

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

LOUISIANA STATE POLICE

TROOP B
TIMESHEET

EMPLOYEE NAME: (PLEASE PRINT)				FLSA Status		PERSONNEL NUMBER:		TEMPORARY DOMICILE DUTY (If Applicable)				PAY PERIOD													
Robert Mire				Non-Exempt		P00099805		Unit Dates				FROM 06/18/18 TO 07/01/18													
	DATE	IN	OUT	REGULAR	ANNUAL	SICK	COMPTAKEN	HOLIDAY	OTHER	CODE	REG TOTAL	K-Time		PAID OT #1		PAID OT #2		PAID OT #3		DAILY TOTAL	ESCORTEE/DETAIL	ON CALL	SHIFT DIFF OR PREMIUM PAY POINTS	UNIFORM ALLOW	COMMENTS (see instructions page)
												1.0 COMP WORKED	1.5 COMP WORKED	HOURS WORKED	2 DIGIT CODE (SUB OBJECT)	HOURS WORKED	2 DIGIT CODE (SUB OBJECT)	HOURS WORKED	2 DIGIT CODE (SUB OBJECT)						
MON	6/18	11:00	17:00	6.00							6.00									6.00				1.0	Inservice JESTEC
TUE	6/19	7:00	17:00	10.00							10.00									10.00				1.0	Inservice JESTEC
WED	6/20	7:00	18:00	11.00							11.00									11.00				1.0	Inservice JESTEC
THU	6/21	7:00	17:00	10.00							10.00									10.00				1.0	
FRI	6/22	7:00	17:00	10.00							10.00									10.00				1.0	
SAT	6/23	RDO									0.00			12.00	NT					12.00				1.0	17:30-05:30 French Quarter
SUN	6/24	RDO									0.00			12.00	NT					12.00				1.0	14:00-0200 French Quarter
MON	6/25						3.00			LL	3.00									3.00					
TUE	6/26						10.00			LL	10.00									10.00					
WED	6/27						10.00			LL	10.00									10.00					
THU	6/28				10.00					LA	10.00									10.00					
FRI	6/29	RDO									0.00									0.00					
SAT	6/30	RDO									0.00			12.00	NT					12.00				1.0	17:30-05:30 French Quarter
SUN	7/1	RDO									0.00			12.00	NT					12.00				1.0	1400-0200 French Quarter
TOTALS				47.00	10.00	0.00	23.00	0.00	0.00		80.00	0.00	0.00	48.00		0.00		0.00		128.00	0.0		0.0	9.0	

I certify that the above information is true and correct:

EMPLOYEE SIGNATURE: Robert W. Mire #1753 *mt 2/18/18* DATE: 7/1/18

I certify that the above information is true and correct:

