REQUEST FOR OVERTIME OR COMPENSATORY (COMP.) TIME

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1. NAME (Last, First, Middle Initial)			
3. ORGANIZATION USDA/ARS/NPA/Northern Plains Agricultural Research Laboratory			
4.	DATE	TIME	TOTAL HOURS
OVERTIME (TC 21)	DATE	THILE	TOTAL HOURS
HOLIDAY PAY (TC 31)			
4a. Purpose:			
4b. Remarks:			
5. CERTIFICATION: I hereby request to accrue Overtime or Holiday Pay as indicated above and certify that such accrual for Overtime or Holiday Pay is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting accrual for Overtime or Holiday Pay and that falsification of information on this form may be grounds for disciplinary action, including removal. EMPLOYEE SIGNATURE DATE			
6. OFFICIAL ACTION ON REQUEST O APPROVED O DISAPPROVED (If disapproved, give reason,)			
6. OFFICIAL ACTION ON RI (If disapproved, give reaso		O APPROVED	O DISAPPROVED
		O APPROVED	O DISAPPROVED DATE
(If disapproved, give reaso	n.)		DATE
(If disapproved, give reasons SIGNATURE 7. COMP. TIME WORK		O APPROVED TIME	
(If disapproved, give reasonable) SIGNATURE 7.	n.)		DATE
(If disapproved, give reasons SIGNATURE 7. COMP. TIME WORK	n.)		DATE
(If disapproved, give reasons SIGNATURE 7. COMP. TIME WORK (TC 32)	n.)		DATE
7. COMP. TIME WORK (TC 32) 7a. Purpose: 7b. Remarks: 8. CERTIFICATION: I hereb that such accrual of Comp. Lea	DATE y request to accrue Comp. Lea eave is requested for the purposes for requesting accrual of Cor	TIME ve Time in lieu of Overtime se(s) indicated. I understar	TOTAL HOURS as indicated above and certify
7. COMP. TIME WORK (TC 32) 7a. Purpose: 8. CERTIFICATION: I hereb that such accrual of Comp. Leemploying agency's procedure.	DATE y request to accrue Comp. Lea eave is requested for the purposes for requesting accrual of Cor	TIME ve Time in lieu of Overtime se(s) indicated. I understar	TOTAL HOURS e as indicated above and certify and that I must comply with my
7. COMP. TIME WORK (TC 32) 7a. Purpose: 7b. Remarks: 8. CERTIFICATION: I hereb that such accrual of Comp. Leemploying agency's procedure may be grounds for disciplina	DATE y request to accrue Comp. Lea eave is requested for the purposes for requesting accrual of Corry action, including removal.	TIME ve Time in lieu of Overtime se(s) indicated. I understar	TOTAL HOURS e as indicated above and certify and that I must comply with my ation of information on this form

Developed by PWA Personnel Office