

Request and Authorization for Overtime

Authority is hereby requested for the performance of the overtime described below which is beyond the employee's (or employees') regularly established tour(s) of duty.

1. Office/Division in which work will be performed Org. Code 2. Pay Period
From _____ To _____

3. Number of Employees Class/Grade No. of OT Hours Requested
_____ _____ Paid Compensatory

4. Total estimated cost of paid overtime requested: (For ease of computation use 1 1/2 of hourly rate times hours of overtime, not to exceed rate of GS-10/1. The Accounting Division will do an exact computation using the appropriate rate.)

5. Nature of duties and justification for overtime: (Enter a short description of the work to be performed and the reason why it must be performed by overtime.)

6. Requested by:

Signature

Title

Date

Authorized by:

Signature

Title

Date

