

**OVERTIME AUTHORIZATION**

Name of employee		Last four digits of Social Security number	C.B.I.D.
Full position number	Work week group	Time base FT 100%	Overtime paid from agency/unit EMSA

You are hereby ordered to work extra hours if required, as authorized below:

DATE	TIME OF DAY		TOTAL HOURS AUTHORIZED	COMPENSATION Time Off = W Payments = P	ACTUAL HOURS WORKED
	From	To			
<b>TOTAL</b>				<b>TOTAL</b>	

Reason for extra hours

CALMAT Deployment -

**CERTIFICATION OF EXTRA HOURS WORKED**

Extra hours have been worked as indicated above.

Employee signature	Date
Authorized by (first level supervisor)	Date
Approved by (second level supervisor)	Date

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