

# Charlestown City Police Department TIME REGULATION FORM

## Accumulated Overtime

Date of Overtime: \_\_\_\_\_ Time (from - to): \_\_\_\_\_

Amount of Actual Overtime Hours: \_\_\_\_\_ Case Reference Number: \_\_\_\_\_

Nature of Overtime:

*Officer's Signature:* \_\_\_\_\_

Overtime Approved by: \_\_\_\_\_ Hrs. Approved: \_\_\_\_\_ Date: \_\_\_\_\_

## Vacation/Personal/Overtime/Holiday & Sick Time Request

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

TYPE: (check ONE):

VACATION  PERSONAL DAY  OVERTIME  HOLIDAY  SICK TIME

Vacations should be submitted before February 1st of each calendar year, failure to do so will not result in the loss of vacation time; but will result in the lose of seniority pick. Vacation time must be taken in full week segments. Overtime accumulated must be submitted, via this form, to the Major/Assistant Chief or Captain/Operations Commander for approval within one week of occurrence. Overtime reimbursement requests will be approved, at the discretion of the Major/Assistant Chief or Captain/Operations Commander, when the department schedule permits such time off, with consideration to all current circumstances.

DATES requested: \_\_\_\_\_ Number of days (or hours) requested: \_\_\_\_\_

Comments:

Approved by:

Date: