



**Fauquier County Department of Fire and Emergency Services
Overtime Justification Form**

Employee Name _____ Date of Overtime _____

Service Pay _____ (hrs) Comp Time _____ (hrs) Overtime _____ (hrs)

Shift Coverage/Emergency Call _____ Call (s) # _____ and/or Co. # _____

Training Division _____ ALS _____ BLS _____ CPR _____ FIRE _____ Other _____

SPECIAL EVENT _____

REASON _____

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

DATE OF REQUEST

DATE OF APPROVAL

Admin Use Only DFES FRA Other (explain) _____



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