

**AUTHORIZATION TO WORK OVERTIME OR COMPENSATORY TIME**

Overtime		Pay Period	
Compensatory time		Requesting Office	
Travel Comp time			
Religious Comp time		Employee name	

Day & Date Work Performed	Total hours requested or authorized	Overtime start time	Overtime end time	Employee signature Certifies hours worked
Sunday Date:				
Monday Date:				
Tuesday Date:				
Wednesday Date:				
Thursday Date:				
Friday Date:				
Saturday Date:				

Justification

Accomplishments

Accounting code \_\_\_\_\_

Work Requested by \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Warning:** The furnishing of false information on this form may result in discipline, including discharge and/or a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both. (18 USC §1001)

**Privacy Act Statement:** The information collected on this form will be used to administer pay and leave provisions pursuant to 5 USC §§5541, 5542, 5543, 5550a, 29 USC§ 201, et.seq, the 62 BIAM 11 and collective bargaining agreements, as applicable. Your information may be disclosed as follows: in relevant legal proceedings, to law enforcement, if requested; to entities under contract with the Department or Bureau to perform audits; to labor organizations as required by law; and to the EEOC, MSPB, Office of Special Counsel or Government Accounting Office.