

Overtime/Premium Pay Request & Authorization

Request Information

Name: _____ Personnel Number: _____

Agency and Division: _____

Overtime Eligible: Yes No

Position Included in a Bargaining Unit: Yes No

If yes, indicate union: _____

Date	Time From	Time To	Estimated Hours	Actual Hours	Type	Purpose of Request

I hereby certify under penalty of perjury that this is a true and correct claim for time worked by me and for which I have not received payment.

Please type your full name in the signature field. Do not use E-sign features or insert signature images.

Employee's Signature: _____ Date: _____

Authorization

The signature below indicates authorization for overtime/premium pay.

Please type your full name in the signature field. Do not use E-sign features or insert signature images.

Supervisor's Signature: _____ Date: _____

Pay Compensatory Time

The signature below indicates authorization for overtime/premium pay payment.

Please type your full name in the signature field. Do not use E-sign features or insert signature images.

Supervisor's Signature: _____ Date: _____

Fund Available: Yes No

Cost Center Codes

FUND	MSTR-IX	APP-IX	PGM-IX	ORG-IX	PROJECT	OBJECT	W-C	ALLOC.	BUDGET	CNTY	CITY	PROR. %