Request for Overtime/Compensatory Time

Date: ______________________

Employee Name: _____________________  Exempt ____  Non-Exempt ____

Choose one of the following:

Overtime Hours
(1) Request overtime pay from _____________________ to _____________________
Total estimated number of overtime hours ______
Justification ____________________________________________
_____________________________________________________

Regular Comp Time
(2) I understand I am entitled to overtime pay; however, I am requesting regular compensatory time in lieu of overtime from _____________________ to _____________________
Total estimated number of regular compensatory hours ______
Justification ____________________________________________
_____________________________________________________

(3) An exempt employee at a GS10/10 or above is approved only for regular compensatory time based on a Management Steering Team recommendation and the State Conservationist's policy statement. This determination is in accordance with FLSA regulations.
Request regular compensatory time from _____________________ to _____________________
Total estimated number of regular compensatory hours ______
Justification ____________________________________________
_____________________________________________________

Travel Comp Time
(4) I am requesting travel compensatory time for time spent in travel status that is not otherwise compensable.
Request travel compensatory time from _____________________ to _____________________
Total estimated number of travel compensatory hours ______
Justification ____________________________________________
_____________________________________________________

Employee Signature: _____________________  Date: _____________
Recommended by
Immediate Supervisor: _____________________  Date: _____________

Approved/Disapproved (Compensatory)
Concur/Non-concur (Overtime): _____________________  ASTC(FO) / Appropriate Management Steering Team Member Date: _____________

OVERTIME ONLY Approved/Disapproved: _____________________  STC or ASTC(M&S) Date: _____________