STATE OF CONNECTICUT DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION DIVISION OF STATE POLICE

HCP OR OPA PROJECT OVERTIME REPORT

(card must be submitted in less than three (3) days)

Last Name:			ID Number:		First Name:		Employee Number:		Troop/Unit/Assignment:	Date Worked:
Connectio	t Ctata Dali	aa Duaiaat N		ad Camanan	· Nome:					
Connecticut State Police Project Number and Company Name:										
				Complete the information below ONLY if job was swapped or split between two (2) employees:						
HOURS WORKED										
Use Military Time				PLEASE NOTE: NOTICE OF ASSIGNMENT SWAP MUST BE SUBMITTED TO THE SPECIAL DUTY OFFICE VIA EMAIL AND THE SWAP MUST BE COMPLETED IN KRONOS PRIOR TO THE DATE OF THE ASSIGNMENT TO BE WORKED. A SPLIT ASSIGNMENT CAN ONLY BE BETWEEN 2 EMPLOYEES (SO#2001-01 4/29/11)						
										
	Start Time	End Time	<u>Hours</u>			LIVIFLOTELS (30#2001-01 4/25/11)				
GP to						Originally Assigned To -	- Name and Badge	#:		
Site:				For Swap or Split Split With - Name			D. d #			
Hours Worked:				Assignments ONLY:		Split With – Name and Badge #:				
GP from				1						
Site:							1 01/11/1			0 ' 10 ' 0''
Total Hours: Note: Enter ½ hour GP for standard jobs or up to and including 1 hour GP for qualifying Troop H or Troop G jobs. It is suggested that Trooper maintain documentation for over ½ hour GP payments.				Complete the information below <u>ONLY</u> if job was not assigned by the Special Duty Office:						
				Town of	nt·					
				Town of Assignment: Location of Assignment:						
				1 ''	Assignment:		Local Co		Emergency Other:	
				How You Received the Assignment: Name and Badge # of Assigning Supervisor:			Phone	Email	MDT Troop:	
Narrative F	Report:		<u> </u>	ivanic and	u bauge #	or Assigning Supervise	,,, <u> </u>			
Text										
Submittin	g Trooper's i	regular chair	of comm	nand Super	visor's Na	me and Badge Numbe	r Company T	imekeep	per / Authorized Agent Name (p	orint):
(print):										
Submitting Trooper's Signature:							Company 1	imekeep	per / Authorized Agent Signatur	re

SUBMIT FORM VIA THE INSTRUCTIONS ON THE DESPP KRONOS INTRANET PAGE.

Review A&O Manual Section 4.7.5 for compliance. Show travel time to project site, hours spent at project site, and travel time from project site (see above note)). If project assignment is cancelled with less than 24 hours of notice to the Department, show the start time and enter 4 hours in the "Total Hours" box. Complete the "Narrative Report" for all escort assignments, split assignments, assignments over 18.5 hours in a 24 hour period, or other noteworthy event. Submit this form via email to CSP.otcard@ct.gov.