



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



REQUEST FOR OVERTIME PROJECT ASSIGNMENTS

For month of :

Last Name: _____ First Name: _____ Empl. No: _____ Badge: _____
 Assignment: _____ Cell Phone: _____
 Resid. Phone: _____ Email: _____

Troop Areas That You Can Work

HCP : A B C D E F G H I K L
OPA : A B C D E F G H I K L
Other : S (Rents.) T (escort) U (other)

Your Availability In This Month

Instructions: Prior to submitting this form for HCP/OPA job assignments, the trooper shall have submitted the Request to Work Special Duty Overtime Projects Form, DPS-692-C-1, to his/her commanding officer and have been approved to work extra duty assignments in accordance with A&O Manual Section 4.7.5a(6). Indicate your availability for overtime by selecting up to twelve (12) X's in the calendar below. (Change the default "D" to an "X"). Make sure that all other days reflect your schedule for the month. The default code is "D" for day shift. Change "D" to "E" for evening shift, "M" for midnight shift, and "O" for day off. Proper coding of your schedule will allow the greatest opportunity to be scheduled for special duty OT assignments on your dates of availability. Trooper shall submit this form to the Special Duty Overtime Coordinator's office by the 15th of the month preceding the month for which jobs are requested. (If the 15th falls on a weekend, this form is due the next business day.)

REQUESTER'S AUTHENTICATION AND ACKNOWLEDGEMENT

I acknowledge authorization and submission of this form with my electronic signature and I confirm submission is in accordance with A&O Manual Section 4.7.5.