SIGNATURE OF IMMEDIATE SUPERVISOR: Sgt. William D. Sprouer DATE: 7-3-18

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

LOUISIANA STATE POLICE

TROOP B
TIMESHEET

EMPLOYEE NAME: (PLEASE PRINT)				FLSA Status		PERSONNEL NUMBER:		TEMPORARY DOMICILE DUTY (If Applicable)				PAY PERIOD											
Robert Mire				Non-Exempt		P00099805		Unit Dates				FROM 07/02/18		TO 07/15/18									
	DATE	IN	OUT	REGULAR	ANNUAL	SICK	COMP	HOLIDAY	OTHER	CODE	REG TOTAL	1.0 COMP	1.5 COMP	REGULAR OT, ORN, LACE, GRANT OR SPECIAL DETAIL OVERTIME	REGULAR OT, ORN, LACE, GRANT OR SPECIAL DETAIL OVERTIME	REGULAR OT, ORN, LACE, GRANT OR SPECIAL DETAIL OVERTIME	DAILY TOTAL	ESCORT / DETAIL HOURS (SPC - 0073) (DPS - 0172)	ON CALL (0933)	SHIFT DIFF OR PREMIUM PAY HOURS	UNIFORM ALLOW	COMMENTS (see instructions page)	
MON	7/2	RDO									0.00			6.00	BP			6.00					(1000-1600) Orleans Lace
TUE	7/3	7:00	17:00	10.00							10.00			4.00	BU			14.00			1.0		(1700-2100)
WED	7/4							10.00		LH	10.00						10.00						
THU	7/5				10.00					LL	10.00						10.00						
FRI	7/6				10.00					LL	10.00						10.00						
SAT	7/7	RDO									0.00						0.00						
SUN	7/8	RDO									0.00						0.00						
MON	7/9				10.00					LL	10.00						10.00						
TUE	7/10				10.00					LL	10.00						10.00						
WED	7/11				10.00					LL	10.00						10.00						
THU	7/12				10.00					LL	10.00						10.00						
FRI	7/13	7:00									0.00						0.00						
SAT	7/14	RDO									0.00						0.00					(0700-1900) Orleans LACE	
SUN	7/15	RDO									0.00						0.00					(0800-2000) Orleans LACE	
TOTALS				10.00	60.00	0.00	0.00	10.00	0.00		80.00	0.00	0.00	10.00	0.00	0.00	90.00	0.0		0.0	1.0		

I certify that the above information is true and correct:

EMPLOYEE SIGNATURE: Robert W. Mire #1753 DATE: 7/15/18

I certify that the above information is true and correct:

SIGNATURE OF IMMEDIATE SUPERVISOR: [Signature] DATE: 7-18-18

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

LOUISIANA STATE POLICE

TROOP B
TIMESHEET

EMPLOYEE NAME: (PLEASE PRINT)				FLSA Status				PERSONNEL NUMBER:				TEMPORARY DOMICILE DUTY (If Applicable)				PAY PERIOD								
Robert Mire				Non-Exempt				P00099805				Unit Dates				FROM 07/16/18 TO 07/29/18								
DATE	IN	OUT	REG ULAR	ANN UAL (LA)	SICK (LB)	COMP TAKE N (LL/K)	HOL IDAY (LH)	OTHER Hours	CODE (see Coding page)	REG TOTAL	K-Time		PAID OT #1		PAID OT #2		PAID OT #3		DAILY TOTAL	ESCORT/ DETAIL HOURS (SPC - 0073) (DPS - 0072)	ON CALL (0062)	SHIFT DIFF OR PREMIUM PAY HOURS	UNIFORM ALLOW	COMMENTS (see Instructions page)
											1.0 COMP WORKED ZA04	1.5 COMP WORKED ZA05	HOURS WORKED ZA02 ZA03	2 DIGIT CODE (SUB OBJECT)	HOURS WORKED ZA02 ZA03	2 DIGIT CODE (SUB OBJECT)	HOURS WORKED ZA02 ZA03	2 DIGIT CODE (SUB OBJECT)						
MON	7/16	7:00	17:00	10.00						10.00									10.00				1.0	
TUE	7/17	7:00	17:00	10.00						10.00									10.00				1.0	
WED	7/18	7:00	17:00	10.00						10.00									10.00				1.0	
THU	7/19	RDO								0.00									0.00					
FRI	7/20			10.00						10.00									10.00					
SAT	7/21	RDO								0.00									0.00					
SUN	7/22	RDO								0.00									0.00					
MON	7/23			10.00						10.00									10.00					
TUE	7/24	7:00	17:00	10.00						10.00									10.00				1.0	
WED	7/25	7:00	17:00	10.00						10.00									10.00				1.0	
THU	7/26	7:00	17:00	10.00						10.00									10.00				1.0	
FRI	7/27	RDO								0.00			12.00	NT					12.00				1.0	(1800-0800) French Quarter Detail
SAT	7/28	RDO								0.00			10.00	NT					10.00				1.0	(2000-0800) French Quarter Detail
SUN	7/29	RDO								0.00			8.00	BP					8.00					(14:00-2200) Plaquemine
TOTALS				60.00	20.00	0.00	0.00	0.00	0.00	80.00	0.00	0.00	30.00		0.00		0.00		110.00	0.0		0.0	8.0	

