

REQUEST, AUTHORIZATION, AND REPORT OF OVERTIME For use of this form, see AR 37-105; the proponent agency is USAFAC.				PAY PERIOD ENDING DATE	DATE PREPARED			
THRU <i>(If applicable)</i>	TO <i>(Approving Officer)</i>		FROM <i>(Office or Division, Branch, Section, Unit or Separate Activity)</i>					
INSTRUCTIONS								
<ol style="list-style-type: none"> 1. A separate request for overtime shall be prepared in an original and two copies for each pay period in which overtime is to be worked. One copy will be retained until the approved/disapproved copy is returned. 2. Enter the name of employees, social security number, grade and step, date work is to be performed, the clock hours of duty, number of overtime hours to be worked by each employee. 3. The requesting 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 Civilian Payroll Office. 								
<i>Authority is hereby requested for the performance of the overtime described below which is beyond the regularly established 8-hour day or 40-hour week.</i>								
SOCIAL SECURITY NUMBER	EMPLOYEE NAME	GRADE/STEP	DATE WORK IS TO BE PERFORMED	CLOCK HOURS OF DUTY	NUMBER OF HOURS REQUESTED	METHOD OF COMPENSATION		
						Overtime	Holiday	*Compensatory Time
<i>*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.)</i>					TOTAL HOURS			

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

TYPED NAME AND TITLE	REQUESTED BY <i>(Signature)</i>	DATE
TYPED NAME AND TITLE	AUTHORIZED BY <i>(Signature)</i>	DATE

REMARKS