

Appendix III



DEPARTMENT OF SAFETY  
Law Enforcement Opioid Abuse Reduction Initiative

MUNICIPALITY \_\_\_\_\_

This is to certify that (insert name): \_\_\_\_\_

Was assigned overtime to participate in the above activity on:

Date: \_\_\_\_\_

Location: \_\_\_\_\_ Amount of reimbursement requested: \_\_\_\_\_

**SIGNED Payroll records must be attached that correspond to this request. Only documented and costs related to this activity are reimbursed. Travel time is not allowed.**

Overtime expenses are the result of personnel who worked over and above their normal scheduled work time in the performance of Law Enforcement Opioid Abuse Reduction Initiative activities. These costs are allowed only to the extent the payment for such services is in accordance with the policies of the state or unit(s) of local government and has the approval of the state or the awarding agency, whichever is applicable. In no case is dual compensation allowable. Fringe benefits on overtime hours are limited to employee share of NHRS (NH Retirement System) contribution, Medicare, Workers' Compensation, and Unemployment Compensation.

Part-time employees will be reimbursed at straight-time rate.

Certification:

Therefore, I am seeking reimbursement for costs incurred as described above. Documentation will be retained at the Municipal/Agency level and be available for State review and will be retained for three years. I further certify that these costs are an accurate record of those incurred by the listed individual for this specific **Law Enforcement Opioid Abuse Reduction Initiative** and that the individuals have been paid by the municipality.

Sincerely,

Remittance Address:

\_\_\_\_\_  
(Signature Municipal official authorized to sign)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Print name and phone number)