



U.S. Department of Transportation

Federal Highway Administration

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

INSTRUCTIONS: Prepare original and one (1) copy. Forward original to Supervisor and copy to Time and Attendance clerk.

1. INCLUSIVE DATES OF AUTHORIZATION	
FROM	THROUGH
2. OFFICE	
3. DIVISION	4. BRANCH OR SECTION

5. NAMES OR NUMBER OF EMPLOYEES	6. GRADE (Indicate GS, WS, etc.)	MAXIMUM HOURS PER PAY PERIOD				11. SIGNATURE OF EACH EMPLOYEE ELECTING ALL OR PART COMPENSATORY TIME (Not needed if salary is above the maximum rate of GS-10)
		7. PAID OVERTIME OR HOLIDAY WORK	8. REGULARLY SCHEDULED OR IRREGULARLY SCHEDULED	9. ESTIMATED COST	10. COMPENSATORY TIME	

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

13. COMPLETE ITEMS a, b, AND c, IF REQUIRED BY OFFICE PROCEDURES

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