United States Department of Agriculture

Natural Resources Conservation Service
300 Ala Moana Blvd., Room 4-118
P.O. Box 50004
Honolulu, HI 96850

OVERTIME/COMPENSATORY TIME REQUEST

DATE:_____

EMPLOYEE NAME: _____ **FLSA Status:** ☐ Exempt ☐ Non-Exempt
(NOTE: If FLSA status is not known, check most recent SF-50, Block 35)

PRESENT TOUR OF DUTY: (e.g., Maxiflex, M-F 7:00-3:30, ½ hr lunch) _____
_____

CHOOSE ONE OF THE FOLLOWING:

☐ I am requesting overtime pay from _____ to _____.
Total estimate of hours _____

☐ As a FLSA Non-Exempt employee, I understand I am entitled to overtime pay; however, I am requesting compensatory (comp) time in lieu of overtime from _____ to _____. Total estimate of hours _____

☐ As a FLSA Exempt employee, I am requesting compensatory time from _____ to _____ based on a directed assignment which involves work outside of my regular duty hours. I understand that I can be approved only for compensatory time at the recommendation of my supervisor and approval of the appropriate State Leadership Team Member.
Total estimate of hours _____

JUSTIFICATION FOR REQUEST:

_____
_____
_____

IF REQUESTING COMPENSATORY TIME, INDICATE LEAVE BALANCES AS OF THE DATE OF THIS REQUEST: Annual Leave:_____ Sick Leave:_____ Comp Time: _____

_____	_____	_____
(Employee Signature)	(Office)	(Date)

NOTES:
1. **Overtime/Compensatory Time MUST be approved prior to eaning it.**
2. **Compensatory Time MUST be used within 26 pay periods from earning it, otherwise unused balances will be automatically forfeited.**
3. **Employee is responsible for tracking their unused Compensatory Time balances.**
4. **Immediate Supervisor is responsible for ensuring that Compensatory Time is used before an employee charges to Annual Leave, provided it will not result in the employee forfeiting Accrued Annual Leave.**

ACTIONS:

Recommended by Immediate Supervisor: _____ **Date** _____

COMP TIME – [ ] Approved [ ] Disapproved) _____ **Date** _____
(Appropriate State Leadership Team Member)

OVERTIME – [ ] Concur [ ] Not Concur _____ **Date** _____
Overtime Fund Code: _____ **(Appropriate State Leadership Team Member)**

Overtime ONLY – [ ] Approved [ ] Disapproved _____ **Date** _____
(Director - Pacific Islands Area)

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