



Overtime Request & Authorization

Last name, First name

Social Security No.

Date			Time		Estimated Hours	Actual Hours	Division	Budget No.	
Mo/	Day /	Year	From	To					
							THE INDICATED OVERTIME IS REQUESTED FOR THE PURPOSE OF:		
POSTED BY:			TOTALS				I hereby certify under penalty of perjury that this is a true and correct claim for <input type="checkbox"/> PAY <input type="checkbox"/> COMP TIME incurred by me and that no payments have been received by me on account thereof.		
Date			AUTHORIZED FOR OVERTIME (SUPERVISOR)			EMPLOYEE'S SIGNATURE			Date
Date			FUNDS AVAILABLE – FISCAL AUTHORITY			AUTHORIZED FOR OVERTIME PAYMENT (SUPERVISOR)			Date



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