



Attachment To T&A Report For Overtime

Date: _____

Subject: Overtime Pay

This is to certify employee, (NAME) _____

Was requested to work beyond the normal workweek for _____ hours.

(INDICATE THE NUMBER OF HOURS) and (SPECIFY THE REASON)

These additional work hours were necessary to meet program requirements related to an emergency, safety, or non-availability of personnel.

Signature Of Program Director

Date