

**STATEMENT OF SPECIFIC WORK ACCOMPLISHED DURING OVERTIME**  
For the Period January to March 2024

Date		Time (Duration)		Specific Work Accomplished	Authorized to claim for (please select one)			REMARKS
DAY	DAY OF THE WEEK	FROM	TO		OT PAY	COC	OT PAY and COC	
01/06/2024	Saturday	10: 28 AM	5:00 PM					

Accomplished by:

**SIGNATURE OVER PRINTED NAME / POSITION**

The above having been incurred under my authority in the interest of the public service and the charge being just and reasonable, as verily believable.

The monetary compensation requested, cannot be compensated through COC because the availment thereof will adversely affect the operations of the O/B/S/SP/FO.

**SIGNATURE OVER PRINTED NAME OF DC / POSITION**

Legend:

Date = specific date/day when a particular overtime service was rendered

Time = duration of overtime service during the day, indication the start/end of OT service

Specific work Accomplished = situations/work load that give rise to overtime service  
Immediate Supervisor = should be Division Chief/designated Division Chief or equivalent level and above

*Note: Certifying Officer should have direct knowledge of the specific work cited and shall be administratively liable for any misrepresentation.*