

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
OFFICE OF SURFACE MINING  
OVERTIME REQUEST AND AUTHORIZATION**

TO: Chief, Payroll and Labor Cost Branch

FROM: \_\_\_\_\_

Overtime is authorized for the following employees:

PAY PERIOD

FROM \_\_\_\_\_ TO \_\_\_\_\_

Employee	Hours	Dates	Acct. No.	Pay O.T.	Comp Time

Justification: Describe work and why it must be performed on overtime.

Requested By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_