

Name: _____



Employee Signature & Date

*******THIS FORM MUST BE SIGNED AND
ATTACHED TO TIMESHEET*******

Project Coordinator Signature & Date

Supervisor Signature & Date

Rio Arriba County - Sheriff COMP-TIME/OVERTIME Timesheet

Month:		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total

Comp-time Earned	In															
	Out															
Total Comp Earned																

OVERTIME

Court Security (1101)	In															
	Out															
FTE - (2446)	In															
	Out															
OBD - Operation Buckle Down - (2448)	In															
	Out															
ODWI - Operation DWI - (2447)	In															
	Out															
100 Days & Nights - (2471)	In															
	Out															
Abiquiu Lake Patrol - (2434)	In															
	Out															
Click It or Ticket - (2440)	In															
	Out															
USMS SOP	In															
	Out															
USMS Operations	In															
	Out															
Other	In															
	Out															
Total Overtime																

Comp-time/Overtime Justification (Explain in detail why comp-time/overtime was necessary)

Date:	Reason	Date:	Reason
Date:	Reason	Date:	Reason
Date:	Reason	Date:	Reason
Date:	Reason	Date:	Reason