

OVERTIME AUTHORIZATION REPORT**DIVISION:****DATE WORKED:**

08/23/2020

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						9.5

REASON FOR OVERTIMEDignitary Detail201-1013120-50200

TO REPLACE:

FOR REASON OF:
(CHECK ONE)SICK ☐CIVIL LEAVE ☐ANNUAL LEAVE ☐OTHER ☒AUTHORIZED BY: *John Adams*TITLE: LT

DATE:

SUBMITTED BY: *[Signature]*APPROVED: *[Signature]*

MGR.

OVERTIME AUTHORIZATION REPORT**DIVISION:****DATE WORKED:** September 25, 2020

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						4 hrs

REASON FOR OVERTIME

4 hrs POT

Security detail at MP residence

Account: 201

TO REPLACE:

FOR REASON OF:
(CHECK ONE)SICK ☐CIVIL LEAVE ☐ANNUAL LEAVE ☐OTHER ☐AUTHORIZED BY: *Sgt. #114*TITLE: *Sgt.*

DATE:

SUBMITTED BY: *[Signature]*APPROVED: *[Signature]*

MGR.

OVERTIME AUTHORIZATION REPORT**DIVISION:****DATE WORKED:** September 04, 2020

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						2.5 hrs

REASON FOR OVERTIMEDignitary detail at MP 42, 2.5 hrs POTPay Code: 201(CARRY OVER)**TO REPLACE:****FOR REASON OF:**
(CHECK ONE)SICK ☐CIVIL LEAVE ☐ANNUAL LEAVE ☐OTHER ☐**AUTHORIZED BY:**Sgt. P. #11**TITLE:**Sgt.**DATE:****SUBMITTED BY:****APPROVED:****MGR.**

OVERTIME AUTHORIZATION REPORT**DIVISION:****DATE WORKED:** September 10, 2020

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						12 hrs

REASON FOR OVERTIME

Securty/ Dignitary detail @ MP residence,

CODE: 201

TO REPLACE:

FOR REASON OF:
(CHECK ONE)SICK ☐CIVIL LEAVE ☐ANNUAL LEAVE ☐OTHER ☐AUTHORIZED BY: *B. A. TS #114*TITLE: *SA*

DATE:

SUBMITTED BY:

APPROVED: *G. J. 201*

MGR.

OVERTIME AUTHORIZATION REPORT**DIVISION:****DATE WORKED:** September 12, 2020

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						12 hrs

REASON FOR OVERTIME

Securty/ Dignitary detail @ MP residence,

CODE: 201

TO REPLACE:

FOR REASON OF:
(CHECK ONE)SICK ☐CIVIL LEAVE ☐ANNUAL LEAVE ☐OTHER ☐AUTHORIZED BY: *[Signature]*TITLE: *Sgt.*

DATE:

SUBMITTED BY: *[Signature]*APPROVED: *[Signature]*

MGR.

OVERTIME AUTHORIZATION REPORT

DIVISION: _____ DATE WORKED: 9/16/20

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						12

REASON FOR OVERTIME

Mayor's Guillory Security (Residence)

Pay Code 201, Acct. Unit 1013120, G/L Acct. 54041

TO REPLACE: _____

FOR REASON OF:
(CHECK ONE)

SICK _____

CIVIL LEAVE _____

ANNUAL LEAVE _____

OTHER _____

AUTHORIZED BY: 

TITLE: Lt.

DATE: 9-18-20

SUBMITTED BY: _____

APPROVED  #740

MGR. _____

OVERTIME AUTHORIZATION REPORT**DIVISION:****DATE WORKED:**

August 23, 2020

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						9 hrs

REASON FOR OVERTIME

Dignitary detail assignment @ MP 42

Pay Code: 201

5 HRS

Pay Code 2101 - 4 HRS

TO REPLACE:

FOR REASON OF:
(CHECK ONE)SICK ☐CIVIL LEAVE ☐ANNUAL LEAVE ☐OTHER ☐AUTHORIZED BY: Sgt. Kean #111TITLE: Sgt.

DATE:

SUBMITTED BY: [Signature]APPROVED: [Signature]

MGR.