I certify that the above information is true and correct:

EMPLOYEE SIGNATURE:

Robert W. Mire #1753

DATE:

7/29/18

I certify that the above information is true and correct:

SIGNATURE OF IMMEDIATE SUPERVISOR:

DATE:

7/29/18

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES
LOUISIANA STATE POLICE

TROOP B
TIMESHEET

EMPLOYEE NAME: (PLEASE PRINT)				FLSA Status		PERSONNEL NUMBER		TEMPORARY DOMICILE DUTY (If Applicable)				PAY PERIOD												
Robert Mire				Non-Exempt		P00099805		Unit Dates				FROM 07/30/18 TO 08/12/18												
DATE	IN	OUT	REG ULAR	ANN NUAL (LA)	SICK (LB)	COMPT AKEN (LJK)	HOLIDAY (LH)	OTHER Hours	CODE (see Codebook page)	REG TOTAL	K-Time		PAID OT #1		PAID OT #2		PAID OT #3		DAILY TOTAL	ESCORT/ DETAL HOURS (SPC- 0073) (JPS- 0072)	ON CALL (06F2)	SHIFT DIFF OR PREMIUM PAY HOURS	UNIFORM ALLOW	COMMENTS (see instructions page)
											1.0 COMP WORKED 7A04	1.5 COMP WORKED 7A05	HOURS WORKED 7A02 7A03	2 DIGIT CODE (SUB OBJECT)	HOURS WORKED 7A02 7A03	2 DIGIT CODE (SUB OBJECT)	HOURS WORKED 7A02 7A03	2 DIGIT CODE (SUB OBJECT)						
MON	7/30	RDO								0.00									0.00				1.0	
TUE	7/31	7:00	17:00	10.00						10.00									10.00				1.0	
WED	8/1	7:00	17:00	10.00						10.00									10.00				1.0	
THU	8/2	7:00	17:00	10.00						10.00									10.00				1.0	
FRI	8/3	7:00	17:00	10.00						10.00									10.00				1.0	
SAT	8/4	RDO								0.00			12.00	NT					12.00				1.0	1000-2200 French Quarter
SUN	8/5	RDO								0.00			12.00	NT					12.00				1.0	14:00-0200 French Quarter
MON	8/6	10:30	14:30	4.00	6.00				LC	10.00									10.00				1.0	
TUE	8/7	7:00	17:00	10.00						10.00									10.00				1.0	
WED	8/8	7:00	17:00	10.00						10.00									10.00				1.0	
THU	8/9	7:00	17:00	10.00						10.00									10.00				1.0	
FRI	8/10	RDO								0.00			12.00	NT					12.00				1.0	1730-0530 French Quarter
SAT	8/11	RDO								0.00			12.00	NT					12.00				1.0	17:30-05:30 French Quarter
SUN	8/12	RDO								0.00									0.00					
TOTALS				74.00	6.00	0.00	0.00	0.00		80.00	0.00	0.00	48.00		0.00		0.00		128.00	6.0		0.0	13.0	

I certify that the above information is true and correct:

EMPLOYEE SIGNATURE: Robert W. Mire #1753 *mlt* *Ref to #1753* DATE: 8/12/18

I certify that the above information is true and correct:

