



City of Glenn Heights

Assignment Pay Request Form

Name: _____ Employee ID: _____ Department: _____

Pay Period Beginning: _____ Pay Period Ending: _____

Date	Start Time	End Time	Total Hours	Assignment Code	Description of activity

Assignment Codes

<p>Police</p> <ul style="list-style-type: none"> ▪ PFTO- Field Training Ofcr ▪ PCPO- Crime Prevention Ofcr ▪ PINT- Instructor 	<p>Fire</p> <ul style="list-style-type: none"> ▪ FINS- Instructor
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Additional Comments (optional) :

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Manager Signature: _____ Date: _____

All assignment pay MUST be pre-approved.