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| CERTIFICATE OF AUTHORIZATION FOR EDP/DHP |
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| | | |
|-------|------|--------------------|
| NAME: | SSN: | UNIT AND LOCATION: |
|-------|------|--------------------|

I certify below that this employee was exposed to the following hazard, physical hardship ,or working condition category(ies) for the duration indicated, incidental to performing his assigned duties and is, therefore, authorized environmental differential pay in accordance to CNG FPR 550.

[illegible]

| | | |
|--------------------------|-----------|------|
| Name/Title of Supervisor | Signature | Date |
|--------------------------|-----------|------|

| SUMMARY OF PAY HOURS | | | | | |
|----------------------|------|-------|--------------------|------|-------|
| <u>CATEGORY I</u> | | | <u>CATEGORY II</u> | | |
| RATE | CODE | HOURS | RATE | CODE | HOURS |
| 100 % | A | _____ | 50 % | M | _____ |
| 25% | B | _____ | 8% | N | _____ |
| 15% | C | _____ | 4% | O | _____ |
| 4% | D | _____ | | | |

| SUMMARY OF PAY HOURS | | | | | |
|----------------------|------|-------|--------------------|------|-------|
| <u>CATEGORY I</u> | | | <u>CATEGORY II</u> | | |
| RATE | CODE | HOURS | RATE | CODE | HOURS |
| 100 % | A | _____ | 50 % | M | _____ |
| 25% | B | _____ | 8% | N | _____ |
| 15% | C | _____ | 4% | O | _____ |
| 4% | D | _____ | | | |