

AUTHORIZATION FOR EXTRA HOURS

STD. 682 (REV. 8/2017)

EMPLOYEE'S NAME	POSITION NUMBER/ARU NUMBER
ORGANIZATION UNIT/WORK LOCATION	WORK WEEK GROUP/CBID

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	EXTRA HOURS WORKED
	FROM	TO			
TOTAL				TOTAL	

REASON FOR EXTRA HOURS

AUTHORIZED BY <i>(Signature)</i> 	DATE AUTHORIZED
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CERTIFICATION OF EXTRA HOURS WORKED
EXTRA HOURS HAVE BEEN WORKED AS INDICATED ABOVE

EMPLOYEE'S SIGNATURE 	DATE SIGNED
APPROVED <i>(Supervisor's Signature)</i> 	DATE SIGNED