REQUEST, AUTHORIZATION, AND REPORT OF OVERTIME

INSTRUCTIONS

- 1. Each request for overtime shall be prepared in duplicate for each pay period and appropriation involved.
- 2. Enter the number of employees in each grade, their salary on a per annum, per diem or per hour basis depending on type of position, and estimated overtime hours to be worked by each group.
- The requesting official shall manually sign the request and submit the original to the appropriate authorizing official. If the
 authorizing official concurs he shall manually sign the form and return it to the requsting official for preparation of the Report of
 Overtime Worked. (See reverse.)

Authority is hereby requested for the performance of the overtime described below which is beyond the regularly established eight-hour day or 40-hour workweek: DIVISION OR OFFICE PAY PERIOD FROM TO BRANCH APPROPRIATION OR ALLOTMENT CHARGEABLE C.O. REGION NO. ESTIMATED NUMBER OF ESTIMATED NUMBER OF **NUMBER OF NUMBER OF GRADE** SALARY **GRADE** SALARY **EMPLOYEES EMPLOYEES HOURS HOURS TOTAL EMPLOYEES TOTAL HOURS** NATURE OF DUTIES AND JUSTIFICATION FOR OVERTIME (Enter a short description of the work to be performed and the reason why it must be performed by overtime.)

AUTHORIZED BY (Signature)

TITLE

DATE

REQUESTED BY (Signature)

TITLE

DATE

REPORT OF OVERTIME WORKED

(To be completed upon actual performance of overtime for period involved)

INSTRUCTIONS

- Requesting official shall fill in required data and manually sign the space provided.
 Enter the actual overtime worked as reported on GSA Form 856-B, Time and Attendance Record, using tenths of hours as applicable.
- The original of this form shall be retained by the timekeeper for one year after the close of the leave year, then destroyed. (OAD P 1820.2)

GION	AGENCY*	BLOCK NUMBER	SOCIAL SECURITY NO.	NAME	GRADE	SALARY	OVERTIME HOURS	HOU
	A CTUAL	NIIIMBED OF 1	EMPLOYEES	TOTAL	NUMBER OF 11	OLUBO .		
ACTUAL NUMBER OF EMPLOYEES WHO WORKED OVERTIME					TOTAL NUMBER OF HOURS ACTUALLY WORKED			
ORTING OFFICER (Signature)				TITLE			DATE	