

# THSO Activity Form for Overtime

Officer Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time on Duty: \_\_\_\_\_

Time off Duty: \_\_\_\_\_

Total Hours Worked: \_\_\_\_\_

Total Number of Traffic Stops: \_\_\_\_\_

Violations	# of Citations	# of Warnings	# of Arrests
Speeding			
Distracted Driving			
Seat Belt			
Child Restraint			
No Insurance			
Revoked/Suspended			
Light Law Violation			
D.U.I			
Open Container			
Misdemeanor Drug			
Felony Drug			
Other Citation			
Other Arrest			
Totals			

Comments:	
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Officer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Approval: \_\_\_\_\_

Date: \_\_\_\_\_