

**REQUEST FOR OVERTIME, HOLIDAY PREMIUM PAY, AND COMPENSATORY TIME**

TO BE COMPLETED BY SUPERVISOR

TO	THRU	FROM
JUSTIFICATION <i>(Include details requiring overtime)</i>		PAY PERIOD
		RC/CC
		REQUEST NUMBER

SSN AND NAME, OR NUMBER OF EMPLOYEES BY GRADE, AND OFFICE SYMBOL	GRADE	HOURS RE-QUESTED	DATE OVERTIME WILL BE WORKED	ESTIMATED		COMPENSATORY TIME	
				OVERTIME/HOLIDAY RATE	TOTAL COST	HOURS	DATE
<b>TOTAL</b>							

DATE	TYPED NAME, GRADE AND TITLE OF REQUESTER	SIGNATURE
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FUND CERTIFICATION	APPROVING AUTHORITY
ACCOUNTING CLASSIFICATION	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
	DATE

<input type="checkbox"/> FUNDS AVAILABLE <input type="checkbox"/> FUNDS NOT AVAILABLE	TYPED NAME, GRADE AND TITLE	TYPED NAME, GRADE AND TITLE
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DATE	SIGNATURE OF CERTIFYING OFFICIAL	SIGNATURE OF CERTIFYING OFFICIAL
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