

CLEVELAND DIVISION OF POLICE

CLEVELAND, OHIO
DIVISIONAL INFORMATION

DIST. ZONE _____

EXAMINED BY _____ RANK _____

FROM _____ TO _____

SUBJECT Request to Carry Acting Rank

COPIES TO Chief's Office, Timekeeping Unit, District/Unit Files

Sir or Ma'am:

I request permission to carry the acting rank of: _____																						
Name of the superior officer for whom I will be acting: _____																						
<i>No more than two subordinate supervisors may request acting pay for the same superior officer per pay period.</i>																						
Pay period dates						Start:						End:										
<i>For each day of the pay period circle the reason the superior officer was off duty, and insert the number of regular and overtime hours, if any, worked in the higher rank into the appropriate space.</i>																						
F = Furlough Day H = Holiday S = Sick Day P = Personal Day C = Compensatory Time J = Jury Duty D = Funeral Leave O = Detailed to _____ V = V-Day c/w _____																						
Week One:		Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday		
The superior officer for whom I claim acting pay was absent from duty. Reason:		F	H	S	F	H	S	F	H	S	F	H	S	F	H	S	F	H	S	F	H	S
		P	C	J	P	C	J	P	C	J	P	C	J	P	C	J	P	C	J	P	C	J
		D	O	V	D	O	V	D	O	V	D	O	V	D	O	V	D	O	V	D	O	V
Total Regular Hours:																						
Total Extended Tour Hours:																						
Total X-Time Hours:																						
Week Two:		Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday		
The superior officer for whom I claim acting pay was absent from duty. Reason:		F	H	S	F	H	S	F	H	S	F	H	S	F	H	S	F	H	S	F	H	S
		P	C	J	P	C	J	P	C	J	P	C	J	P	C	J	P	C	J	P	C	J
		D	O	V	D	O	V	D	O	V	D	O	V	D	O	V	D	O	V	D	O	V
Total Regular Hours:																						
Total Extended Tour Hours:																						
Total X-Time Hours:																						

I request the Timekeeping Unit be notified in accordance with the current Collective Bargaining Agreement.

Respectfully, _____

Commander _____ Date _____ (Approved) (Denied)

Deputy Chief _____ Date _____ (Approved) (Denied)

Chief of Police _____ Date _____ (Approved) (Denied)