



DIVISION OF BUSINESS AND ADMINISTRATION  
OFFICE OF PAYROLL ADMINISTRATION  
85 Canal Street, Brooklyn, New York 11201

BAVAV SWT/HV/05/09/05/05 PH 1

# REQUEST FOR PAYMENT OF OVERTIME

## TIMEKEEPER - COMPLETE THIS SECTION

NAME  
F. I. LAST

SOCIAL SECURITY NUMBER

TITLE

OVERTIME WEEK ENDING  
MONTH DAY YEAR

REGULAR HOURS  
HRS. MIN.

OVERTIME HOURS  
HRS. MIN.

## BUREAU HEAD - COMPLETE THIS SECTION

REASON FOR OVERTIME

### OVERTIME CERTIFICATION

I hereby certify that the overtime reported herein was properly approved, actually worked, and the method(s) of compensation falls within the purview of the latest Office of Personnel overtime policy.

AUTHORIZATION NO.

SIGNATURE OF BUREAU HEAD

DATE

## PAYROLL UNIT - COMPLETE THIS SECTION

EMPLOYEE'S ANNUAL SALARY

HOURLY RATE

PAYROLL NUMBER

J09  
CODE

DISTRIBUTION NUMBER

PAYROLL DATE  
MONTH DAY YEAR

SIGNATURE OF PAYROLL CLERK

TELEPHONE NUMBER

| DATES  | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | WEEKLY TOTALS |            |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|--|--------|--------|---------|-----------|----------|--------|----------|---------------|------------|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|
| REG. HRS.  |        |        |         |           |          |        |          | HRS. MIN.     |            |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| O.T. HRS.  |        |        |         |           |          |        |          | HRS. MIN.     |            |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| COMP. TIME OFF   |        |        |         |           |          |        |          |               |            |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| PAY AT: HOURLY RATE  | 2      |        |         |           |          |        |          | .5            |            |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| PAY AT: SEMIHOURLY RATE  | 3      |        |         |           |          |        |          | 1             |            |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| PAY AT: YEAROVERLAP  | 4      |        |         |           |          |        |          | 1.5           |            |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| CHANGE THIS OVERTIME TO: <table border="1" style="display: inline-table; margin-left: 20px;"> <tr> <td>QUICK CODE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DISTRICT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |        |        |         |           |          |        |          |               | QUICK CODE |  |  |  |  |  |  |  | DISTRICT |  |  |  |  |  |  |  |
| QUICK CODE   |        |        |         |           |          |        |          |               |            |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| DISTRICT   |        |        |         |           |          |        |          |               |            |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |

25-2790.00-8 (1 DO/PKG.) 4/98

TELEPHONE NUMBER

DATE

DATE