



**HORRY COUNTY  
FIRE/RESCUE**  
PROUD \* PREPARED \* PROFESSIONAL



*EXTRA TIME JUSTIFICATION FORM*

EMPLOYEE NAME: \_\_\_\_\_

RANK & GRADE: \_\_\_\_\_ STATION NO./SHIFT \_\_\_\_\_

DATE OF EXTRA TIME: \_\_\_\_\_

TIMES OF ET HOURS: \_\_\_\_\_

**CHECK THE REASON FOR THE EXTRA TIME WORKED. WRITE THE EXPLANATION AND GIVE THE NAME OF THE EMPLOYEE FOR WHOM THE ET IS FOR.**

\_\_\_\_ ANNUAL LEAVE: \_\_\_\_\_

\_\_\_\_ PERSONNEL SHORTAGE: \_\_\_\_\_

\_\_\_\_ SICK LEAVE: \_\_\_\_\_

\_\_\_\_ WORKMANS COMP: \_\_\_\_\_

\_\_\_\_ MANDATORY MEETING: \_\_\_\_\_

\_\_\_\_ LEGAL: (court, etc.) \_\_\_\_\_

\_\_\_\_ SPECIAL EVENTS: \_\_\_\_\_

\_\_\_\_ OTHER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYEE'S SUPERVISOR: \_\_\_\_\_

(Signature)

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SCHEDULING COORDINATOR: \_\_\_\_\_

(Signature)

\*\*\*\*\* Please forward a copy of this form to Operations Administrative Assistant \*\*\*\*\*