OVERTIME AUTHORIZATION REPORT**DIVISION:****DATE WORKED:**

August 22, 2020

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						14 hrs

REASON FOR OVERTIME

(CARRY OVER)-----Dignitary Detail assignment @ MP 42

Pay Code: 201

TO REPLACE:

FOR REASON OF:
(CHECK ONE)SICK ☐CIVIL LEAVE ☐ANNUAL LEAVE ☐OTHER ☐AUTHORIZED BY: [Signature] #118TITLE: Sgt

DATE:

SUBMITTED BY: [Signature]APPROVED: [Signature]

MGR.

DEPARTMENT OF POLICE

OVERTIME AUTHORIZATION REPORT

DIVISION: _____

DATE WORKED: 9/6/20

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						12

REASON FOR OVERTIME _____

PAY CODE 201
ACCOUNTING UNIT 1013120
G/L ACCOUNT 54041

TO REPLACE

FOR REASON OF:
 (CHECK ONE)
 SICK ()
 CIVIL LEAVE ()
 ANNUAL LEAVE ()
 OTHER ()

AUTHORIZED BY: [Signature]

TITLE: SGT

DATE: 9/8/20

SUBMITTED BY: _____

APPROVED [Signature]

MGR.

LPD #97 (R9/15)

DEPARTMENT OF: LAFAYETTE POLICE DEPARTMENT

OVERTIME AUTHORIZATION REPORT

DIVISION:

DATE WORKED:

9/12/2020

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						12

REASON FOR OVERTIME

Protest Duties

Paycode: 201 - 1013120- 54041

TO REPLACE:

FOR REASON OF:
(CHECK ONE)

SICK ☐

CIVIL LEAVE ☐

ANNUAL LEAVE ☐

OTHER ☐

AUTHORIZED BY: 

TITLE: 

DATE: 9/14/20

SUBMITTED BY:

APPROVED: 

DEPARTMENT OF *Police***OVERTIME AUTHORIZATION REPORT**

DIVISION:

DATE WORKED: *9/11/20*

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						<i>12 hrs</i>

REASON FOR OVERTIME

*Mayor President detail**201**Acct. Unit # 1013120**G/L Acct. # 54041*

TO REPLACE

FOR REASON OF:

(CHECK ONE)

SICK ()

CIVIL LEAVE ()

ANNUAL LEAVE ()

OTHER ()

AUTHORIZED BY: *D. Boudreau #146*TITLE: *Sergeant*DATE: *9-13-20*

SUBMITTED BY:

APPROVED *N. Boudreau #146*

MGR.

DEPARTMENT OF *Police*

OVERTIME AUTHORIZATION REPORT

DIVISION:

DATE WORKED:

9/08/20

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						<i>12</i>

REASON FOR OVERTIME

Mayor Guillory Detail

201 1013120 54041

TO REPLACE

FOR REASON OF:

(CHECK ONE)

SICK ()

CIVIL LEAVE ()

ANNUAL LEAVE ()

OTHER ()

AUTHORIZED BY:

[Signature]

TITLE:

Sgt

DATE:

9/14/20

DEPARTMENT OF LPD

OVERTIME AUTHORIZATION REPORT

DIVISION:

DATE WORKED:

01/06/20

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						12

REASON FOR OVERTIME

Mayor's detail

Pay code 201

Accounting Unit 1013120

G/L Account 541041

TO REPLACE

FOR REASON OF:

(CHECK ONE)

SICK ()

CIVIL LEAVE ()

ANNUAL LEAVE ()

OTHER ()

AUTHORIZED BY:

TITLE:

DATE:

SUBMITTED BY:

APPROVED

LT/ltj M. # 354

DEPARTMENT OF *Lafayette Police Dept.*

OVERTIME AUTHORIZATION REPORT

DIVISION: _____

DATE WORKED: *9-5-20*

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
		<i>-</i>				<i>12</i>

REASON FOR OVERTIME

Mayor's Security Detail

TO REPLACE

FOR REASON OF:

(CHECK ONE)

SICK ()

CIVIL LEAVE ()

ANNUAL LEAVE ()

OTHER ()

AUTHORIZED BY: _____

TITLE: _____

DATE: _____

SUBMITTED BY: _____

APPROVED

Lt. Mont 334

MGR.

