U.S. Department of State

AUTHORIZATION OF OVERTIME AND PREMIUM COMPENSATION FOR FLSA EXEMPT EMPLOYEES

Please read instructions on final page before completing this form.

SECTION I - EMPLOYEE INFORMATION

1. Employee Name		2. FLSA Status **EXEMPT**
3. Employee Grade and Step	4. Bureau and Office/Post	5. Supplemental Information

SECTION II - SUPERVISORY REQUEST AND AUTHORIZATION

6. Pay Period of Hours to be Worked (Make a selection)	7. Number of Hours to be Worked

8. Brief Description of Work/Justification

SECTION III - PREMIUM COMPENSATION FOR REGULARLY SCHEDULED WORK

9. The regularly scheduled administrative workweek is amended in advance to (check all that apply):

☐ Overtime Work ☐ Non-Overtime Sunday Work

☐ Night Work ☐ Non-Overtime Holiday Work

SECTION IV - PREMIUM COMPENSATION FOR IRREGULAR OVERTIME WORK

10. The basic salary for the employee performing irregular overtime is:

☐ At or below GS-10, step 10 ☐ Above GS-10, step 10*

** Employees with a basic salary above GS-10, step 10 are only entitled to compensatory time off for irregular overtime work.*

11. Employees with a basic salary at or below GS-10, step 10 may choose one or both of the following options for irregular overtime work (if both, specify number of hours for each category):

☐ Overtime Pay (in hours): _____ ☐ Compensatory Time Off (in hours): _____

Employees must submit form DS-7100 to request time off to be used within 26 pay periods of any compensatory time off being earned or it will be forfeited (see 3 FAM 3133.2).

SECTION V - SPECIAL COMPENSATORY TIME OFF

12. Employee (commissioned FSO) is requesting special compensatory time off for the following reason:

☐ Overtime Work ☐ Isolated/Designated Posts Abroad ☐ Religious Observances

Employees must submit form DS-7100 to request time off to be used within 13 pay periods of any compensatory time off being earned or it will be forfeited (see 3 FAM 3133.5).

SECTION VI - CERTIFICATIONS

Employee	☐ By checking this box, I, _____ , certify that I am the individual submitting this document.	Date *(mm-dd-yyyy)*
Supervisor	☐ By checking this box, I, _____ , certify that I am the individual submitting this document.	Date *(mm-dd-yyyy)*
Approving Official	☐ By checking this box, I, _____ , certify that I am the individual submitting this document.	Date *(mm-dd-yyyy)*

DAILY RECORD OF
OVERTIME HOURS WORKED

SECTION A - EMPLOYEE INFORMATION	
Employee Name	FLSA Status **EXEMPT**
Bureau and Office/Post	Pay Period (Make a selection)

SECTION B - DATES AND HOURS OF OVERTIME WORK

	Date (*mm-dd-yyyy*)	Time *(From)*	Time *(To)*	Total Hours	Notes
FIRST WEEK OF PAY PERIOD					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
SECOND WEEK OF PAY PERIOD					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
				Grand Total	

SECTION C - CERTIFICATIONS

Employee	☐ By checking this box, I, _____ , certify that I am the individual submitting this document.	Date *(mm-dd-yyyy)*
Supervisor	☐ By checking this box, I, _____ , certify that I am the individual submitting this document.	Date *(mm-dd-yyyy)*

PART D - REPORT OF LIQUIDATION

Premium compensation for the overtime/holiday/night/Sunday work has been liquidated on _____ as follows:

☐ Compensatory Time Off Taken

☐ Compensatory Time Off Forfeited

☐ Has Been Paid

☐ Compensatory Time Off Converted to Paid Overtime

INSTRUCTIONS

PURPOSE

Form DS-3060 is for Department of State Civil Service and Foreign Service employees designated as Exempt under the Fair Labor Standards Act (FLSA). FLSA status is documented on the employee's SF-50 in Box #35. FLSA Non-Exempt employees must use DS-3065 for authorization of overtime hours and premium compensation. Form DS-3060 is used to authorize hours worked that are covered by premium compensation but not otherwise included as part of the employee's basic workweek. As an official record, the original form is retained in the post, bureau, or office administrative files for audit purposes. Page 2 of this form can be used as a detailed record of overtime hours worked in a specific pay period.

SECTION I - EMPLOYEE INFORMATION

Include information in a standard format for name (last name, first name and middle initial), grade and step (e.g., GS-14/2, FP-02/3, FO-04/5), bureau and office/post (e.g., GTM/CDA/ML, EUR/London). The inclusion of supplemental information is optional and can be used to convey additional information of note (e.g., if the work is being performed on a detail).

SECTION II - PREMIUM COMPENSATION REQUEST AND AUTHORIZATION

Premium compensation requests should be initiated as far in advance as possible. Overtime work must be essential and only requested when the work cannot be accomplished during the regularly scheduled administrative workweek. The actual number of hours worked (documented on page 2) should not exceed the number of hours requested on page 1. This form should be submitted each pay period in which overtime work is applicable and include a brief description of the work and a justification for why the work cannot be accomplished during the regularly scheduled workweek.

SECTION III - PREMIUM COMPENSATION FOR REGULARLY SCHEDULED WORK

Overtime work must be ordered or approved in order for an eligible employee to receive Title 5 premium compensation. 3 FAM 2332 stipulates overtime approval must be approved in advance of the overtime work being worked. Regularly scheduled overtime work is work that has been authorized in advance of the start of the administrative workweek (see 3 FAM 2331) and will result in overtime pay, night pay, Sunday premium pay, and/or holiday premium pay, subject to the premium pay cap (see 3 FAM 3132). This section does not apply to irregularly scheduled work (see section IV) or to work performed by commissioned Foreign Service Officers (see section V).

SECTION IV - PREMIUM COMPENSATION FOR IRREGULARLY SCHEDULED OVERTIME WORK

Irregularly scheduled overtime work is work that has been authorized after the start of the administrative workweek and will result in overtime pay or compensatory time off, depending on the employee's rate of pay. If the employee's rate of basic pay exceeds the GS-10 step 10 basic rate of pay, the employee may only receive compensatory time off for performing approved irregularly scheduled overtime work. This compensatory time off must be used within 26 pay periods of when it was earned. If the employee's rate of basic pay is less than the GS-10 step 10 basic rate of pay, the employee can choose between overtime pay or compensatory time off. Both overtime pay and compensatory time off received for performing irregularly scheduled overtime work are subject to the premium pay cap (see 3 FAM 3132). This section does not apply to regularly scheduled work (see section III) or to work performed by commissioned Foreign Service Officers (see section V).

SECTION V - SPECIAL COMPENSATORY TIME OFF

Special compensatory time off applies only to commissioned Foreign Service Officers (FSOs) in the FO pay plan. The provisions are similar to regular compensatory time off, including a limitation on the number of hours that may be earned (see 3 FAM 3132), except special compensatory time off expires 13 pay periods after it is earned and never converts to money (see 3 FAM 3133.5). Additional information on special compensatory time off at isolated or designated posts is available at 3 FAM 3133.4. FSOs may also earn special compensatory time off in accordance with 3 FAM 3133.6 (compensatory time off for religious observances). Compensation time off for travel earned by commissioned FSOs is authorized under 22 U.S.C. 3972(c) and 3 FAM 3170, but is tracked separately using Form DS-5106.

SECTION VI - CERTIFICATIONS

The employee, supervisor, and approving official (if not the supervisor) certify that they are the ones signing/dating the DS-3060 form and that all information is accurate prior to the form being sent to the designated timekeeper for processing.