc*
- ☐ Hospital Detail
- ☐ Grant ICJR SAKI ICAC
- ☐ Major Crimes Task Force
- ☐

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

EMP REQUEST ☐ ☐
 PAY COMP

APPROVED ☐ ☐
 PAY COMP