DEPARTMENT OF *Police*

OVERTIME AUTHORIZATION REPORT

DIVISION: <i>Patrol</i>		DATE WORKED: <i>9/3/20</i>					
NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS	
						<i>12</i>	

REASON FOR OVERTIME <i>Majors Detail</i> <i>201 / 1013120 / 541041</i>	TO REPLACE
	FOR REASON OF: (CHECK ONE)
	SICK ()
	CIVIL LEAVE ()
	ANNUAL LEAVE ()
	OTHER ()

DEPARTMENT OF *Police***OVERTIME AUTHORIZATION REPORT**

DIVISION: _____

DATE WORKED: *09/04/20*

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
_____	_____	_____	_____	_____	_____	<i>12hrs.</i>

REASON FOR OVERTIME

Security Detail / Mayor's Residence.

PAY CODE

*Acc7**GL**201**1013120**54041*

TO REPLACE

FOR REASON OF:
(CHECK ONE)

SICK ()

CIVIL LEAVE ()

ANNUAL LEAVE ()

OTHER ()

AUTHORIZED BY: *[Signature]*TITLE: *[Signature]*

DATE: _____

SUBMITTED BY: _____

APPROVED *[Signature]*

MGR.

LPD #97 (R9/15)

DEPARTMENT OF: LAFAYETTE POLICE DEPARTMENT

OVERTIME AUTHORIZATION REPORT

DIVISION: _____

DATE WORKED: 8/22/20

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						6

REASON FOR OVERTIME

Dignitary Detail Carryover
201 1013120 50200

TO REPLACE:

FOR REASON OF:
(CHECK ONE)

- SICK ☐
 CIVIL LEAVE ☐
 ANNUAL LEAVE ☐
 OTHER ☐

AUTHORIZED BY: Sgt [Signature]

TITLE: Sgt

DATE: _____

SUBMITTED BY: _____

APPROVED: Cyrt [Signature]

MGR. _____

COL FORM #208 (R/27/08)

DEPARTMENT OF: **POLICE****OVERTIME AUTHORIZATION REPORT**

DIVISION: _____

DATE WORKED: 08/23/2020

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						9

REASON FOR OVERTIME:

Mayor President Security Detail.

TO REPLACE: _____

FOR REASON OF:
(CHECK ONE)

SICK _____
CIVIL-LEAVE _____
ANNUAL LEAVE _____
OTHER _____

AUTHORIZED BY: H. C. AnwarTITLE: H.

DATE: _____

SUBMITTED BY: _____

APPROVED CA. [Signature]

MGR.

DEPARTMENT OF

Police

OVERTIME AUTHORIZATION REPORT

DIVISION:

DATE WORKED:

10/15/2020

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						<i>12</i>

REASON FOR OVERTIME

Mayor's Detail
Pay Code #201
Act Unit # 1013120
GL Act # 54041

TO REPLACE

FOR REASON OF:
 (CHECK ONE)
 SICK ()
 CIVIL LEAVE ()
 ANNUAL LEAVE ()
 OTHER ()

AUTHORIZED BY:

SE [Signature]

TITLE:

Sgt.

DATE:

SUBMITTED BY:

APPROVED

[Signature]

MGR.

OVERTIME AUTHORIZATION REPORT

DIVISION: 7

DATE WORKED: 10-14-20

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						12

REASON FOR OVERTIME

Mayor's House Detail

ACCT#: 201 1013126 G/L54041

TO REPLACE:

FOR REASON OF:
(CHECK ONE)

SICK ☐

CIVIL LEAVE ☐

ANNUAL LEAVE ☐

OTHER ☐

AUTHORIZED BY: [Signature]

#055

TITLE: Sgt.

DATE:

SUBMITTED BY:

APPROVED: [Signature]

MGR.

DEPARTMENT OF *Police*

OVERTIME AUTHORIZATION REPORT

DIVISION:

DATE WORKED: *10/7/20*

NAME OF EMPLOYEES	CLASS TITLE	EMP NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						<i>12</i>

REASON FOR OVERTIME

Mayor's Detail

TO REPLACE

FOR REASON OF:
(CHECK ONE)
SICK ()
CIVIL LEAVE ()
ANNUAL LEAVE ()
OTHER ()

AUTHORIZED BY:

TITLE:

DATE:

SUBMITTED BY

APPROVED

LT Col Mont 334

MGR.

OVERTIME AUTHORIZATION REPORT

DIVISION:

DATE WORKED:

October 5, 2020

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						12

REASON FOR OVERTIME

Mayor Security Detail
Residence

POL, Acc # 1013120 / GL 54041

TO REPLACE

FOR REASON OF:

(CHECK ONE)

SICK ()

CIVIL LEAVE ()

ANNUAL LEAVE ()

OTHER ()

AUTHORIZED BY:

S. A.

TITLE:

S.

