

# FLORIDA HIGHWAY PATROL AUXILIARY

## Individual Activity Report

Name:	Month/Yr:	Troop:	Unit:							
Date / Day of Week	Activity	Meeting	Training	Admin Duty	FHPA Detail	Patrol Support	Patrol Hours	LSP Hours	Total Month	YTD
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
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21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
<b>Monthly Total Hours</b>										
<b>Total Year-to-Date Hours</b>										

### Limited Scope Patrol Activity

Date	FHP	Total Hrs	Miles	Sig 11 Abandoned Vehicle	Sig 76 Disabled Vehicle	Sig 4 Vehicle Crash	Rest Area	Call Box	Asst	Other *
<b>Total</b>										

Signature: \_\_\_\_\_

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

Explain "Other" activity on reverse side