SIGNATURE OF IMMEDIATE SUPERVISOR: Sgt. L. M. D. Brown DATE: 8/14/18

LOUISIANA STATE POLICE

EMPLOYEE NAME, (PLEASE PRINT)				FLSA Status				PERSONNEL NUMBER:				TEMPORARY DOMICILE DUTY (If Applicable)				PAY PERIOD										
Robert Mire				Non-Exempt				P00099805				Unit Dates				FROM 08/13/18 TO 08/26/18										
												K-Time		PAID OT # 1		PAID OT # 2		PAID OT # 3								
				REG ULAR	ANN UAL (LA)	SICK (LB)	COMP TAKEN (L/L/K)	HOLIDAY (LH)	OTHER Hours	CODE (see Coding page)	REG TOTAL	1.0 COMP WORKED ZA04	1.5 COMP WORKED ZA05	HOURS WORKED ZA02 ZA03	2 DIGIT CODE (SUB OBJECT)	HOURS WORKED ZA02 ZA03	2 DIGIT CODE (SUB OBJECT)	HOURS WORKED ZA02 ZA03	2 DIGIT CODE (SUB OBJECT)	DAILY TOTAL	ESCORT / DETAIL HOURS (SPD - 0073) (DPS - 0072)	ON CALL (0062)	SHIFT DIFF OR PREMIUM PAY HOURS	UNIFORM ALLOW	COMMENTS (see Instructions page)	
MON	8/13	RDO									0.00									0.00						
TUE	8/14	7:00	17:00	10.00							10.00									10.00				1.0		
WED	8/15	7:00	17:00	10.00							10.00									10.00				1.0		
THU	8/16	7:00	17:00	10.00							10.00									10.00				1.0		
FRI	8/17	7:00	17:00	10.00							10.00									10.00				1.0		
SAT	8/18	RDO									0.00			12.00	NT					12.00				1.0	(1800-0600) Feenck Quarter Detail	
SUN	8/19	RDO									0.00			12.00	NT					12.00				1.0	1400-0200 (1800-0600) Feenck Quarter Detail	
MON	8/20	10:00	15:00	7.00							7.00									7.00				1.0		
TUE	8/21	7:00	17:00	10.00							10.00									10.00				1.0		
WED	8/22	7:00	17:00	10.00							10.00									10.00				1.0		
THU	8/23	8:00	21:00	13.00							13.00									13.00			3.0	1.0	(1700-20:00) VP Visit	
FRI	8/24	RDO									0.00			10.00	NT					10.00				1.0	(2000-0600) Feenck Quarter Detail	
SAT	8/25	RDO									0.00									0.00						
SUN	8/26	RDO									0.00			8.00	BP					8.00						(1000-1800) Plaq Lace
TOTALS				80.00	0.00	0.00	0.00	0.00	0.00		80.00	0.00	0.00	42.00		0.00		0.00		122.00	0.0		3.0	11.0		

I certify that the above information is true and correct:

EMPLOYEE SIGNATURE:

Robert W. Mire #1753

DATE:

8/29/18

I certify that the above information is true and correct:

SIGNATURE OF IMMEDIATE SUPERVISOR:

Sgt. Ann Marie D. Sprague

DATE:

8-29-18

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

LOUISIANA STATE POLICE

TROOP B
TIMESHEET

EMPLOYEE NAME: (PLEASE PRINT)				FLSA Status		PERSONNEL NUMBER:		TEMPORARY DOMICILE DUTY (If Applicable)				PAY PERIOD												
Robert Mire				Non-Exempt		P0009805		Unit Dates:				FROM 08/27/18 TO 09/09/18												
				K-Time		PAID OT #1		PAID OT #2		PAID OT #3														
DATE	IN	OUT	REGULAR	ANNUAL	SICK	COMP TAKEN	HOLIDAY	OTHER	CODE	REG TOTAL	1.0 COMP WORKED	1.5 COMP WORKED	HOURS WORKED	2 DIGIT CODE (SUB OBJECT)	HOURS WORKED	2 DIGIT CODE (SUB OBJECT)	HOURS WORKED	2 DIGIT CODE (SUB OBJECT)	DAILY TOTAL	ESCORT / DETAIL HOURS	ON CALL	SHIFT DIFF OR PREMIUM PAY HOURS	UNIFORM ALLOW	COMMENTS
			(LA)	(LB)	(LAL)	(LH)	(LH)	Hours	(see Coding page)		ZA04	ZA05	ZA02 ZA03		ZA02 ZA03		ZA02 ZA03							(see instructions page)
MON	8/27	7:00	17:00	10.00						10.00									10.00				1.0	
TUE	8/28	7:00	16:00	8.00						8.00									8.00				1.0	
WED	8/29	7:00	17:00	10.00						10.00									10.00				1.0	
THU	8/30	7:00	17:00	10.00						10.00									10.00				1.0	
FRI	8/31	10:00	12:00	2.00						2.00			12.00	NT					14.00				1.0	(1800-0600) Feenich Quarter Detail
SAT	9/1	RDO								0.00			12.00	NT					12.00				1.0	(1800-0600) Feenich Quarter Detail
SUN	9/2	RDO								0.00									0.00					
MON	9/3						10.00		LH	10.00									10.00					Labor Day
TUE	9/4	7:00	17:00	10.00						10.00									10.00				1.0	
WED	9/5	7:00	17:00	10.00						10.00									10.00				1.0	
THU	9/6	7:00	17:00	10.00						10.00									10.00				1.0	
FRI	9/7	RDO								0.00			12.00	NT					12.00				1.0	(1800-0600) Feenich Quarter Detail
SAT	9/8	RDO								0.00			12.00	NT					12.00				1.0	(1800-0600) Feenich Quarter Detail
SUN	9/9	RDO								0.00									0.00					
TOTALS				70.00	0.00	0.00	0.00	10.00	0.00	80.00	0.00	0.00	48.00		0.00		0.00		128.00	0.0		0.0	11.0	