DATE: 10/5/20

SUBMITTED BY

APPROVED

CAPTAIN/CHAD

MGR.

DEPARTMENT OF

Police

OVERTIME AUTHORIZATION REPORT

DIVISION:

DATE WORKED: 10/8/20

NAME OF EMPLOYEE	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						12

REASON FOR OVERTIME

Mayor Detail
201 1013120 54041

TO REPLACE

FOR REASON OF:
(CHECK ONE)
SICK ()
CIVIL LEAVE ()
ANNUAL LEAVE ()
OTHER ()

AUTHORIZED BY:

Sgt 028057

TITLE:

Sgt

DATE:

10/10/20

SUBMITTED BY:

APPROVED

MGR.

DEPARTMENT OF

LPD

OVERTIME AUTHORIZATION REPORT

DIVISION:

DATE WORKED: 10/12/20

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						6
						6
						12

REASON FOR OVERTIME

Mayor's House

201

1013120

54041

TO REPLACE

FOR REASON OF:
(CHECK ONE)

SICK ()

CIVIL LEAVE ()

ANNUAL LEAVE ()

OTHER ()

AUTHORIZED BY:

[Signature]

TITLE:

SGT

DATE:

10/14/20

SUBMITTED BY:

APPROVED

[Signature]

MGR.

DEPARTMENT OF *Police***OVERTIME AUTHORIZATION REPORT** *13*DIVISION: *111*DATE WORKED: *10/14/20*

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
		<i>1</i>				<i>12 hrs.</i>

REASON FOR OVERTIME *Mayor's Security Detail.*

TO REPLACE

FOR REASON OF:
 (CHECK ONE)
 SICK ()
 CIVIL LEAVE ()
 ANNUAL LEAVE ()
 OTHER ()

AUTHORIZED BY: *Lt. David G. [Signature]*

TITLE:

DATE: *10.14.20*

SUBMITTED BY:

APPROVED *Lt. [Signature] 147*

MGR.

DEPARTMENT OF *Police*

OVERTIME AUTHORIZATION REPORT

DIVISION:

DATE WORKED: *10/01/2020*

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						<i>12</i>

REASON FOR OVERTIME

Mayor's Detail
#201
Act # 1013120 G/L # 54041

TO REPLACE

FOR REASON OF:
 (CHECK ONE)
 SICK ()
 CIVIL LEAVE ()
 ANNUAL LEAVE ()
 OTHER ()

AUTHORIZED BY: *[Signature]* *#055*

TITLE: *Sgt.*

DATE:

SUBMITTED BY:

APPROVED *[Signature]* *#055*

MGR.

DEPARTMENT OF

*Police***OVERTIME AUTHORIZATION REPORT**

DIVISION: _____

DATE WORKED: *10/06/2020*

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						<i>12</i>

REASON FOR OVERTIME _____

Mayor's Detail
#201
Acct # 1013120 G/L # 54041

TO REPLACE _____

FOR REASON OF:

(CHECK ONE)

SICK ()

CIVIL LEAVE ()

ANNUAL LEAVE ()

OTHER ()

AUTHORIZED BY: *[Signature]*TITLE: *Sgt.*

DATE: _____

SUBMITTED BY: _____

APPROVED *[Signature]*

MGR. _____

DEPARTMENT OF

*Police***OVERTIME AUTHORIZATION REPORT**

DIVISION: _____

DATE WORKED: *10/11/2020*

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						<i>12</i>

REASON FOR OVERTIME

Mayor's Detail (Civil Leave)

TO REPLACE

FOR REASON OF:

(CHECK ONE)

SICK ()

CIVIL LEAVE ()

ANNUAL LEAVE ()

OTHER ()

AUTHORIZED BY: *[Signature]*TITLE: *Sgt.*

DATE: _____

SUBMITTED BY: _____

APPROVED *[Signature]*

MGR.

DEPARTMENT OF *Police*

OVERTIME AUTHORIZATION REPORT

DIVISION:		DATE WORKED: <i>09/22/2020</i>					
NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS	
						<i>12</i>	
REASON FOR OVERTIME <i>Mayor's Detail</i> <i>PayCode #201</i> <i>Acct # 1013120</i> <i>6/L # 54041</i>						TO REPLACE FOR REASON OF: (CHECK ONE) SICK () CIVIL LEAVE () ANNUAL LEAVE () OTHER ()	
AUTHORIZED BY: <i>12 294</i>		TITLE: <i>Sgt.</i>				DATE:	
SUBMITTED BY:		APPROVED <i>[Signature]</i>				MGR.	

