

**CITY OF CANTON
COMPENSATORY TIME/OVERTIME REPORT
FIRE DEPARTMENT USE ONLY**

EMPLOYEE NAME _____ DATE: _____

KEY # _____

() COMPENSATORY TIME (EARNED)

() PAID OVERTIME

() ASSIGNED TO MEDIC UNIT

FROM _____ am/pm
(DATE)

TO _____ am/pm
(DATE)

NUMBER OF HOURS _____

REASON FOR WORKING _____

EMPLOYEE SIGNATURE _____

OFFICER VERIFYING TIME _____

BATTALION/DIVISION CHIEF _____

DEPARTMENT HEAD APPROVAL _____

APPOINTING AUTHORITY APPROVAL _____

HOSPITAL TRAINING USE ONLY - PARAMEDIC

TIME IN _____ LUNCH OUT _____ TRAINING HOURS CREDIT _____

TIME OUT _____ LUNCH IN _____ DIDACTIC _____ CLINICAL _____

PARAMEDIC TRAINING OFFICE SIGNATURE ONLY _____

With the exception of Management, Non-Bargaining Unit Employees, 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.