

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') regular established tour(s) of duty.

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

3. <u>Number of Employees</u>	<u>Class/Grade</u>	<u>No. of OT Hours Requested</u> <u>Paid</u> <u>Compensatory</u>
-------------------------------	--------------------	---

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 reasons why it must be performed by overtime).

6. Requested by:

Signature	Title	Date
-----------	-------	------

7. Authorized by:

Signature	Title	Date
-----------	-------	------