

OVERTIME DESIRED LIST (FOOT CARRIERS)

OFFICE: _____ Q.: _____ YEAR: _____

PLEASE PRINT NAME; INITIAL OVERTIME LIST PREFERENCE- SIGN AND DATE

	CARRIER	NO	WA	OTDL	SIGNATURE	DATE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

OVERTIME DESIRED LIST (FOOT CARRIERS)

OFFICE: _____ Q.: _____ YEAR: _____

PLEASE PRINT NAME; INITIAL OVERTIME LIST PREFERENCE- SIGN AND DATE

	CARRIER	NO	WA	OTDL	SIGNATURE	DATE
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
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36						
37						
38						
39						
40						

OVERTIME DESIRED LIST (FOOT CARRIERS)

OFFICE: _____

Q.: _____

YEAR: _____

PLEASE PRINT NAME; INITIAL OVERTIME LIST PREFERENCE- SIGN AND DATE

	CARRIER	NO	WA	OTDL	SIGNATURE	DATE
41						
42						
43						
44						
45						
46						
47						
48						
49						
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