REQUEST, AUTHORIZATION AND REPORT OF OVERTIME

For use of this form, see IMCOM Reg 690-610; proponent is G1

PAY PERIOD ENDING DATE	DATE PREPARED

THRU (*if applicable*)	TO (*Approving Official*)	FROM (*Office, Div, Branch, Section, Unit)*

1. A separate request for overtime shall be prepared in an original and two copies for each day in which overtime is to be worked. One copy will be retained until the approved/disapproved copy is returned.

2. Enter the name of the employee, grade and step, date work is to be performed, the clock hours of duty, number of overtime hours to be worked by each employee and the method of compensation.

3. The requested official shall sign the request and submit to the appropriate authorizing official. If the authorizing official concurs he/she shall sign the form and return a copy to the requesting office. The original will be forwarded to the ATAAPS timekeeper.

Authority requested for overtime beyond the regular tour of duty for the respective employee(s).

					METHOD OF COMPENSATION			
Employee Name (Last, First, MI.)	**Grade & Step**	**Date work is to be performed**	**Duty Clock Hours**	**Number of hours requested**	**Overtime**	**Holiday**	**Comp Time**	**Travel Comp Time**
				Total Hours				

Note: Employees occupying wage grade positions may not be granted compensatory time, except for employees working alternate work schedules. Compensatory time cannot be granted for holiday work.

NATURE OF DUTIES AND JUSTIFICATION FOR OVERTIME:
(Enter a short description of the work to be performed and the reason why it must be be performed by overtime)

NAME AND TITLE OF REQUESTOR

SIGNATURE OF REQUESTOR

DATE

NAME AND TITLE OF AUTHORIZING OFFICIAL

SIGNATURE OF AUTHORIZING OFFICIAL

DATE

REMARKS