

REQUEST FOR COMPENSATION

**FIREFIGHTER II & III WORKING OUT OF CLASS AS A STATION
OFFICER (LIEUTENANT OR CAPTAIN)**

I am submitting this request for compensation for working out of class as a station officer (Lieut. or Capt.). 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.

SUPERVISOR'S PRINTED NAME: _____

SUPERVISOR'S SIGNATURE: _____

DATE: _____

