OVERTIME REQUEST AND AUTHORIZATION

For use of this form, see USMEPCOM Reg 690-13

FOR OFFICIAL USE ONLY

1. Internal office control number:

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority: DOD 7000.14-R, Volume 8.
Principal Purpose: Social security number is needed to keep records accurate because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use the social security number to help identify individuals in agency records.
Routine Uses: To process overtime request and authorization.
Disclosure: Disclosure is voluntary, however, failure to supply any requested information may result in denial of benefits.

SECTION I - REQUEST FOR APPROVAL (to be completed by employee's supervisor)

2. Date:

3a. Request authorization for the following employee(s) to work--

☐ Overtime ☐ Compensatory time ☐ Holiday time

b. Employee name(s) (last, first, MI, and SSN)	c. Overtime rate	d. Date of over-time and hours (from - to)	e. Overtime hours		f. Estimated cost	g. Actual cost
			(1) Requested	(2) Worked		
					$0.00	$0.00
					$0.00	$0.00
					$0.00	$0.00
					$0.00	$0.00
					$0.00	$0.00
					$0.00	$0.00
					$0.00	$0.00
					$0.00	$0.00
					$0.00	$0.00
					$0.00	$0.00
h. Total:			0	0	$0.00	$0.00

4. Justification:

5. Supervisor (signature and title):

6. Date:

SECTION II - CERTIFICATION OF AVAILABLE FUNDS (to be completed by budget and accounting technician/analyst)

7. Accounting classification:

8. Signature:

9. Date:

SECTION III - APPROVING AUTHORITY'S ACTION

10. ☐ Approved ☐ Disapproved

11. Approving authority (signature and title):

12. Date: