



FULTON COUNTY SHERIFF'S OFFICE

RESERVE DEPUTY TIME SHEET

DEPUTY NAME: _____ DID # _____ DIVISION: _____ MONTH/YEAR: _____

TIME INFORMATION			WORK AREA (WRITE IN HOURS - ROUND OFF)										APPROVALS		DESCRIPTION OF ACTIVITY
DATE	START TIME (MILITARY)	END TIME (MILITARY)	WARR	CIVIL	XFER	SEX OFFEND	JAIL	COURT	EVENT	ADMIN	TRAIN	OTHER	SUPERVISOR PRINTED NAME	SUPERVISOR SIGNATURE	
Totals														PLEASE TOTAL YOUR HOURS	

DEPUTY SIGNATURE _____ MONTHLY TOTAL: _____ APPROVED: _____

ALL TIME MUST BE APPROVED. SHEET TO BE TOTALED AND TURNED IN BY THE 14TH OF THE FOLLOWING MONTH.