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