I certify that the above information is true and correct:

EMPLOYEE SIGNATURE: *Robert W. Mire* DATE: 9/11/18

Robert W. Mire #1753

I certify that the above information is true and correct:

SIGNATURE OF IMMEDIATE SUPERVISOR: *Sgt. Amanda D. Sproule* DATE: 9-11-18

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

LOUISIANA STATE POLICE

TROOP B
TIMESHEET

EMPLOYEE NAME: (PLEASE PRINT)				FLSA Status				PERSONNEL NUMBER:				TEMPORARY DOMICILE DUTY (If Applicable)				PAY PERIOD									
Robert Mire				Non-Exempt				P00099805				Unit Dates				FROM 09/10/18 TO 09/23/18									
								K-Time				PAID OT #1				PAID OT #2				PAID OT #3					
				REG ULAR	ANN UAL	SICK	COMP TAKEN	HOL IDAY	OTH ER	CODE	REG TOTAL	1.0 COMP WORKED	1.5 COMP WORKED	HOURS WORKED	2 DIGIT CODE	HOURS WORKED	2 DIGIT CODE	HOURS WORKED	2 DIGIT CODE	DAILY TOTAL	ESCORT / DETAIL HOURS	CN CALL	SHIFT DIFF OR PREMIUM PAY	UNIFORM ALLOW	COMMENTS
	DATE	IN	OUT	(LA)	(LB)	(LL/LK)	(LH)	(LH)	Hours	(see Coding page)		ZA04	ZA05	ZA02 ZA03	(SUB OBJECT)	ZA02 ZA03	(SUB OBJECT)	ZA02 ZA03	(SUB OBJECT)		(SPC - 0070) (DPS - 0071)	(0052)	HOURS		(see Instructions page)
MON	9/10	7:00	17:00	10.00							10.00									10.00				1.0	
TUE	9/11	7:00	17:00	10.00							10.00									10.00				1.0	
WED	9/12	7:00	17:00	10.00							10.00									10.00				1.0	
THU	9/13	7:00	17:00	10.00							10.00									10.00				1.0	
FRI	9/14	7:00	12:00	5.00	5.00					LA	10.00									10.00				1.0	(1200-1700) K Time
SAT	9/15	RDO									0.00									0.00					
SUN	9/16	RDO									0.00			12.00	NT					12.00				1.0	14:00-0200 French Quarter
MON	9/17	RDO									0.00									0.00					
TUE	9/18	7:00	17:00	10.00							10.00									10.00				1.0	
WED	9/19	7:00	17:00	10.00							10.00									10.00				1.0	
THU	9/20	7:00	17:00	10.00							10.00					4.00	BP			14.00				1.0	(1700-2100) Plaquemines LACE
FRI	9/21	RDO									0.00			12.00	NT					12.00				1.0	1730-0530 French Quarter
SAT	9/22	RDO									0.00			12.00	NT					12.00				1.0	1730-0530 French Quarter
SUN	9/23	RDO									0.00					8.00	BP			8.00					(14:00-22:00) Plaquemines LACE
TOTALS				75.00	5.00	0.00	0.00	0.00	0.00		80.00	0.00	0.00	36.00		12.00		0.00		128.00	0.0		0.0	11.0	

