



**Jamaica
Constabulary Force**

**Workforce Management Solution
Extra-Time Ticket**

CLAIMANT INFORMATION

REGULATION NUMBER		EMPLOYMENT NUMBER		RANK	
FIRST NAME		MIDDLE INITIAL		LAST NAME	
PORTFOLIO	BRANCH/AREA	DIVISION/FORMATION		STATION/SECTION	

EXTRA-TIME INFORMATION

Were you on duty prior to completing this Extra-Time Duty? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If you were on duty, indicate below, the shift you completed prior to doing the extra-time work.</i> Start Time: _____ End Time: _____			Where can the information about the extra time worked be found? Station / _____ Diary Start Entry No. _____ Movement Diary <input type="checkbox"/> Diary End Entry No. _____ E-Diary <input type="checkbox"/> E-Diary Reference No. _____		
Date Extra-Time Worked YYYY-MM-DD	Extra-Time Start HH:MM AM/PM	Extra-Time End HH:MM AM/PM	Total Extra-Time Worked HOURS Numerals Only		What Type of Duty Did You Perform During the Extra-Time Work?
			MINUTES Numerals Only		

JUSTIFICATION FOR EXTRA-TIME WORKED

1. Why was it necessary to work extra-time? 2. Who authorized you to work extra-time?

<i>I hereby certify that the information stated above is true and correct. I further acknowledge that I am liable for disciplinary action if the said information is found to be false or inaccurate.</i>			Claimant Sig. Rank, No.	YYYY-MM-DD Date Completed

CERTIFICATION

I hereby certify that I have examined this claim and found it to be true and correct. It represents extra-time worked which was required and performed by the claimant for the effective operation of the organization.

Shift/Duty Sub-Officer Signature _____ Name, Rank & Number _____ Date (YYYY-MM-DD)	Verifying Officer Signature _____ Name, Rank and Number _____ Date (YYYY-MM-DD)	Approving Officer Signature _____ Name & Rank _____ Date (YYYY-MM-DD)
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