DEPARTMENT OF *Police*

OVERTIME AUTHORIZATION REPORT

DIVISION:

DATE WORKED:

09/25/2020

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						<i>12</i>

REASON FOR OVERTIME

Mayor's Detail
Pay Code #201
Acct # 1013120
GL # 54041

TO REPLACE

FOR REASON OF:

(CHECK ONE)

SICK ()

CIVIL LEAVE ()

ANNUAL LEAVE ()

OTHER ()

AUTHORIZED BY:

ND 204

TITLE:

Sgt.

DATE:

SUBMITTED BY:

APPROVED

Capt. [Signature]

MGR.

DEPARTMENT OF

Police

OVERTIME AUTHORIZATION REPORT

DIVISION:

DATE WORKED:

09/27/2020

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						<i>1.2</i>

REASON FOR OVERTIME

Mayor's Detail
Pay Code #201
Acc # 1013120
G/L # 54041

TO REPLACE

FOR REASON OF:
 (CHECK ONE)
 SICK ()
 CIVIL LEAVE ()
 ANNUAL LEAVE ()
 OTHER ()

AUTHORIZED BY:

B. J. 2020

TITLE:

Sgt

DATE:

SUBMITTED BY:

APPROVED

[Signature]

MGR.

DEPARTMENT OF *Police*

OVERTIME AUTHORIZATION REPORT

DIVISION: <i>7</i>		DATE WORKED: <i>09/11/2020</i>				
NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						<i>2</i>
REASON FOR OVERTIME <i>Mayor Guilfoyle's Residence Security Detail</i> <i>Pay 201</i> <i>Act 1013120</i> <i>GL 54041</i>						TO REPLACE FOR REASON OF: (CHECK ONE) SICK () CIVIL LEAVE () ANNUAL LEAVE () OTHER ()
AUTHORIZED BY: <i>Sgt. [Signature]</i>		TITLE: <i>Sgt.</i>		DATE: <i>9-28-2020</i>		
SUBMITTED BY:		APPROVED <i>Capt. [Signature]</i>				MGR.

LCG FORM # 208

DEPARTMENT OF *Police***OVERTIME AUTHORIZATION REPORT****DIVISION:****DATE WORKED:** *09/30/2020*

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						<i>12</i>

REASON FOR OVERTIME*Mayor Guillary's Residence Security Detail*

Pay - 201

Accr - 1013120

GL - 54041

TO REPLACE

FOR REASON OF:

(CHECK ONE)

SICK ()

CIVIL LEAVE ()

ANNUAL LEAVE ()

OTHER ()

AUTHORIZED BY:*Sgt. J. J.**140***TITLE:***Sgt.***DATE:***9-28-2020***SUBMITTED BY:****APPROVED***Capt. Blair***MGR.**

OVERTIME AUTHORIZATION REPORT

DIVISION: _____

DATE WORKED: 9/16/20

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						<u>12</u>

REASON FOR OVERTIME Major's Detail

Pay Code:

26 / 10/3/20 / 5/04/ /

TO REPLACE

FOR REASON OF:
(CHECK ONE)

- SICK ()
- CIVIL LEAVE ()
- ANNUAL LEAVE ()
- OTHER ()

AUTHORIZED BY: [Signature]

TITLE: LT

DATE: 9-30-20

SUBMITTED BY: _____

APPROVED [Signature]

MGR.

LCG FORM # 208

DEPARTMENT OF Police

OVERTIME AUTHORIZATION REPORT

DIVISION: _____

DATE WORKED: 9-18-20

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						<u>12</u>

REASON FOR OVERTIME Mayor President Security Detail

TO REPLACE

FOR REASON OF:
(CHECK ONE)
SICK ()
CIVIL LEAVE ()
ANNUAL LEAVE ()
OTHER ()

AUTHORIZED BY: Sgt. Pradipkarn 195

TITLE: Sergeant

DATE: 9/21/20

SUBMITTED BY: _____

APPROVED G. H. [Signature]

334

MGR.

