Slippery Rock University
Police Department

NAME: | **EMPLOYEE #:**

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_____

JUSTIFICATION_____

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DATE_____ TIME_____

JUSTIFICATION_____

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SUPERVISOR INITIALS: