

**Department of the Interior
U.S. Fish and Wildlife Service**

**Monthly Report of Irregular or Occasional Overtime Work Qualifying for
Premium Pay on an Annual Basis**

Name and Office		Month and Year		
Date	Narrative Description of Work Performed	Hours of Work		
		From	To	Total
Subtotal From Preceding Page				
				Total
Certification: I certify that this report is correct and includes qualifying duty in accordance with applicable regulations and Service policy.				
Signature of Employee		Signature of Supervisor		