

Department of Fire Services  
WEEKLY OVERTIME TIME ACCRUAL REQUEST

Name \_\_\_\_\_ I.D. # \_\_\_\_\_ Division \_\_\_\_\_ Week/Ending \_\_\_\_\_

<u>DAY</u>	<u>DATE</u>	<u>REG. HRS. WORKED</u>	<u>ADDT'L HRS. WORKED</u>	<u># OF HOURS</u>	<u>EXPLANATION</u>	<u>CREDIT</u>
<u>SUN</u>					Pre-approved      Emergency	
<u>MON</u>					Pre-approved      Emergency	
<u>TUE</u>					Pre-approved      Emergency	
<u>WED</u>					Pre-approved      Emergency	
<u>THU</u>					Pre-approved      Emergency	
<u>FRI</u>					Pre-approved      Emergency	
<u>SAT</u>					Pre-approved      Emergency	

Employees Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisors Signature \_\_\_\_\_ Date \_\_\_\_\_ [