

CLEVELAND DIVISION OF POLICE

CLEVELAND, OHIO
DIVISIONAL INFORMATION

DIST./BUR. _____

ZONE/UNIT _____

Date: _____

EXAMINED BY: _____

RANK: _____

Date: _____

FROM: _____

BADGE: _____

TO: _____

SUBJECT: Request to Carry Acting Rank (GPO 1.1.40)

COPIES TO: Chief's Office, Unit Files, Timekeeping Unit

Sir/Ma'am:

I request permission to carry the acting rank of: _____
Name of the superior supervisor for whom I will be acting: _____
<i>No more than two subordinate supervisors may request acting pay for the same superior supervisor per pay period.</i>
Acting dates: Start: _____ End: _____

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 class into the appropriate space.

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 Ext. 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 Ext. Tour Hours:																					
Total X-Time Hours:																					

I request the Timekeeping Unit be notified in accordance with the FOP contract.

Respectfully, _____

District or Bureau

Commander: _____ Date: _____ (Approved) (Disapproved)

Deputy Chief: _____ Date: _____ (Approved) (Disapproved)

Chief of Police: _____ Date: _____ (Approved) (Disapproved)