Rockaway Township Police Department
65 Mount Hope Road
Rockaway, New Jersey 07866
Main – (973) 625-4000 Fax – (973) 586-0047
Chief Walter J. Ardin Jr.

Request for Time-Off / Payroll Exceptions

EMPLOYEE NAME: Lt. Paul Reilly TODAYS DATE: 09/15/2018
DEPARTMENT: Police EMPLOYEE NUMBER: 067

TIME – OFF / PAYROLL EXCEPTIONS

Please fill in the hours along with the date for the specific "type" of time used.
REPORT ALL HOURS AS STRAIGHT TIME

Type	Number of Hours	Dates	Approved	Denied
Personal				
Sick				
Vacation				
Bank Time				
Comp Earned	9	09/14/2018	✓	
Comp Taken				
Overtime				
Third Party				
Training				
Admin Leave				
Suspension				
Jury Duty				
Injured/Light Duty				
National Guard				
Bereavement				

NO pay

COMMENTS Council meeting . 2000 hrs - 0200 hrs. (6 HRS @ TIME & 1/2 = 9 TOTAL)

I am submitting the above information as true and correct. ✓

Your Initials pr

SUPERVISORS SIGNATURES

SUPERVISOR NAME: _____ TODAYS DATE: Initials

DEPARTMENT HEAD: *John Janosec* TODAYS DATE: 09/17/2018 Initials ✓

PAYROLL

PAYROLL NAME: _____ Initials

Rockaway Township Police Department
65 Mount Hope Road
Rockaway, New Jersey 07866
Main – (973) 625-4000 Fax – (973) 586-0047
Chief Martin McParland

Request for Time-Off / Payroll Exceptions

EMPLOYEE NAME: Lt. Peter Reilly TODAYS DATE: 09/17/2018
DEPARTMENT: Police EMPLOYEE NUMBER: 0058

TIME – OFF / PAYROLL EXCEPTIONS

Please fill in the hours along with the date for the specific "type" of time used.
REPORT ALL HOURS AS STRAIGHT TIME

Type	Number of Hours	Dates	Approved/Denied	
Personal				
Sick				
Vacation				
Bank Time				
Comp Taken				
Overtime				
Third Party				
Comp Earned	9	sept 14		
Training				
Admin Leave				
Suspension				
Jury Duty				
Injured/Light Duty				
National Guard				
Bereavement				

No pay

COMMENTS Council meeting 8pm-2am 9-14-18 (6 HRS @ TIME & 1/2 = 9 TOTAL)

I am submitting the above information as true and correct. ✓

Your Initials pr

SUPERVISORS SIGNATURES

SUPERVISOR NAME: *Wade Ryerson* TODAYS DATE: 09/17/2018 Initials: wr ✓

DEPARTMENT HEAD: _____ TODAYS DATE: Initials: ☐

PAYROLL

PAYROLL NAME: _____ Initials: ☐

Rockaway Township Police Department
65 Mount Hope Road
Rockaway, New Jersey 07866
Main – (973) 625-4000 Fax – (973) 586-0047
Chief Martin McParland

Request for Time-Off / Payroll Exceptions

EMPLOYEE NAME: Ptl. Gregory Albert TODAYS DATE: 09/14/2018
DEPARTMENT: RTPD EMPLOYEE NUMBER: 117

TIME – OFF / PAYROLL EXCEPTIONS

Please fill in the hours along with the date for the specific "type" of time used.
REPORT ALL HOURS AS STRAIGHT TIME

Type	Number of Hours	Dates	Approved	Denied
Personal				
Sick				
Vacation				
Bank Time				
Comp Taken				
Overtime	6.0	09/14-09/15		
Third Party				
Comp Earned				
Training				
Admin Leave				
Suspension				
Jury Duty				
Injured/Light Duty				
National Guard				
Bereavement				

OT
Late
72.6022

COMMENTS Council Meeting OT 2000-0200 HRS

I am submitting the above information as true and correct. ✓

Your Initials GA

SUPERVISORS SIGNATURES

SUPERVISOR NAME: _____ TODAYS DATE: Initials

DEPARTMENT HEAD: *John Janosec* TODAYS DATE: 09/25/2018 Initials jj ✓

PAYROLL

PAYROLL NAME: _____ Initials

Rockaway Township Police Department
65 Mount Hope Road
Rockaway, New Jersey 07866
Main – (973) 625-4000 Fax – (973) 586-0047
Chief Martin McParland

