



Complete the following information. Use one form per activity.

Name (PRINT) _____ Activity Date _____ Employee No. _____
 Start Time _____ End Time _____ Signature (not required if emailed) _____

Check appropriate boxes and forward form for authorization as follows:

Shifts/Training/Incidents – Shift Captain or Duty Officer

Pub Ed/Instructor – Tamara Bailey

Other Activities – Assigning Officer or Administrator

Type of Activity	Hours/Description	Location
12 hr Day Shift	<input type="checkbox"/>	Station 21 <input type="checkbox"/>
12 hr Night Shift	<input type="checkbox"/>	Station 22 <input type="checkbox"/>
24 hr Shift	<input type="checkbox"/>	Station 23 <input type="checkbox"/>
Other Shift	<input type="checkbox"/> _____ Hrs	Station 24 <input type="checkbox"/>
Course Instructor	<input type="checkbox"/> _____ Course Instructed	Station 25 <input type="checkbox"/>
Special Event Stand By	<input type="checkbox"/> _____ Description	Station 26 <input type="checkbox"/>
Public Education Event	<input type="checkbox"/> _____ Hrs	Station 27 <input type="checkbox"/>
Other Activity/Project	<input type="checkbox"/> _____ Description	Station 15-1 <input type="checkbox"/>
Off Duty Incident	<input type="checkbox"/> _____ Hrs Incident No. _____	Other Location _____ <input type="checkbox"/>
On Duty Training	<input type="checkbox"/> _____ Hrs	_____ Description
Off Duty Training	<input type="checkbox"/> _____ Hrs	_____ Description

Comments (additional detail not provided for above):

Date Request Received: _____ Approved Approved By: _____
 Denied Reason: _____
 Forward Authorized Form to Maureen Groat by email (maureen.groat@clarkfr.org) or by hard copy.