

DEPUTY REPORT - OSSA Safety Belt Overtime Grant 2016-2017, M1HVE-17-46-08
CFDA #20.616

Deputy Last Name:

DPSST #:

Agency:

Date of Overtime:

Hours of Shift: Start time: _____ End time: _____ Total OT Shift Hours:

Office Use Only:	OT rate:		Total Claim:	
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ENFORCEMENT CONTACTS (Warnings & Cites)

Number of Safety Belt	<input type="text"/>
Number of Child Restraint	<input type="text"/>
Number of Distracted Driving	<input type="text"/>
Number of DUII	<input type="text"/>
Number of Speed	<input type="text"/>
Number of Suspended, Revoked	<input type="text"/>
Number of Felony Arrests	<input type="text"/>
Number of All Other Traffic	<input type="text"/>

EDUCATIONAL ACTIVITY (Optional, describe):