

**CITY OF CANTON  
POLICE DEPARTMENT  
COMPENSATORY TIME/OVERTIME REPORT**  
(Please Print or Type Clearly)

EMPLOYEE NAME \_\_\_\_\_ DATE: \_\_\_\_\_

**COMPENSATORY TIME (EARNED)**

**PAID OVERTIME**

FROM \_\_\_\_\_ am/pm TO \_\_\_\_\_ am/pm  
(DATE) (DATE)

NUMBER OF HOURS \_\_\_\_\_ PREVIOUS BALANCE \_\_\_\_\_ NEW BALANCE \_\_\_\_\_

**REASON FOR WORKING**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Stand-By Subpoena <b>(SB/CSB)</b>     | <input type="checkbox"/> K-9 Training <b>(KT/CKT)</b>   | <input type="checkbox"/> Fugitive Task Force <b>(FT/CFT)</b>  |
| <input type="checkbox"/> Court Time <b>(CRT/CCT)</b>           | <input type="checkbox"/> SWAT Training <b>(SW/CSW)</b>  | <input type="checkbox"/> Metro Activity <b>(MT/CMT)</b>       |
| <input type="checkbox"/> Effect Search Warrant <b>(SW/CSW)</b> | <input type="checkbox"/> Drug Raid <b>(DR/CDR)</b>      | <input type="checkbox"/> Traffic Enf. Program <b>(TP/CTP)</b> |
| <input type="checkbox"/> Minimum Manning <b>(MM/CMM)</b>       | <input type="checkbox"/> Case Follow-up <b>(CF/CCF)</b> | <input type="checkbox"/> Shift Overtime <b>(OT/CA/CTE)</b>    |
| <input type="checkbox"/> Other _____ <b>(OT/CA/CTE)</b>        |   |   |

EMPLOYEE SIGNATURE \_\_\_\_\_

SUPERVISOR VERIFYING TIME \_\_\_\_\_

MAJOR \_\_\_\_\_

POLICE CHIEF \_\_\_\_\_

APPROVAL SAFETY DIRECTOR \_\_\_\_\_

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CASE # \_\_\_\_\_ ARREST # \_\_\_\_\_ ACCIDENT # \_\_\_\_\_

OTHER \_\_\_\_\_

DESCRIPTION/LOCATION \_\_\_\_\_

**No overtime to be granted when time involved is less than five (5) minutes. All time is to be computed in fifteen (15) minute, quarter (1/4) hour, half (1/2) hour, three-quarters (3/4) hour, and one (1) hour intervals.**