REQUEST FOR OVERTIME

State Form 6818 (R3 / 12-91)

Agency
Indiana Department of Correction

Name of employee and PCN number *(please print)*	Date worked	No. of hours	*Check appropriate box*
			☐ Compensatory time ☐ Pay

OVERTIME JUSTIFICATION

Training Codes	Emergency Codes	Trip Codes	Coverage Codes
☐ ES : E Squad ☐ FI : Firearms ☐ CT : CTI ☐ MD : Medical ☐ GS : General Staff ☐ K9 : K9 Training ☐ SS : S.E.R.T. ☐ ER : Emergency Response	☐ SD : Shakedown ☐ LD : Lockdown ☐ DI : Disturbance ☐ ND : Natural Disaster ☐ MF : Mechanical Failure ☐ MD : Medical ☐ ES : Escapes ☐ CD : Count Discrepancy	☐ FA : Family Emergency ☐ MD : Medical ☐ CO : Court Order ☐ EX : Extradition ☐ IT : Institutional Trips	☐ SK : Sickness ☐ VA : Vacation ☐ PR : Personal Leave ☐ AL : Authorized Leave - Unpaid ☐ UL : Unauthorized Leave - Unpaid ☐ CT : Compensatory Time ☐ FL : Funeral Time ☐ ML : Military Time ☐ SP : Suspension ☐ VY : Vacancy ☐ LR : Coverage Relief

Special programs *(specify)*	Training *(specify)*	Holiday *(specify)*

Miscellaneous explanation

Employee regular shift	Shift overtime earned	Duty assignment	Starting time	Ending time
			☐ AM ☐ PM	☐ AM ☐ PM

Signature of employee	Signature of supervisor	Date signed

DISTRIBUTION: White - **Payroll;** Pink - **Employee;** Canary - **File**

REQUEST FOR OVERTIME

State Form 6818 (R3 / 12-91)

Agency
Indiana Department of Correction

Name of employee and PCN number *(please print)*	Date worked	No. of hours	*Check appropriate box*
			☐ Compensatory time ☐ Pay

OVERTIME JUSTIFICATION

Training Codes	Emergency Codes	Trip Codes	Coverage Codes
☐ ES : E Squad ☐ FI : Firearms ☐ CT : CTI ☐ MD : Medical ☐ GS : General Staff ☐ K9 : K9 Training ☐ SS : S.E.R.T. ☐ ER : Emergency Response	☐ SD : Shakedown ☐ LD : Lockdown ☐ DI : Disturbance ☐ ND : Natural Disaster ☐ MF : Mechanical Failure ☐ MD : Medical ☐ ES : Escapes ☐ CD : Count Discrepancy	☐ FA : Family Emergency ☐ MD : Medical ☐ CO : Court Order ☐ EX : Extradition ☐ IT : Institutional Trips	☐ SK : Sickness ☐ VA : Vacation ☐ PR : Personal Leave ☐ AL : Authorized Leave - Unpaid ☐ UL : Unauthorized Leave - Unpaid ☐ CT : Compensatory Time ☐ FL : Funeral Time ☐ ML : Military Time ☐ SP : Suspension ☐ VY : Vacancy ☐ LR : Coverage Relief

Special programs *(specify)*	Training *(specify)*	Holiday *(specify)*

Miscellaneous explanation

Employee regular shift	Shift overtime earned	Duty assignment	Starting time	Ending time
			☐ AM ☐ PM	☐ AM ☐ PM

Signature of employee	Signature of supervisor	Date signed

DISTRIBUTION: White - **Payroll;** Pink - **Employee;** Canary - **File**