**CLEVELAND DIVISION OF POLICE**  
**CLEVELAND, OHIO**  
**DIVISIONAL INFORMATION**

**SUBJECT**  
Request to Carry Acting Rank

**COPIES TO**  
Chief’s Office, Timekeeping Unit, District/Unit Files

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Sir or Ma’am:

I request permission to carry the acting rank of: ____________________________________________

Name of the superior officer for whom I will be acting: ______________________________________

_No more than two subordinate supervisors may request acting pay for the same superior officer per pay period._

Pay period 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 rank into the appropriate space._

|       | F | H | S   | F | H | S   | F | H | S   | F | H | S   | F | H | S   | F | H | S   | F | H | S   | F | H | S   |
|-------|---|---|-----|---|---|-----|---|---|-----|---|---|-----|---|---|-----|---|---|-----|---|---|-----|---|---|-----|---|---|-----|
| Week One: | F | H | S | F | H | S | F | H | S | F | H | S | F | H | S | F | H | S | F | H | S |
| 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:**

|       | F | H | S | F | H | S | F | H | S | F | H | S | F | H | S | F | H | S | F | H | S |
| 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, ________________________________

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Commander __________________________________________ Date ______________________  (Approved) (Denied)

Deputy Chief ________________________________________ Date ______________________  (Approved) (Denied)

Chief of Police ______________________________________ Date ______________________  (Approved) (Denied)

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