

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OVERTIME/HOLIDAY PAY REQUEST AND AUTHORIZATION

To: Timekeeper

NAME OF EMPLOYEE	PAY PLAN AND GRADE	DATES		TOTAL HOURS WORKED OVER-TIME/HOLIDAY*	COMPENSATORY TIME FOR OVERTIME	
	GS, WG	FROM	THROUGH		ELECTS**	ADMINISTRATIVELY REQUIRED***

Justification *(give description of work and reason for overtime)*

Charge Code:

Requested by <i>(signature)</i>		Title	Date
Approved Disapproved	Authorized Officer's signature	Title	Date

**Exclude meal periods*

***Employee must initial*

****Authorized Officer must initial*