FORM **CD-81**
(8-71) LF
DAO 202-551

U.S. DEPARTMENT OF COMMERCE

AUTHORIZATION FOR PAID OVERTIME AND/OR HOLIDAY WORK, AND FOR COMPENSATORY OVERTIME

1. INCLUSIVE DATES OF AUTHORIZATION	
FROM	THROUGH

NOTE—Personnel in operating units requiring copies in addition to the two indicated, refer to internal procedures.
INSTRUCTIONS—Prepare original and one (1) copy. Forward original to Payroll Section and copy to Time Clerk responsible for certification of time and attendance reports.

2. OPERATING UNIT	
3. DIVISION	4. BRANCH OR SECTION

NAMES OR NUMBER OF EMPLOYEES **5**	GRADE *(Indicate GS, WS, etc.)* **6**	MAXIMUM HOURS PER PAY PERIOD			SIGNATURE OF EACH EMPLOYEE ELECTING ALL OR PART COMPENSATORY TIME *(Not needed if salary is above the maximum rate of GS-10)* **10**
		PAID OVER-TIME OR HOLIDAY WORK **7**	ESTIMATED COST **8**	COMPEN-SATORY TIME **9**	

11. DESCRIBE SPECIAL WORK TO BE PERFORMED AND CIRCUMSTANCES REQUIRING OVERTIME OR HOLIDAY WORK

12. COMPLETE ITEMS a, b, AND c, IF REQUIRED BY OPERATING UNIT OR DIVISION PROCEDURES

a. PROJECT(S) OR APPROPRIATION CHARGEABLE	**b.** TOTAL ESTIMATED COST	**c.** FUNDS AVAILABLE *(Appropriate signature)*

Certification—I (We) hereby certify that the above described work is essential to carry out an approved program responsibility and that it cannot be done by available personnel during regular hours of work. I (We) further certify that the performance of this work on an overtime or holiday basis is more economical than the employment of an additional employee qualified to render this service, and if performance is approved on the basis of compensatory time off in lieu of payment of overtime, it will not require additional expenditures for services of a substitute employee at a later date.

REQUESTED BY *(Signature)*	DATE	APPROVED *(Signature of authorized official)*	DATE