



OFFICE OF HIGHWAY SAFETY STANDARD OVERTIME SLIP

Please check appropriate box:

CLICK IT OR TICKET

SEAT BELT/SPEED COMB.

IMPAIRED DRIVING

MOTORCYCLE

PEDESTRIAN

DISTRACTED DRIVING

DUI-MC COMB.

OFFICER NAME: _____ **ID#** _____ **AGENCY** _____

DATE: _____ **DAY:** _____ **HRS WORKED:** _____ **TO** _____ **TOTAL HOURS:** _____

LOCATION(S) WORKED: _____

TARGET ARREST SUMMARY

OPERATOR NAME	VIOLATION	SECTION NUMBER	TIME OF ARREST	OPERATOR NAME	VIOLATION	SECTION NUMBER	TIME OF ARREST
1.				9.			
2.				10.			
3.				11.			
4.				12.			
5.				13.			
6.				14.			
7.				15.			
8.				16.			

CRIMINAL ARREST SUMMARY

OPERATOR NAME	VIOLATION	OPERATOR NAME	VIOLATION
1.		4.	
2.		5.	
3.		6.	

OTHER UNRELATED ACTIVITIES (Please detail time spent during this patrol on other non-traffic safety activities – include stop/start times.)

OFFICER SIGNATURE: _____ **DATE** _____ **SUPERVISOR SIGNATURE:** _____ **DATE** _____