## 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**

- 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. FI	ROM		
6a. EMPLOYEE'S NAME	6b.	DATE WORK IS TO BE	6c. NUMBER OF HOUF	RS	6d. METHO	OD OF COMPEN	NSATION HOLIDAY
					OVERTIME	COMP TIME	HOLIDAT
	6e.	. TOTAL HOURS	S:				

and the reason why it must be performed by over	OR OVERTIME, COMP TIME OR HOLIDAY ( <i>Enter a short descritime, comp time or on a holiday</i> ). IF LEAVE IS TAKEN DURING BEING APPROVED AFTER IT IS WORKED, PLEASE PROV	IG THE SAME WEEK, PLEASE
a. Detailed project specific justification of the	work to be accomplished:	
b. Justification of why the task cannot be perfe	ormed by the individual or another team member during regular	tour of duty hours:
c. Negative effect on the mission if the overting	me or comp time is not performed:	
d. Justification detailing why overtime was ap	proved if leave was also taken during the same day or week:	
e. if the form is not approved (signed) in adva emergency for the last minute overtime:	nce of the overtime worked, then a detailed explanation has to	be included as to the nature of the
a. TYPED NAME AND TITLE	8b. REQUESTED BY (Signature)	8c. DATE
a. TYPED NAME AND TITLE	9b. AUTHORIZED BY (Signature)	9c. DATE
0. REMARKS		

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