

# AUTHORIZATION FOR EXTRA HOURS

STD. 682 (REV. 2/2013)

|                        |                      |                                 |  |
|------------------------|----------------------|---------------------------------|--|
| 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<br>TIME OFF = W<br>PAYMENTS = P | EXTRA HOURS WORKED |
|--------------|-------------|----|------------------------|--|--------------------|
|              | FROM        | TO |                        |  |                    |
|              |             |    |                        |  |                    |
|              |             |    |                        |  |                    |
|              |             |    |                        |  |                    |
|              |             |    |                        |  |                    |
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|              |             |    |                        |  |                    |
|              |             |    |                        |  |                    |
|              |             |    |                        |  |                    |
| <b>TOTAL</b> |             |    |                        | <b>TOTAL</b>                                 |                    |

REASON FOR EXTRA HOURS

|                                      |                 |
|--------------------------------------|-----------------|
| AUTHORIZED BY <i>(Signature)</i><br> | DATE AUTHORIZED |
|--------------------------------------|-----------------|

**CERTIFICATION OF EXTRA HOURS WORKED**  
EXTRA HOURS HAVE BEEN WORKED AS INDICATED ABOVE

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