

STAFF TIME REGISTER OVERTIME CLAIMS

NAME OF OFFICER: _____

DEPARTMENT: _____

WEEK ONE

DATE	DAY	TIME IN	TIME OUT	HOURS	TASK DESCRIPTION
	SUNDAY				
	MONDAY				
	TUESDAY				
	WEDNESDAY				
	THURSDAY				
	FRIDAY				
	SATURDAY				
TOTAL HOURS					

WEEK TWO

DATE	DAY	TIME IN	TIME OUT	HOURS	TASK DESCRIPTION
	SUNDAY				
	MONDAY				
	TUESDAY				
	WEDNESDAY				
	THURSDAY				
	FRIDAY				
	SATURDAY				
TOTAL HOURS					

WEEK THREE

DATE	DAY	TIME IN	TIME OUT	HOURS	TASK DESCRIPTION
	SUNDAY				
	MONDAY				
	TUESDAY				
	WEDNESDAY				
	THURSDAY				
	FRIDAY				
	SATURDAY				
TOTAL HOURS					

WEEK FOUR

DATE	DAY	TIME IN	TIME OUT	HOURS	TASK DESCRIPTION
	SUNDAY				
	MONDAY				
	TUESDAY				
	WEDNESDAY				
	THURSDAY				
	FRIDAY				
	SATURDAY				
TOTAL HOURS					

WEEK FIVE

DATE	DAY	TIME IN	TIME OUT	HOURS	TASK DESCRIPTION
	SUNDAY				
	MONDAY				
	TUESDAY				
	WEDNESDAY				
	THURSDAY				
	FRIDAY				
	SATURDAY				
TOTAL HOURS					

OVERTIME PAYMENT CLAIM

WORKED HOURS	ACTUAL HOURS	OVERTIME HOURS	HOURLY RATE	OVERTIME PAYMENT

OFFICER'S SIGNATURE _____

SUPERVISOR'S SIGNATURE _____