REQUEST FOR AND AUTHORIZATION (OR APPROVAL) OF OVERTIME WORK

These employees will be required or were required to work overtime on the dates and for the number of hours shown below. Any entry of CT after the number of hours indicates that the employee requested compensatory time in lieu of payment for overtime.

NOTE: Overtime must be authorized prior to its performance except in cases of emergency according to current regulations. Overtime actually worked under the authorization must be recorded on the Time and Attendance Report (HHS 402) for the current pay period, and a cross reference made on that form indicating overtime was approved.

EMPLOYEE'S NAME AND ORGANIZATIONAL UNIT	OVERTIME AUTHORIZED		PAYROLL TIME AND LEAVE CLERK	
	NO. OF HRS. EST.	DATE	PAY PERIOD NUMBER	INITIALS

Authority for approving payment for overtime or the allowance of compensatory time in lieu of payment for overtime may be granted only by the officials delegated this authority in HHS Personnel Manual, Chapter 250, and operating agency supplement thereto. The delegated official must sign each request for overtime.

TITLE OF AUTHORIZING OFFICIAL	SIGNATURE OF AUTHORIZING OFFICIAL	DATE