# 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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