REQUEST FOR APPROVAL AND AUTHORIZATION OF OVERTIME WORK

PAY PERIOD	ACCOUNTING CODE
SIGNATURE OF BRANCH CHIEF	ORGANIZATION *(USE SYMBOLS)*

EMPLOYEE		REQUESTED	ACTUAL	
NAME(S)	GRADE	DATE(S) AND EST. NO. OF HOURS	DATE(S) AND NO. OF HOURS	SUPERVISOR'S INITIALS

JUSTIFICATION

☐ APPROVED ☐ DISAPPROVED	REMARKS

SIGNATURE OF AUTHORIZING OFFICIAL	DATE

PSC-48
6/98

EF

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