CERTIFICATE OF AUTHORIZATION FOR EDP/DHP

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.

CAT EXPO	DATE	FROM	TO	TOTAL HOURS	SIGNATURE AND TITLE OF AUTHORIZATION OFFICER

Name/Title of Supervisor	Signature	Date

SUMMARY OF PAY HOURS

CATEGORY I

RATE	CODE	HOURS
100 %	A	_____
25%	B	_____
15%	C	_____
4%	D	_____

CATEGORY II

RATE	CODE	HOURS
50 %	M	_____
8%	N	_____
4%	0	_____