

Community Education Overtime Shift

Please retain this form for four (4) Fiscal Years.

You may upload these forms as an attachment in GEARS
The UHSO may review these records for auditing purposes.

Officer Name Badge # Employee #
 Agency Time Start Time End
 Event Activity Date Miles Traveled (estimate)
 Total Hours Claimed Hourly Wage Straight Time

Event Name and Location:

Event Type: Community Event/Booth Other:
 UHP PI&E

Engaged with (# of people) Agency Requesting Outreach

Safety Topics Discussed:

<input type="checkbox"/>	Click It Or Ticket/Seatbelt Safety	<input type="checkbox"/>	Distracted Driving
<input type="checkbox"/>	Child Passenger Safety	<input type="checkbox"/>	Impaired Driving
<input type="checkbox"/>	Pedestrian Safety	<input type="checkbox"/>	Older Driver Programs
<input type="checkbox"/>	Bicycle Safety	<input type="checkbox"/>	Driver Education
<input type="checkbox"/>	Motorcycle Safety	<input type="checkbox"/>	Adopt A High School
<input type="checkbox"/>	Other _____		

Audience Race/Ethnicity: (check all that apply)

<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	White

Age Range: (Check all that apply)

<input type="checkbox"/>	Under 16	<input type="checkbox"/>	40-49
<input type="checkbox"/>	16-20	<input type="checkbox"/>	50-59
<input type="checkbox"/>	21-29	<input type="checkbox"/>	60-69
<input type="checkbox"/>	30-39	<input type="checkbox"/>	70+

Additional Comments or Information: Include any additional details e.g. speaker or officer addressed the community in another language, including dual language educational materials provided and any information that includes community/demographic information on underserved communities such as minority groups or teens.

I certify the above information is correct

Approved By:

Officer Signature and Date

Supervisor or Team Leader Signature & Date

If applicable please attach any photos of the event with this form.