



**Metropolitan Transportation Authority
POLICE DEPARTMENT
OVERTIME FORM**



Rank	Last Name	First Name	BSC #	Reporting Location
OVERTIME HOURS				
Overtime Location:			Gang No:	
Day of Week:	Date:	OT Start:	OT End:	Total OT Hours Worked:
COMPENSATION METHOD				
<p align="center">Note: If a Member's Compensatory Bank contains 60 hours or more, compensation will be paid as cash. Members working on Grant Reimbursable overtime will be compensated in cash.</p> <p> <input type="checkbox"/> CASH _____ Hrs. <input type="checkbox"/> COMPENSATORY _____ Hrs. </p>				
OVERTIME EXPLANATION				
OT Codes			Comments	
50	Back Fill – Sick Vacancy (DS & DA)			
51	Back Fill – Other Vacancies			
52	Arrest Processing			
53	Service Disruption			
54	Special Event Coverage – Op. Order			
55	Training – Training Order			
56	Investigations			
57	Court, Claims & IAU Issues			
58	Handling Incidents			
59	Corporate Security			
60	Bridges & Tunnels			
61	Directed Patrol			
62	Reimbursable - Other MTA Agency			
63	Grants - Other			
64	Transit Operations - EOL			
65	Train Patrol			
66	Clerical – Sworn Personnel			
67	Subway – Fare Evasion			
68	Weather/Storm Coverage			
69	SCOUT			
70	Ceremonial Duty			
71	Explorers Program			
72	B&T – Weather Storm Coverage			
73	Transit Weather Storm Coverage			
74	B&T – Initiative			
75	Subway – Initiative			
76	Railway – Initiative			
77	Special Initiative			
78	B&T – Fare Evasion			
79	Congestion – Fare Evasion			
80	Railway – Fare Evasion			
81	CHASE Program – Grant Money			

Member's Signature: _____ Date: _____

Supervisor's Name Printed: _____ Signature: _____ Date: _____