Governor's Office of Highway Safety

Enforcement Hours

Month	
Agency	
Grant Number	
Employee Name	

Total Work Hours	
Total Project Hours	
Hourly Rate	
Project Hrs X Hourly Rate	

Day of the Month	Total Work Hours	Actual Project Hours Worked	Traffic Stops During Project Hours
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
Totals			

Vehicle Number	
Year/Make/Model	

Odometer Reading

Start of Month	
End of Month	
Total Mileage	

Comments:

Project Hours on:		
Impaired Driving		
Speed		
Seat belts		
Distracted Driving		
Other Project Activities		
Totals		

Employee Signature/ Date

Supervisor Signature/ Date

Governor's Office of Highway Safety

Enforcement Hours

*Submit current paystub along with Form 203 to claim for reimbursement.