BIWEEKLY WORKSHEET AND OVERTIME	DIVISION	PAY PERIOD ENDING

AUTHORIZATION RETURNED REQUEST IS ☐ APPROVED ☐ DISAPPROVED	APPROVING AUTHORITY (Signature)	DATE

NAME	PREFIX/PAY NUMBER	JO#	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	OT	CT	HPP