STATE OF WASHINGTON

# Washington Traffic Safety Commission

## 621 8th Avenue SE, Suite 409., PO Box 40944, Olympia, Washington 98504-0944, (360) 753-6197

|  |  |
| --- | --- |
| **Agency:** |  |
|  |  |
| **Type of Patrol:** |
|  | Impaired Driving |  | CIOT (Seat Belt) |  | Distracted Driving |  |
|  | Speeding |  | TZT |  | Motorcycle |  |
|  | LEL |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **Activity Log?** |
| **Date** | **Officer** | **Start Time** | **End Time** | **Hours Worked** | **Y/N** |
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I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_certify under penalty of perjury, the officer(s) listed on this form

did work overtime on the dates and emphasis patrols listed on this form. It is understood the agency of each listed officer will maintain overtime records for each officer in compliance with the agency’s records retention policy and these records will be made available for review or reimbursement upon request. Contact information of the authorizing authority is listed below the signature line.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Date

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information for fiscal agency of signed agency:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_