I am submitting this request for compensation for working out of class as a station officer (Captain). I affirm that the information contained in this request is true and accurate to the best of my knowledge.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATION/SHIFT: \_\_\_\_\_\_\_\_

 Print

SIX MONTH PERIOD : FROM \_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL HOURS COMPENSABLE FROM ATTACHED PAGE(S): \_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I affirm that I have verified this request and find it true and accurate to the best of my knowledge.

BATTALION CHIEF’S PRINTED NAME:

BATTALION CHIEF’S SIGNATURE:

DATE:

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| DATE | HOURS AS STATION OFFICER(Lieut. or Capt.) | LOCATION | BATTALION CHIEF WHO VERIFIED THE DATES/HOURS | BATTALION CHIEF’S SIGNATURE |
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