

GENERAL INSTRUCTIONS

This form is for employees designated as **non-exempt** under the Fair Labor Standards Act (*FLSA*), i.e., employees who are covered by the FLSA's overtime provisions. This form should be used to request and authorize all overtime hours and premium compensation that is not part of the employee's permanent administrative workweek. Employees should be familiar with Department Notice 2014_07_154 prior to completing this form.

Any supervisor who authorizes an employee to work overtime hours, whether regular or irregular overtime, must do so using this form before the employee performs any overtime work.

This form is an official record for the employee, supervisor, and authorizing official where one is required. The original should be retained for two years in the post, bureau, or office administrative files.

PART I. REQUEST AND AUTHORIZATION

The supervisor must complete all sections of Part I.

PART II. REQUEST FOR OVERTIME (FLSA)

A supervisor or the employee should initiate the request for authorization for overtime hours as far in advance as possible. An employee should request to work overtime hours only when the work cannot be accomplished during the employee's basic workweek.

Indicate the type of overtime you are requesting:

(A) Regularly scheduled overtime is overtime hours that are authorized **in advance of the administrative workweek** (i.e., in domestic locations and most posts, the workweek begins at 12:00 a.m. Sunday and ends at 11:59 p.m.

Saturday. Some posts abroad begin the workweek on a different day according to local custom.) Employees receive overtime pay for regularly scheduled overtime. Employees on official flexible work schedules as defined in 3 FAH-1 H-2331(a) can request compensatory time off in lieu of overtime pay for regularly scheduled overtime. Management can grant that request or provide overtime pay.

(B) Irregularly scheduled overtime is overtime hours that are scheduled **after the start of the administrative workweek**.

For irregular overtime, an employee may request compensatory time off in lieu of overtime pay, overtime pay, or a combination of both. Management can grant that request or provide overtime pay for the irregularly scheduled overtime work performed.

PART III. REQUEST FOR PREMIUM COMPENSATION (TITLE V)

If applicable, indicate the type of premium compensation you are requesting. Premium compensation is available in the following circumstances:

(A) Night Work is work scheduled in advance of the administrative workweek that is to be performed between 6 p.m. and 6 a.m.

(B) Sunday Work is non-overtime work on Sunday that is scheduled in advance of the administrative workweek.

(C) Holiday Work is non-overtime work that is scheduled in advance of the administrative workweek on a holiday designated in accordance with 5 C.F.R. § 610.202.

(D) Regularly Scheduled Overtime – Foreign Exemption

- Overtime hours that are scheduled in advance of the administrative workweek **AND**
- **All hours of work** in the given workweek are performed in one or more exempt areas, which means any foreign country, or any territory under the jurisdiction of the United States **other than** a State of the United States. (*A State of the United States includes the District of Columbia; Puerto Rico; the U.S. Virgin Islands; Outer Continental Shelf Lands as defined in the Outer Continental Shelf Lands Act; American Samoa; Guam; Commonwealth of the Northern Mariana Islands; Midway Atoll; Wake Island; Johnston Island; and Palmyra.*)

(E) Irregularly Scheduled Overtime – Foreign Exemption

- Overtime hours that are scheduled after the start of the administrative workweek **AND**
- **All hours of work** in the given workweek are performed in one or more exempt areas. One hour of regular compensatory time is granted for each overtime hour worked.



AUTHORIZATION OF OVERTIME AND PREMIUM COMPENSATION FOR EMPLOYEES DESIGNATED NON-EXEMPT UNDER THE FLSA

(PLEASE READ INSTRUCTIONS ON PAGE ONE BEFORE COMPLETING THIS FORM)

1. Employee Name (Last, First, MI)		2. Class/Grade and Step	
3. FLSA Designation	4. Agency and Post, Bureau or Office	5. Other (Optional)	

PART I - REQUEST AND AUTHORIZATION

I certify that this work is essential and must be performed as requested below.

Number of Hours to be Worked	Type of Work to be Performed	Date Work is to be Performed (mm-dd-yyyy)	Hours during the Day/Evening that Work will be Performed

PART II - OVERTIME WORK

Indicate the type of overtime requested (Select ONE only):

- Regularly Scheduled Overtime (scheduled in advance of the administrative workweek)
Only employees on official flexible work schedules should complete the following: I request (Select ONE only):
 - Overtime Pay
 - Compensatory Time Off in Lieu of Overtime Pay
 - _____ Hours of Overtime Pay and _____ Hours of Compensatory Time Off in Lieu of Overtime Pay

- Irregularly Scheduled Overtime (scheduled after the start of the administrative workweek)
For irregular overtime hours worked, I request (Select ONE only):
 - Overtime Pay
 - Compensatory Time Off in Lieu of Overtime Pay
 - _____ Hours of Overtime Pay and _____ Hours of Compensatory Time Off in Lieu of Overtime Pay

PART III - REQUEST FOR PREMIUM COMPENSATION (TITLE V)

Indicate the type of premium compensation you are requesting (Select as many as apply):

Supervisors and employees should carefully review the instructions to ensure entitlement to these forms of premium compensation.

- Night Pay Differential
 - Pay for Sunday Work
 - Pay for Holiday Work
 - Regularly Scheduled Overtime When all Hours of Work in a Given Workweek are Performed in One or More Exempt Areas
 - Irregularly Scheduled Overtime When all Hours of Work in a Given Workweek are Performed in One or More Exempt Areas
- For irregular overtime hours worked, I request (select ONE only):
- Overtime Pay
 - Compensatory Time Off in Lieu of Overtime Pay
 - _____ Hours of Overtime Pay and _____ Hours of Compensatory Time off in Lieu of Overtime Pay

Employee's Signature <input type="text"/>	Date (mm-dd-yyyy)
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Supervisor's Signature <input type="text"/>	Date (mm-dd-yyyy)
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Authorizing Official's Signature <input type="text"/>	Date (mm-dd-yyyy)
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After completion, the original signed and dated copy of this form must be retained for 2 years in Post, Bureau, or office administrative files wherever it may be audited. Upon request, a copy should be submitted by the employee to the appropriate payroll office.

DAILY RECORD OF OVERTIME HOURS WORKED

Name of Employee (*Last, First, MI*) _____

Office Symbol _____ Room Number _____

Office Telephone Number _____ Extension _____

Location Where Overtime is to be Worked _____

Pay Period _____

Day	Date (<i>mm-dd-yyyy</i>)	Time (<i>From</i>)	Time (<i>To</i>)	Total Hours
<u>FIRST WEEK OF PAY PERIOD</u>				
Sunday	_____	_____	_____	_____
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
<u>SECOND WEEK OF PAY PERIOD</u>				
Sunday	_____	_____	_____	_____
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
				Grand Total

Supervisor's Signature _____	Date (<i>mm-dd-yyyy</i>) _____
Employee's Signature _____	Date (<i>mm-dd-yyyy</i>) _____