

# OVERTIME AND EXTRA DUTY REIMBURSEMENT FORM

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

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

TYPE OF CALL:  EMERGENCY  OVERTIME  DETAIL

TYPE OF EXTRA DUTY: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

2<sup>nd</sup> AMB Transport Only

2<sup>nd</sup> AMB Standby / No Trans

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

LOCATION \_\_\_\_\_

LEVEL OF CARE:  FIRST RESPONDER  EMT  ADVANCED  PARAMEDIC

CALL RECEIVED : \_\_\_\_\_

CALL TERMINATED : \_\_\_\_\_ (INCLUDES CLEAN UP TIME) Total Hrs \_\_\_\_\_

HOURLY RATE: \$ \_\_\_\_\_

TOTAL AMOUNT PAID: \$ \_\_\_\_\_

SIGNATURE : \_\_\_\_\_

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

(FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO GET PAID)

**(\*AMBUPRO REPORT MUST BE DONE FOR ALL EMS DETAILS\*)**

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