ANNUAL CERTIFICATION OF ADMINISTRATIVELY UNCONTROLLABLE OVERTIME

Certifying Official's Signature _____ Region _____

Title _____

Date _____

PERIOD COVERED

October 1 - September 30
YEAR_____

Employee	Total Hours AUO Worked During	Average Hours AUO Per	Rate of AUO Pay for

If the rate of AUO to be paid in the upcoming periods is different than the rate paid last period, explain on the reverse side of this form.

Form 3-2018 (Rev. 05-95)