Name: _____

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

_____
Employee Signature & Date

_____
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															
Santa Fe National Forest - (2435)		In															
		Out															
Carson National Forest - (2436)		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