Torrance County Compensatory/Overtime Authorization Sheet
Sheriff/Dispatch

Name **Employee #** **Department**

Pay Period Dates **From** **To**

Date	Comp/ OT Description	OVERTIME							Comp Gained
		General Fund	*Traffic Safety*		*UAD*	*DWI*		*Forest* Patrol	
			OBD	ODWI	UAD	LDWI	CDWI		
Pay Period Total									

Compensatory/Overtime Approval	
Employee's Signature	Date
Supervisor's Signature	Date
Grant Coordinator's Approval	Date