DEPARTMENT OF TRANSPORTATION

OVERTIME AND/OR HOLIDAY WORK

Pay period(s)	
From	To
Office	
Division	
Branch	
Section	
Appropriation chargeable	

Instructions—Forward the original of this form to the appropriate payroll office for the purpose of supporting payroll vouchers. One copy should be filed in the office responsible for certification of time and attendance reports.

Request for approval—Authority is requested for the performance of:
☐ overtime and/or ☐ holiday work, as indicated.

Names or number of employees	Grade of position(s) *(Show "GS", "WS", or other identification)*	Paid overtime and/or holiday duty		Compensatory overtime	Signature of employee if he elects compensatory time off *(or indicate "See attached requests from employees")*
		Estimated number of hours	Estimated cost	Estimated number of hours	

Justification

Requested by *(Signature)*		APPROVAL	Availability of funds	Date
Title	Date		Authorizing official	Date

Form DOT F 3500.1 (4–67)