



**WHITE MOUNTAIN APACHE TRIBE FIRE & RESCUE DEPARTMENT
EMPLOYEE HOURLY ADJUSTMENT FORM**

EMPLOYEE NUMBER	EMPLOYEE NAME	SHIFT	DATE	PAY PERIOD
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1 REGULAR SHIFT (HOURS)	5 ANNUAL LEAVE (HOURS)	9 MANDATORY TRAINING (ROPES, EMS, WILDLAND, RECERT)
2 SHIFT COVERAGE (+ HOURS)	6 LEAVE WITHOUT PAY (HOURS)	10 EVENT/PROJECT (REQUIRES INCIDENT NUMBER)
3 CHIEFS REQUEST FOR COVERAGE (+ HOURS)	7 BEREAVEMENT LEAVE (ATTACH ANNOUNCEMENT)	11 SPECIAL ASSIGNMENT (FAIR, WILDLAND ASSIGNMENT/COVERAGE)
4 APPROVED OVERTIME (+ HOURS) (CERTIFIED)	8 SHIFT SWAP (SPECIFY IN REASON SECTION)	12 HOLD OVER (LATE CALL, LATE EMPLOYEE, NO CALL/NO SHOW)

#	EXCEPTION (SEE ABOVE)	REASON	DATE	HOURS	APPROVING OFFICER
1					
2					
3					
4					
5					
6					
7					
8					
RECORDED NUMBER OF HOURS THIS PAY PERIOD					DEPUTY FIRE CHIEF

OVERTIME REQUEST: THIS EMPLOYEE REQUEST THAT AUTHORITY BE GRANTED TO ALLOW HIM/HER TO WORK OVERTIME. IT IS PROJECTED THAT THIS EMPLOYEE WILL HAVE ADDITIONAL HOURS OVER 80/112 WITHIN THIS PAY PERIOD. ACTUAL HOURS OF OVERTIME WILL BE CERTIFIED ON THIS ADJUSTMENT FORM AND EMPLOYEE'S TIMESHEET.
CHIEFS APPROVAL IS REQUIRED BEFORE THE SHIFT HAS BEEN WORKED.

OVERTIME REQUEST				
#	JUSTIFICATION FOR OVERTIME APPROVAL	DATE	HOURS	CHIEF SIGNATURE
				DEPUTY FIRE CHIEF
				DEPUTY FIRE CHIEF
				DEPUTY FIRE CHIEF
				DEPUTY FIRE CHIEF
FIRE CHIEFS FINAL CERTIFICATION OF APPROVED HOURS OVER 80/120				FIRE CHIEF

OFF DUTY RESPONSE/TRAINING							
INCIDENT #	DATE	START	END	ASSIGNMENT	+2 BONUS	WORKED	APPROVING OFFICER
TOTAL OFF DUTY/TRAINING HOURS							DEPUTY FIRE CHIEF

I ACKNOWLEDGE THAT THE HOURS I HAVE REPORTED AS WELL AS ANY SUPPORTING CERTIFICATIONS ARE TRUE AND CORRECT. ANY UNSUPPORTED HOURS WILL BE SUBJECT TO FORFEIT IF NOT CLAIMED OR JUSTIFIED BY PROPER PAPERWORK AND ENDORSEMENTS.

 EMPLOYEE SIGNATURE DATE