Request for Time-Off / Payroll Exceptions

EMPLOYEE NAME: THOMAS CAMEL TODAYS DATE: 09/14/2018
DEPARTMENT: POLICE EMPLOYEE NUMBER: 118

TIME – OFF / PAYROLL EXCEPTIONS

Please fill in the hours along with the date for the specific "type" of time used.
REPORT ALL HOURS AS STRAIGHT TIME

Type	Number of Hours	Dates	Approved/Denied	
Personal				
Sick				
Vacation				
Bank Time				
Comp Taken				
Overtime	6	9/14/2018		
Third Party				
Comp Earned				
Training				
Admin Leave				
Suspension				
Jury Duty				
Injured/Light Duty				
National Guard				
Bereavement				

O.T
Date
72.8099

COMMENTS OVERTIME FOR MANDATORY COURT ON 09/14/2018 8P-2AM.

I am submitting the above information as true and correct. ✓

Your Initials TC

SUPERVISORS SIGNATURES

SUPERVISOR NAME:_____ TODAYS DATE: Initials

DEPARTMENT HEAD: *John Janosec* TODAYS DATE: 09/25/2018 Initials jj ✓

PAYROLL

PAYROLL NAME:_____ Initials

Rockaway Township Police Department
65 Mount Hope Road
Rockaway, New Jersey 07866
Main – (973) 625-4000 Fax – (973) 586-0047
Chief Martin McParland

Request for Time-Off / Payroll Exceptions

EMPLOYEE NAME: C., Hamilton TODAYS DATE: 09/14/2018
DEPARTMENT: Police EMPLOYEE NUMBER: 103

TIME – OFF / PAYROLL EXCEPTIONS

Please fill in the hours along with the date for the specific "type" of time used.
REPORT ALL HOURS AS STRAIGHT TIME

Type	Number of Hours	Dates	Approved	Denied
Personal				
Sick				
Vacation				
Bank Time				
Comp Taken				
Overtime	6	09/14/2018	✓	
Third Party				
Comp Earned				
Training				
Admin Leave				
Suspension				
Jury Duty				
Injured/Light Duty				
National Guard				
Bereavement				

OT
rate
84.8286

COMMENTS council meeting

I am submitting the above information as true and correct. ✓

Your Initials CH

SUPERVISORS SIGNATURES

SUPERVISOR NAME: *Sgt. Jason R. Tozzi* TODAYS DATE: 09/15/2018 Initials jt ✓

DEPARTMENT HEAD: *John Janosec* TODAYS DATE: 09/17/2018 Initials jj ✓

PAYROLL

PAYROLL NAME: _____ Initials ☐

Rockaway Township Police Department
65 Mount Hope Road
Rockaway, New Jersey 07866
Main – (973) 625-4000 Fax – (973) 586-0047
Chief Walter J. Ardin Jr.

Request for Time-Off / Payroll Exceptions

EMPLOYEE NAME: Steven Hart TODAYS DATE: 09/14/2018
DEPARTMENT: Police EMPLOYEE NUMBER: 108

TIME – OFF / PAYROLL EXCEPTIONS

Please fill in the hours along with the date for the specific "type" of time used.
REPORT ALL HOURS AS STRAIGHT TIME

Type	Number of Hours	Dates	Approved/Denied	
Personal				
Sick				
Vacation				
Bank Time				
Comp Earned				
Comp Taken				
Overtime	6.0	9/14/2018	✓	
Third Party				
Training				
Admin Leave				
Suspension				
Jury Duty				
Injured/Light Duty				
National Guard				
Bereavement				

OT rate 82.7186

COMMENTS Council Meeting

I am submitting the above information as true and correct. ✓

Your Initials sh

SUPERVISORS SIGNATURES

SUPERVISOR NAME: _____ TODAYS DATE: Initials

DEPARTMENT HEAD: *John Janosec* TODAYS DATE: 09/25/2018 Initials jj ✓

PAYROLL

PAYROLL NAME: _____ Initials

Rockaway Township Police Department
65 Mount Hope Road
Rockaway, New Jersey 07866
Main – (973) 625-4000 Fax – (973) 586-0047
Chief Martin McParland

Request for Time-Off / Payroll Exceptions

EMPLOYEE NAME: Sgt. PETER LYASKO TODAYS DATE: 09/15/2018
DEPARTMENT: POLICE EMPLOYEE NUMBER: 083

TIME – OFF / PAYROLL EXCEPTIONS

Please fill in the hours along with the date for the specific "type" of time used.
REPORT ALL HOURS AS STRAIGHT TIME

