ALL NATION SECURITY & INVESTIGATION SERVICES, INC.

OVERTIME AUTHORITY / AUTHORITY TO WORK

Name _____ Pay Period Covered _____
Post/Unit _____ ID Number _____

Instructions:

The above name employee has been authorized to perform Overtime / Authority to work on date indicated below.

DATE	DAY	REASONS FOR OTA / ATW	FROM	TO	TOTAL	Certified by:

Prepared by : _____ **TOTAL HOURS :** _____

Approved by : _____ **FOR ASIS USE :** _____
Authorized Signature Supervisor

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