I certify that the above information is true and correct:
EMPLOYEE SIGNATURE: *Robert W. Mire #1753*
DATE: *9-25-18*

I certify that the above information is true and correct:
SIGNATURE OF IMMEDIATE SUPERVISOR: *Sgt. J. [Signature]*
DATE: *9/25/18*

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

LOUISIANA STATE POLICE

TROOP B
TIMESHEET

EMPLOYEE NAME: (PLEASE PRINT)				FLSA Status		PERSONNEL NUMBER:		TEMPORARY DOMICILE DUTY (If Applicable)				PAY PERIOD														
Robert Mire				Non-Exempt		P00099805		Unit Dates				FROM 09/24/18 TO 10/07/18														
				K-Time		PAID OT #1		PAID OT #2		PAID OT #3																
	DATE	IN	OUT	REG ULAR	ANNUAL (LA)	SICK (LB)	COMP TAKEN (LL/LK)	HOLIDAY (LH)	OTHER Hours	CODE (see Coding page)	REG TOTAL	1.0 COMP WORKED ZA04	1.5 COMP WORKED ZA05	HOURS WORKED ZA02 ZA03	2 DIGIT CODE (SUB OBJECT)	HOURS WORKED ZA02 ZA03	2 DIGIT CODE (SUB OBJECT)	HOURS WORKED ZA02 ZA03	2 DIGIT CODE (SUB OBJECT)	DAILY TOTAL	ESCORT / DETAIL HOURS (SPC - 0973) (CPS - 0972)	ON CALL (0662)	SHIFT DIFF OR PREMIUM PAY HOURS	UNIFORM ALLOW	COMMENTS (see instructions page)	
MON	9/24	7:00	17:00	10.00							10.00									10.00				1.0		
TUE	9/25	7:00	17:00	10.00							10.00									10.00				1.0		
WED	9/26	7:00	17:00	10.00							10.00									10.00				1.0		
THU	9/27	7:00	17:00	10.00							10.00									10.00				1.0		
FRI	9/28	RDO									0.00			12.00	NT					12.00				1.0	17:30-05:30 French Quarter Detail	
SAT	9/29	RDO									0.00									0.00						
SUN	9/30	RDO									0.00					8.00	BP			8.00					(1000-1800) Plaq Lace	
MON	10/1	7:00	15:00	8.00							8.00									8.00				1.0		
TUE	10/2	7:00	15:00	8.00							8.00									8.00				1.0		
WED	10/3	7:00	15:00	8.00							8.00									8.00				1.0		
THU	10/4	7:00	15:00	8.00							8.00									8.00				1.0		
FRI	10/5	7:00	15:00	8.00							8.00									8.00				1.0		
SAT	10/6	RDO									0.00			12.00	NT					12.00				1.0	17:30-05:30 French Quarter Detail	
SUN	10/7	RDO									0.00			12.00	NT					12.00				1.0	17:30-05:30 French Quarter Detail	
TOTALS				80.00	0.00	0.00	0.00	0.00	0.00		80.00	0.00	0.00	36.00		8.00		0.00		124.00	0.0		0.0	12.0		

I certify that the above information is true and correct:

EMPLOYEE SIGNATURE: *Robert W. Mire* DATE: *10/8/18*

Robert W. Mire #1753

I certify that the above information is true and correct:

SIGNATURE OF IMMEDIATE SUPERVISOR: *Sgt. Anthony J. Sprague* DATE: *10-8-18*