

# AUTHORIZATION FOR EXTRA HOURS

STD. 682 (REV. 10-97)

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

**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			
<b>TOTAL</b>				<b>TOTAL</b>	

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