



# Sumner Police Department

1104 Maple St, Suite 140  
Sumner WA 98390  
253-863-6384

## Overtime Pay Request Form

Employee: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Date Worked: \_\_\_\_\_ Total Hrs: \_\_\_\_\_ Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_

Description of Work Performed: \_\_\_\_\_

Reason:  Assigned  Discretionary  Emergent Circumstances

Type of Overtime:  Operations  Court  Training  C.O.P.  Extra Duty  Other \_\_\_\_\_

Comp Requested Total Comp Hrs Requested: \_\_\_\_\_

Denied  Approved

\_\_\_\_\_  
*Supervisor's Signature*

Date Reviewed \_\_\_\_\_ Date Received \_\_\_\_\_

White Copy - Admin. / Yellow Copy - Sgt. / Pink Copy - Employee