

OVERTIME / COMPENSATORY TIME REQUEST AND AUTHORIZATION (7410)

FROM:				DATE:		
TO:			VIA:			
<div>It is requested that authorization be given for the following employees to perform work as indicated and justified below: See SECNAVINST 7000.11 for additional information.</div> <div><input type="checkbox"/> OVERTIME <input type="checkbox"/> COMPENSATORY TIME <input type="checkbox"/> CREDIT HOURS RELIGIOUS COMPENSATORY <input type="checkbox"/> ADVANCE RELIGIOUS COMPENSATORY TIME</div>						
PAY NUMBER	FSLA STATUS	TYPE OF OVERTIME	NAME (Last, First, Middle Initial)	NUMBER OF HOURS	DATE(S) (From)	(To)
	* SEE LEGEND BELOW					
JOB ORDER NO.		WORK ORDER NO.		LOCATION		
JUSTIFICATION WHY THE OVERTIME OR COMPENSATORY TIME WORK CANNOT BE ACCOMPLISHED DURING NORMAL WORKING HOURS: (Not required for Religious Compensatory Time).						
SIGNATURE: (Requestor)				TITLE:		
AUTHORIZATION: <div>REQUEST IS <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED</div>		SIGNATURE: (Approving authority)		DATE:		
NOTE: IF THIS REQUEST WAS NOT APPROVED IN ADVANCE OF THE TIME WORKED, ADD JUSTIFICATION FOR APPROVAL AFTER THE FACT.						
*LEGEND :	FSLA STATUS	TYPE OF OVERTIME	NOTE:	THIS REQUEST MAY CONTAIN INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED.		
	N = NONEXEMPT E = EXEMPT	1= REGULARLY SCHEDULED OVERTIME 2= IRREGULAR OVERTIME				