

# White Mountain Apache Fire & Rescue Department

## OVERTIME REQUEST FORM

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

Job Title: \_\_\_\_\_ Station: \_\_\_\_\_ Shift: \_\_\_\_\_

### Dates and Hours of Overtime

Date	Hours	Reason/Justification
	From: _____ To: _____ Total: _____	
	From: _____ To: _____ Total: _____	
	From: _____ To: _____ Total: _____	
	From: _____ To: _____ Total: _____	

.....

### SUBMIT TO YOUR DEPUTY FIRE CHIEF FOR CONCURRENCE/EVALUATION

The Deputy Fire Chief request that authority be granted to allow the employee listed above to work overtime.  
Actual hours of overtime will be certified on the timesheets.

Reasons/Comments: \_\_\_\_\_

It is projected that this firefighter will have an additional \_\_\_\_\_ hours over 112 hours for the pay-period of: \_\_\_\_\_ .

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....

### SUBMIT TO FIRE ADMINISTRATION FOR FINAL APPROVAL

Approved

Disapproved

Reasons/Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This form should be submitted **PRIOR** to the performance of overtime and is used for **ALL OVERTIME WORK** requested by employees in excessive of 112 hours for part or full-time employees, or 120 hours for regular scheduled hours, whether compensation is for payment or compensatory time off. One form should be used for each payroll period that employee request to have overtime worked performed.