DEPARTMENT OF Police

OVERTIME AUTHORIZATION REPORT

DIVISION:

DATE WORKED: 9/24/20

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						<u>12</u>

REASON FOR OVERTIME Mayor's House Detail

TO REPLACE

FOR REASON OF:
 (CHECK ONE)
 SICK ()
 CIVIL LEAVE ()
 ANNUAL LEAVE ()
 OTHER ()

AUTHORIZED BY: [Signature]

TITLE: [Signature]

DATE: _____

SUBMITTED BY: _____

APPROVED [Signature]

MGR.

DEPARTMENT OF Police

OVERTIME AUTHORIZATION REPORT

DIVISION: _____		DATE WORKED: <u>10/2/2020</u>				
NAME OF EMPLOYEES	CLASS TITLE	EMP. NC.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						<u>12</u>

REASON FOR OVERTIME mayor's home detail

TO REPLACE

FOR REASON OF:
(CHECK ONE)

SICK ()

CIVIL LEAVE ()

ANNUAL LEAVE ()

OTHER ()

AUTHORIZED BY: [Signature]

SUBMITTED BY: _____

TITLE: [Signature]

DATE: _____

APPROVED [Signature]

_____ MGR.

LCG FORM # 208

DEPARTMENT OF

*Police***OVERTIME AUTHORIZATION REPORT****DIVISION:****DATE WORKED:***09/29/20*

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						<i>12 hrs</i>

REASON FOR OVERTIME <i>Mayor's Security Detail</i>	TO REPLACE
<i>201 101 3120 54041</i>	FOR REASON OF: (CHECK ONE) SICK () CIVIL LEAVE () ANNUAL LEAVE () OTHER ()

AUTHORIZED BY: <i>David Lee</i>	TITLE: <i>Lt</i>	DATE: <i>9.30.20</i>
SUBMITTED BY:	APPROVED <i>CDT JMB</i>	MGR.

DEPARTMENT OF POLICE**OVERTIME AUTHORIZATION REPORT****DIVISION:** _____**DATE WORKED:** 9/10/20

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						11

REASON FOR OVERTIME _____Protests / Funeral**TO REPLACE**

FOR REASON OF:

(CHECK ONE)

SICK ()

CIVIL LEAVE ()

ANNUAL LEAVE ()

OTHER ()

AUTHORIZED BY: _____Det. Bridget Kam**TITLE:** _____Sergeant**DATE:** _____9/16/20**SUBMITTED BY:** _____**APPROVED** _____Lt. G. Mont 334**MGR.** _____

DEPARTMENT OF Police**OVERTIME AUTHORIZATION REPORT****DIVISION:****DATE WORKED:** 9/14/20

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						<u>12</u>

REASON FOR OVERTIME Mayors Residence DetailPay Code 201 1013120 54041**TO REPLACE**FOR REASON OF:
(CHECK ONE)

SICK ()

CIVIL LEAVE ()

ANNUAL LEAVE ()

OTHER ()

AUTHORIZED BY: Sgt. L 109**TITLE:** Sgt.**DATE:****SUBMITTED BY:****APPROVED****MGR.**

DEPARTMENT OF Police**OVERTIME AUTHORIZATION REPORT****DIVISION:** _____**DATE WORKED:** 9/7/20

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						<u>12</u>

REASON FOR OVERTIME Mayor's House Detail
(Labor Day)
201
1013120
54041

TO REPLACE

FOR REASON OF:
 (CHECK ONE)
 SICK ()
 CIVIL LEAVE ()
 ANNUAL LEAVE ()
 OTHER ()

AUTHORIZED BY: Sgt R. S. L. #111**TITLE:** Sgt**DATE:** 9-15-20**SUBMITTED BY:** _____**APPROVED** Capt. [Signature]**MGR.**

DEPARTMENT OF Police**OVERTIME AUTHORIZATION REPORT****DIVISION:****DATE WORKED:** 9/8/20

NAME OF EMPLOYEES	CLASS TITLE	EMP. NO.	HOURLY RATE	TIME IN	TIME OUT	TOTAL O.T. HOURS
						<u>12</u>

REASON FOR OVERTIME Mayor's House Detail
201
1013120
54041
TO REPLACE
FOR REASON OF:
 (CHECK ONE)
 SICK ()
 CIVIL LEAVE ()
 ANNUAL LEAVE ()
 OTHER ()
AUTHORIZED BY: Sgt R. S. Hill**TITLE:** Sgt**DATE:** 9-15-20**SUBMITTED BY:****APPROVED**Capt. Alan Carr**MGR.**