

# 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:** \_\_\_\_\_