CAL MARITIME

Authorization for Payment of Overtime

Name:	**Social Security #**
Department:	**Bargaining Unit (circle):** 2 4 5 7 9 10

Overtime Hours Worked

Date: (mm/dd/yy)	Time (From)	Time (To)	Total Hours	Call Back Hours	S= Straight or P - Premium	Describe Duties Performed

Pre-Authorized Signature:	**Date:**
Pre-Authorized Signature:	**Date:**

Certification of Overtime Worked: Employee's Signature Date	☐ Overtime Hours Worked for Pay ☐ Overtime Worked for CTO
Overtime Authorized by: Supervisor's Signature Date	Total Premium Hours Worked: _____ Total Straight Hours Worked: _____ Total Callback Hours Worked: _____