



Natural Resources Conservation Service  
760 South Broadway  
Salina, Kansas 67401-4604

Phone: 785-823-4500  
FAX: 785-823-4540  
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**SUBJECT:** FNM - Request Authorization for Overtime/ **DATE:**  
Compensatory Time/Compensatory Time for Travel

**TO:** **FILE CODE:** 250-13

Authorization for overtime(OT)/compensatory time(CT)/compensatory time for travel(CTT) is requested for \_\_\_\_\_ for the following employee(s):

| <u>NAME</u> | <u>TITLE</u> | <u>EXEMPT (E)<br/>OR NON-<br/>EXEMPT (NE)</u> | <u>GRADE</u> | <u>LOCATION</u> |
|-------------|--------------|---|--------------|-----------------|
|-------------|--------------|---|--------------|-----------------|

Date(s)

| Compensation Requested |                          | Number of Hours |
|------------------------|--------------------------|-----------------|
| OT                     | <input type="checkbox"/> |                 |
| CT                     | <input type="checkbox"/> |                 |
| CTT                    | <input type="checkbox"/> |                 |
| Total hours requested  |                          |                 |

Purpose for OT/CT/CTT:

Change of tour of duty required?  YES  NO

If YES, proposed change: \_\_\_\_\_

Authorized by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

DIST: Employee, Timekeeper (original will be kept on file), FNM (only watershed authorizations)