



Region/Provider Name: _____

Agency Name: _____

Name of Training: _____

Training Date(s): _____

Name & PID of Student Attending Training: _____

BACKFILL/OVERTIME COSTS

Name of Officer Paid Backfill/Overtime: _____

Backfill or Overtime Date(s) Worked: _____

Regular Hourly Rate: \$ _____ # of Hours Worked: _____ Total: \$ _____

Overtime Hourly Rate: \$ _____ # of Hours Worked: _____ Total: \$ _____

Total Backfill/Overtime: \$ _____

Name of Officer Paid Backfill/Overtime: _____

Backfill or Overtime Date(s) Worked: _____

Regular Hourly Rate: \$ _____ # of Hours Worked: _____ Total: \$ _____

Overtime Hourly Rate: \$ _____ # of Hours Worked: _____ Total: \$ _____

Total Backfill/Overtime: \$ _____

Name of Officer Paid Backfill/Overtime: _____

Backfill or Overtime Date(s) Worked: _____

Regular Hourly Rate: \$ _____ # of Hours Worked: _____ Total: \$ _____

Overtime Hourly Rate: \$ _____ # of Hours Worked: _____ Total: \$ _____

Total Backfill/Overtime: \$ _____

Total Backfill/Overtime Reimbursement Requested: \$ _____

Comments:

DOCUMENTATION TO INCLUDE WITH THE BACKFILL/OVERTIME REIMBURSEMENT REQUEST

Proof of Attendance- Attendance roster or Certificate of completion for officer that attended training
Proof of Costs- Pay stub that indicates the regular hourly rate and the overtime hourly rate for the officer working backfill or overtime

Incomplete requests will not be reviewed.