

OVERTIME AND EXTRA DUTY REIMBURSEMENT FORM

NAME: _____

DATE: _____

TYPE OF CALL: EMERGENCY OVERTIME DETAIL

TYPE OF EXTRA DUTY: _____

DESCRIPTION: _____

2nd AMB Transport Only

2nd 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*)

OVERTIME AND EXTRA DUTY REIMBURSEMENT FORM

NAME: _____

DATE: _____

TYPE OF CALL: EMERGENCY OVERTIME DETAIL

TYPE OF EXTRA DUTY: _____

DESCRIPTION: _____

2nd AMB Transport Only

2nd 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*)