DELAWARE OFFICE OF HIGHWAY SAFETY

STANDARD OVERTIME SLIP FORM

Please check appropriate box:

- ☐ S/B PATROL
- ☐ AGG DR PATROL
- ☐ CIOT
- ☐ CHILD RESTRAINT PATROL
- ☐ DUI PATROL
- ☐ CPSF
- ☐ MOTORCYCLE SAFETY
- ☐ PEDESTRIAN SAFETY
- ☐ UNDERAGE DRINKING

___ CUW ___ False ID Sweeps ___ Cops In Shops ___ Party Busting ___ Hot Spot Patrol ___ Sat. Patrol

OFFICER NAME:			**ID#**	**AGENCY**
DATE:	**DAY:**	**HRS WORKED:**	**TO**	**TOTAL HOURS:**

TARGET ARREST SUMMARY

OPERATOR (use back of form for add'l arrests)	**LIST ALL VIOLATIONS PER OPERATOR BY TITLE**	**Time received**	**Time ended**
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

OTHER ARREST SUMMARY

NAME	
1.	
2.	
3.	

COMMENT SECTION: (List any non-traffic safety activities & time spent.)

OFFICER SIGNATURE: _____ **DATE** _____ **SUPERVISOR SIGNATURE:** _____ DATE _____