U.S. Department of State

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

Please read instructions on final page before completing this form.

SECTION I - EMPLOYEE INFORMATION

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

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

*Employees are entitled to FLSA overtime pay for performing regularly scheduled overtime work.

10. Only employees on an official flexible work schedule may choose one or both of the following options for regularly scheduled overtime work (*if both, specify number of hours for each category*):

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

SECTION IV - PREMIUM COMPENSATION FOR IRREGULAR OVERTIME WORK

11. Employees may choose one or both of the following options for irregularly scheduled 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.

SECTION V - 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 **NON-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)*

SECTION 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 Converted to Paid Overtime

☐ Overtime Has Been Paid

INSTRUCTIONS

PURPOSE

Form DS-3065 is for Department of State Civil Service and Foreign Service employees designated as Non-Exempt from the Fair Labor Standards Act (FLSA). FLSA status is documented on the employee's SF-50 in Box #35. Both FLSA Non-Exempt employees and FLSA Exempt employees who perform overtime hours of work in a given workweek in a Non-Foreign area must use Form DS-3060 for premium compensation authorization (see 5 CFR 551.212 b). Form DS-3065 is used to authorize overtime hours of work or other forms or premium compensation not otherwise included as part of the employee's basic workweek. The approved Form DS-3060 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 premium compensation 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-11/2, FP-04/3), bureau and office/post. 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 or in response to a short fuse tasker).

SECTION II - SUPERVISORY REQUEST AND AUTHORIZATION

Premium compensation requests should be initiated as far in advance as possible. Overtime work must be essential and only required when the work cannot be accomplished during an employee's basic workweek. The actual number of overtime 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 an employee's basic workweek.

SECTION III - PREMIUM COMPENSATION FOR REGULARLY SCHEDULED OVERTIME WORK

Overtime work must be ordered or approved in order for an eligible employee to receive FLSA premium compensation. 3 FAM 2332.5 stipulates overtime work must be approved in advance of the overtime work being performed. Regularly scheduled overtime work performed by an employee covered by the FLSA (e.g., FLSA Non-Exempt employees) will result in overtime pay, which is not subject to the biweekly premium pay cap. If a FLSA Non-Exempt employee is on an approved flexible work schedule, the employee can choose between overtime pay or compensatory time off. In order to receive other types of premium compensation (e.g., night pay, Sunday pay, holiday pay), FLSA Non-Exempt employees must also use Form DS-3065. This section does not apply to irregularly scheduled overtime work (see Section IV).

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 (Sunday, 12:00 a.m.) and will result in overtime pay or compensatory time off (see 3 FAM 3133.2). For irregularly scheduled overtime work performed by an employee covered by the FLSA, the employee can choose between overtime pay and/or compensatory time off.

SECTION V - CERTIFICATIONS

The employee, supervisor, and approving official (if not the supervisor) certify that they are the ones signing/dating the Form DS-3065 and that all information is accurate prior to the form being sent to the designated timekeeper for processing.