

Department of Fire Services
WEEKLY OVERTIME APPROVAL REQUEST

Name _____ I.D. # _____ Record # _____ Division _____ Week/Ending _____

REMINDER: You must also record your overtime hours in SSTA by adding a row and entering the appropriate TRC code. TRC Codes to be used are:

OSM: Mandatory OT straight pay (full-time employees)

OTM: Mandatory OT premium at time and a half (full-time employees)

OTS: Non-Mandatory OT straight pay (full-time employees)

OTP: Non-Mandatory OT premium at time and a half (full-time employees & contractors)

DAY	DATE	ACTUAL REGULAR HOURS	OVERTIME HOURS	TRC: OSM UP TO 40 HOURS	TRC: OTS UP TO 40 HOURS	TRC: OTM OVER 40 HOURS	TRC: OTP OVER 40 HOURS	EXPLANATION Required
EXAMPLE	5/1/2014	8AM-4PM	4:00-10:30PM		2.5		4	Call / Volunteer Graduation
SUNDAY								
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								

Signatures:

Employee _____ Date _____ Division Director _____ Date _____

Supervisor _____ Date _____ Executive Office _____ Date _____