Type	Number of Hours	Dates	Approved/Denied	
Personal				
Sick				
Vacation				
Bank Time				
Comp Taken				
Overtime	9	09/14		
Third Party				
Comp Earned				
Training				
Admin Leave				
Suspension				
Jury Duty				
Injured/Light Duty				
National Guard				
Bereavement				

OT
rate
Sergeant
87.0404

COMMENTS COUNCIL MEETING DETAIL 5P-2A

I am submitting the above information as true and correct. ✓

Your Initials PGL

SUPERVISORS SIGNATURES

SUPERVISOR NAME: _____ TODAYS DATE: Initials ☐

DEPARTMENT HEAD: *John Janosec* TODAYS DATE: 09/25/2018 Initials jj ✓

PAYROLL

PAYROLL NAME: _____ Initials ☐

Rockaway Township Police Department
65 Mount Hope Road
Rockaway, New Jersey 07866
Main – (973) 625-4000 Fax – (973) 586-0047
Chief Martin McParland

Request for Time-Off / Payroll Exceptions

EMPLOYEE NAME: Lisandro Peralta TODAYS DATE: 09/15/2018
DEPARTMENT: PATROL EMPLOYEE NUMBER: 122

TIME – OFF / PAYROLL EXCEPTIONS

Please fill in the hours along with the date for the specific "type" of time used.
REPORT ALL HOURS AS STRAIGHT TIME

Type	Number of Hours	Dates	Approved/Denied	
Personal				
Sick				
Vacation				
Bank Time				
Comp Taken				
Overtime	6	09/14/2018		
Third Party				
Comp Earned				
Training				
Admin Leave				
Suspension				
Jury Duty				
Injured/Light Duty				
National Guard				
Bereavement				

Regular OT rate 60.8228

COMMENTS Call in for Council Meeting.

I am submitting the above information as true and correct. ✓

Your Initials lp

SUPERVISORS SIGNATURES

SUPERVISOR NAME: _____ TODAYS DATE: Initials

DEPARTMENT HEAD: *John Janosec* TODAYS DATE: 09/25/2018 Initials jj ✓

PAYROLL

PAYROLL NAME: _____ Initials

Rockaway Township Police Department
65 Mount Hope Road
Rockaway, New Jersey 07866
Main – (973) 625-4000 Fax – (973) 586-0047
Chief Walter J. Ardin Jr.

Request for Time-Off / Payroll Exceptions

EMPLOYEE NAME: DET. M.ROSSI TODAYS DATE: 09/15/2018
DEPARTMENT: POLICE EMPLOYEE NUMBER: 114

TIME – OFF / PAYROLL EXCEPTIONS

Please fill in the hours along with the date for the specific "type" of time used.
REPORT ALL HOURS AS STRAIGHT TIME

Type	Number of Hours	Dates	Approved/Denied	
Personal				
Sick				
Vacation				
Bank Time				
Comp Earned				
Comp Taken				
Overtime	5	9/14/2018		
Third Party				
Training				
Admin Leave				
Suspension				
Jury Duty				
Injured/Light Duty				
National Guard				
Bereavement				

O.T. rate 84.8885

COMMENTS COUNCIL MEETING 2100-0200 hrs(5hrs)

I am submitting the above information as true and correct. ✓

Your Initials MR

SUPERVISORS SIGNATURES

SUPERVISOR NAME:_____ TODAYS DATE: Initials ☐

DEPARTMENT HEAD: *John Janosec* TODAYS DATE: 09/25/2018 Initials jj ✓

PAYROLL

PAYROLL NAME:_____ Initials ☐

Rockaway Township Police Department
65 Mount Hope Road
Rockaway, New Jersey 07866
Main – (973) 625-4000 Fax – (973) 586-0047
Chief Martin McParland

Request for Time-Off / Payroll Exceptions

EMPLOYEE NAME: R SANCHEZ
TODAYS DATE: 09/15/2018
DEPARTMENT: POLICE
EMPLOYEE NUMBER: 109

TIME – OFF / PAYROLL EXCEPTIONS

Please fill in the hours along with the date for the specific "type" of time used.

