

U.S. Army Corps of Engineers
REQUEST, AUTHORIZATION, AND REPORT OF OVERTIME/COMPENSATORY TIME/HOLIDAY

For use of this form, see ER 37-1-30; the proponent agency is CEFC-ZP.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Section 5542 of Title 5 and Section 3013 of Title 10, United States Code, authorize collection of this information. The primary use of this information is by management and your payroll office to approve and record your request for Overtime, Compensatory Time, or Holiday Time. Furnishing this information is voluntary, but failure to do so may delay or prevent action on the application.

INSTRUCTIONS

1. A separate request will be prepared for each pay period in which overtime, comp time or holiday is worked. Comp time cannot be granted in-lieu of holiday worked.
2. Enter the employee's name, date work is to be performed, the number of hours to be worked, and check the applicable method of compensation.
3. Enter nature of duties and justification for overtime, comp time, or holiday hours and if leave is taken during the same week.
4. If overtime is being approved after the fact, block 7 must contain a justification as to why the work was performed prior to being approved.
5. The requesting official will sign the request and submit to the appropriate authorizing official. If the authorizing official concurs, he/she will sign the form and return to the appropriate timekeeper.
6. Timekeeper will retain as supporting documentation for the specific pay period.

1. PAY PERIOD END DATE			2. DATE PREPARED		
3. THRU (If applicable)		4. TO (Approving Officer)		5. FROM	
6a. EMPLOYEE'S NAME	6b. DATE WORK IS TO BE PERFORMED	6c. NUMBER OF HOURS REQUESTED	6d. METHOD OF COMPENSATION		
			OVERTIME	COMP TIME	HOLIDAY
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6e. TOTAL HOURS:					

7. NATURE OF DUTIES AND JUSTIFICATION FOR OVERTIME, COMP TIME OR HOLIDAY (*Enter a short description of the work to be performed and the reason why it must be performed by overtime, comp time or on a holiday*). IF LEAVE IS PLANNED OR HAS BEEN TAKEN DURING THE SAME WEEK, PLEASE ENTER THE JUSTIFICATION. IF OVERTIME IS BEING APPROVED AFTER IT IS WORKED, PLEASE PROVIDE JUSTIFICATION FOR THE EMERGENCY OVERTIME.

8a. TYPED NAME AND TITLE	8b. REQUESTED BY (<i>Signature</i>)	8c. DATE
9a. TYPED NAME AND TITLE	9b. AUTHORIZED BY (<i>Signature</i>)	9c. DATE

10. REMARKS