# Overtime/Premium Pay

# Request & Authorization

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| --- | --- |
| 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** |
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| **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.** |
| Date:      | Employee’s Signature:       |
| **The signature below indicates authorization for overtime/premium pay.** |
| Date:      | Supervisor’s Signature:       |
| Pay **[ ]**  Compensatory Time **[ ]**  |
| **The signature below indicates authorization for overtime/premium pay payment.** |
| Date:      | Supervisor’s Signature:      | Funds Available:Yes **[ ]**  No **[ ]**  |
| **Cost Center Codes** |
| **FUND** | **MSTR-IX** | **APP-IX** | **PGM-IX** | **ORG-IX** | **PROJECT** | **OJECT** | **W-C** | **ALLOC.** | **BUDGET** | **CNTY** | **CITY** | **PROR. %** |
|       |       |       |       |       |       |       |       |       |       |       |       |       |
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