REPORT ALL HOURS AS STRAIGHT TIME

Type	Number of Hours	Dates	Approved/Denied	
Personal				
Sick				
Vacation				
Bank Time				
Comp Taken				
Overtime	6	09/14/2018		
Third Party				
Comp Earned				
Training				
Admin Leave				
Suspension				
Jury Duty				
Injured/Light Duty				
National Guard				
Bereavement				

84.4421 OT rate (Patrol) ↓ (as was not appointed Sgt. until 9/15 a.m

COMMENTS COUNCIL MEETING DETAIL

I am submitting the above information as true and correct. ✓

Your Initials RS

SUPERVISORS SIGNATURES

SUPERVISOR NAME: _____ TODAYS DATE: Initials ____ ____

DEPARTMENT HEAD: *John Janosec* TODAYS DATE: 09/25/2018 Initials jj ✓

PAYROLL

PAYROLL NAME: _____ Initials ____ ____

Rockaway Township Police Department
65 Mount Hope Road
Rockaway, New Jersey 07866
Main – (973) 625-4000 Fax – (973) 586-0047
Chief Martin McParland

Request for Time-Off / Payroll Exceptions

EMPLOYEE NAME: DET. M. SCHERR TODAYS DATE: 09/15/2018
DEPARTMENT: DB EMPLOYEE NUMBER: 110

TIME – OFF / PAYROLL EXCEPTIONS

Please fill in the hours along with the date for the specific "type" of time used.
REPORT ALL HOURS AS STRAIGHT TIME

Type	Number of Hours	Dates	Approved	Denied
Personal				
Sick				
Vacation				
Bank Time				
Comp Taken				
Overtime	6	9/14/2018		
Third Party				
Comp Earned				
Training				
Admin Leave				
Suspension				
Jury Duty				
Injured/Light Duty				
National Guard				
Bereavement				

OT
Rate
86.2154

COMMENTS COUNCIL MEETING

I am submitting the above information as true and correct. ✓

Your Initials MS

SUPERVISORS SIGNATURES

SUPERVISOR NAME: _____ TODAYS DATE: Initials

DEPARTMENT HEAD: *John Janosec* TODAYS DATE: 09/28/2018 Initials jj ✓

PAYROLL

PAYROLL NAME: _____ Initials

Rockaway Township Police Department
65 Mount Hope Road
Rockaway, New Jersey 07866
Main – (973) 625-4000 Fax – (973) 586-0047
Chief Walter J. Ardin Jr.

Request for Time-Off / Payroll Exceptions

EMPLOYEE NAME: D TESTA
DEPARTMENT: POLICE

TODAYS DATE: 09/14/2018
EMPLOYEE NUMBER: 098

TIME – OFF / PAYROLL EXCEPTIONS

Please fill in the hours along with the date for the specific "type" of time used.

REPORT ALL HOURS AS STRAIGHT TIME

Type	Number of Hours	Dates	Approved/Denied	
Personal				
Sick				
Vacation				
Bank Time				
Comp Earned				
Comp Taken				
Overtime	6	09/14/2018		
Third Party				
Training				
Admin Leave				
Suspension				
Jury Duty				
Injured/Light Duty				
National Guard				
Bereavement				

Regular OT Rate 83.0892

COMMENTS MEETING

I am submitting the above information as true and correct. ✓

Your Initials DT

SUPERVISORS SIGNATURES

SUPERVISOR NAME: _____ TODAYS DATE: Initials

DEPARTMENT HEAD: *John Janosec* TODAYS DATE: 09/25/2018 Initials ✓

PAYROLL

PAYROLL NAME: _____ Initials

Rockaway Township Police Department
65 Mount Hope Road
Rockaway, New Jersey 07866
Main – (973) 625-4000 Fax – (973) 586-0047
Chief Walter J. Ardin Jr.

Request for Time-Off / Payroll Exceptions

EMPLOYEE NAME: joe udina
DEPARTMENT: police
TODAYS DATE: 09/14/2018
EMPLOYEE NUMBER: 0091

TIME – OFF / PAYROLL EXCEPTIONS

Please fill in the hours along with the date for the specific "type" of time used.

REPORT ALL HOURS AS STRAIGHT TIME

Type	Number of Hours	Dates	Approved/Denied	
Personal				
Sick				
Vacation				
Bank Time				
Comp Earned				
Comp Taken				
Overtime	6	9/14/2018		
Third Party				
Training				
Admin Leave				
Suspension				
Jury Duty				
Injured/Light Duty				
National Guard				
Bereavement				

Regular OT rate 83.0892

COMMENTS Council meeting

I am submitting the above information as true and correct. ✓

Your Initials ju

SUPERVISORS SIGNATURES

SUPERVISOR NAME: _____ TODAYS DATE: Initials

DEPARTMENT HEAD: *John Janosec* TODAYS DATE: 09/25/2018 Initials jj ✓

PAYROLL

PAYROLL NAME: _____ Initials