

Whatcom County Fire District #7 Overtime Sheet

(Use Ink Only)

Employee Name: _____ Emp. No. _____
(Required) (Required)

Date Type/Reason	Time In	Time Out	Total Hours	Incident Number	Incident Location		
Date:							
Type:	EMS <input type="checkbox"/>	FIRE <input type="checkbox"/>	VAC <input type="checkbox"/>	SICK <input type="checkbox"/>	KELLEY <input type="checkbox"/>	TRG <input type="checkbox"/>	OTHER <input type="checkbox"/>
Reason:							
Date:							
Type:	EMS <input type="checkbox"/>	FIRE <input type="checkbox"/>	VAC <input type="checkbox"/>	SICK <input type="checkbox"/>	KELLEY <input type="checkbox"/>	TRG <input type="checkbox"/>	OTHER <input type="checkbox"/>
Reason:							
Date:							
Type:	EMS <input type="checkbox"/>	FIRE <input type="checkbox"/>	VAC <input type="checkbox"/>	SICK <input type="checkbox"/>	KELLEY <input type="checkbox"/>	TRG <input type="checkbox"/>	OTHER <input type="checkbox"/>
Reason:							
Date:							
Type:	EMS <input type="checkbox"/>	FIRE <input type="checkbox"/>	VAC <input type="checkbox"/>	SICK <input type="checkbox"/>	KELLEY <input type="checkbox"/>	TRG <input type="checkbox"/>	OTHER <input type="checkbox"/>
Reason:							
Date:							
Type:	EMS <input type="checkbox"/>	FIRE <input type="checkbox"/>	VAC <input type="checkbox"/>	SICK <input type="checkbox"/>	KELLEY <input type="checkbox"/>	TRG <input type="checkbox"/>	OTHER <input type="checkbox"/>
Reason:							
Date:							
Type:	EMS <input type="checkbox"/>	FIRE <input type="checkbox"/>	VAC <input type="checkbox"/>	SICK <input type="checkbox"/>	KELLEY <input type="checkbox"/>	TRG <input type="checkbox"/>	OTHER <input type="checkbox"/>
Reason:							
Date:							
Type:	EMS <input type="checkbox"/>	FIRE <input type="checkbox"/>	VAC <input type="checkbox"/>	SICK <input type="checkbox"/>	KELLEY <input type="checkbox"/>	TRG <input type="checkbox"/>	OTHER <input type="checkbox"/>
Reason:							
Date:							
Type:	EMS <input type="checkbox"/>	FIRE <input type="checkbox"/>	VAC <input type="checkbox"/>	SICK <input type="checkbox"/>	KELLEY <input type="checkbox"/>	TRG <input type="checkbox"/>	OTHER <input type="checkbox"/>
Reason:							
Date:							
Type:	EMS <input type="checkbox"/>	FIRE <input type="checkbox"/>	VAC <input type="checkbox"/>	SICK <input type="checkbox"/>	KELLEY <input type="checkbox"/>	TRG <input type="checkbox"/>	OTHER <input type="checkbox"/>
Reason:							

Signature: _____ Date: _____
(Required)

Requested Method of Payment: Paid Comp. Time

Total Hours: _____ Approval Signature: _____

Please fill this form out completely. Failure to complete any required sections may cause delay in payment of overtime wages.