US Army Corps of Engineers (USACE)

OVERTIME APPROVAL OVER 250/1,000 HOURS

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

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority Title 5, Section 5542, and Title 10, Section 3013, United States Code.

Principal Purpose To approve and record requests for Overtime/Compensatory Time (OT/COMP).

Routine Uses None

Disclosure Disclosure of this information is voluntary; however, failure to provide this information may delay or prevent action on this application.

INSTRUCTIONS

This form is used to document approval/disapproval of (OT/COMP for USACE employees who have earned 250 or more OT/COMP hours this fiscal year (FY). The Regional Commander's or the Deputy Commanding General's (DCG) signature is only required for employees who have earned over 1 000 hours of OT/COMP this FY

1,000 hours of OT/COMP this FY.	dty commanding cener	ai 3 (DOO) 3	agriature is on	ny required for emp	noyees who have carried over	
1. REQUEST DATE		2. DISTRICT				
3. LAST NAME	4. FIRST NAME	RST NAME			5. OFFICE SYMBOL	
6. DUTY TITLE			7. GRADE	<u> </u>	8. SERIES	
9. OT/COMP HOURS						
a. Worked Current FY To Date	b. Additional Expected	for Remaind	ler of FY	of FY c. Total Attributable to Employee This FY		
10. JUSTIFICATION OF THE WORK TO BE ACC						
11. NARRATIVE DETAILING WHY THE TASK CA REGULAR DUTY HOURS	ANNOT BE PERFORME	DRAIHEI	NDIVIDUAL C	OR ANOTHER TEA	M MEMBER DURING	
12. EXPLANATION OF THE NEGATIVE EFFECT	(S) ON THE MISSION IF	F OT/COMP	IS NOT APPI	ROVED		
13. AUTHENTICATION						
a. Supervisor's Printed Name	Date		Supervisor's	Signature		
b. Commander's/Director's Printed Name (for OT/COMP over 250 hours)	Date		Commander's	's/Director's Signature		
c. Regional Commander's or DCG's Printed Name (for OT/COMP over 1,000 hours)			Regional Commander's or DCG's Signature			