

Slippery Rock University Police Department



NAME:								EMPLOYE	E #:						
DAY	SAT	SUN	MON	TUES	WED	THUR	FRI	SAT	SUN	MON	TUES	WED	THURS	FRI	TOTAL
DATE															
REGULAR HOURS															
SHIFT WORKED															
TOTAL OVERTIME HOURS															
SHIFT WORKED OVERTIME															
SUPERVISOR/ O.I.C INITIALS															

OVERTIME									
DATE	TIME	DATE	TIME	DATE	TIME				
JUSTIFICATION		JUSTIFICATIO <u>N</u>		JUSTIFICATIO <u>N</u>					
DATE	TIME	DATE	TIME	DATE	TIME				
JUSTIFICATIO <u>N</u>		JUSTIFICATION		JUSTIFICATION					
SUPERVISOR INITIALS:									