

MARYLAND TRANSPORTATION AUTHORITY POLICE

COLLECTIVE BARGAINING MEMORANDUM OF UNDERSTANDING WAVIER FOR DOUBLE BACK ISSUE

TO: _____ **DATE:** _____
(Detachment Commander)

FROM: _____
(Officer Name, Rank, and PIN)

I, the above named officer, certify that I am voluntarily waiving the double back requirement as outlined in the current Memorandum of Understanding between F.O.P. # 34, Maryland Transportation Authority Police and the Maryland Transportation Authority.

This waiver is only for the date or dates listed below. Any future double back issues will be handled on a case by case basis.

Date(s) of Double Back Issue: _____

Number of Hours that will be in between shifts: _____

Reason for Double Back: _____

Employee Signature & PIN: _____

Supervisor Signature & PIN: _____