

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 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.

a. Detailed project specific justification of the work to be accomplished:

b. Justification of why the task cannot be performed by the individual or another team member during regular tour of duty hours:

c. Negative effect on the mission if the overtime or comp time is not performed:

d. Justification detailing why overtime was approved if leave was also taken during the same day or week:

e. if the form is not approved (signed) in advance of the overtime worked, then a detailed explanation has to be included as to the nature of the emergency for the last minute 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