Released 04/25/99. Submitted to but not yet approved by NIH Forms Officer.

Request for Approval and Authorization of Overtime

Part 1: Request for Overtime Approvals

Complete items 1-13 (except item 6) and forward to the A.O. if overtime was worked on an emergency basis *without prior approval*, leave item 5 blank and supply an explanation of the emergency. Complete items 16-18 to officially approve actual overtime worked. When this approved form is returned to you, forward it to your timekeeper.	1. Pay Period Number *(when overtime will be worked)*	2. Timekeeper No.	3. Accounting Code

4. EMPLOYEES		5. REQUESTED OVERTIME				6. ACTUAL OVERTIME WORKED		
a. Names	b. Pay Plan Grade/Step	a. Dates	b. Estimated No. of Hours	c. *Check one* Paid	Comp.	a. Dates	b. No. of Hours	c. Supervisor's Initials

7. Justification. Clearly establish that the work to be done is vital and that it cannot be accomplished within regular working hours. Describe the work to be done.

8. Requesting Supervisor's Signature	9. Date Signed	10. Title	11. Organization Name

12. Overtime-Approving Official *(signature and date)*	13. Signature of Administrative Officer

14. Signature of Recommending Official	15. Date Signed

Part 2: Actual Overtime Approvals

16. The actual overtime requested for the employees listed above is hereby:

☐ Approved as requested.

☐ Disapproved. *Explain below. (Return form to requesting supervisor.)*

☐ Approved with exceptions specifically noted.

17. *Final Approval:* Signature and Title	18. Date Approved