

OVER TIME / CTE VERIFICATION REPORT FOR _____ SHIFT

Overtime for _____

Officers please Print your name and sign next to your name then check mark whether you earn OT or CTE

					COMPLETED BY TIMEKEEPER				COMPLETED BY DUTY LT		
Name / Signat	Date Overtime Worked	Cash	CTE	Report Time	End Time	REG Hours	OT Hours	Timekeeper Signature	Reason Code	Post Worked	Duty LT Signature

Timekeeper's signature verifies that the information on this form has been entered on the proper time card as well as the facility Overtime and Comp-Time Earned BI-Weekly report.

Shift Commander Signature Date

CC: Security Chief/designee
 Shift Timekeeper
 File