

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE, NATIONAL INSTITUTES OF HEALTH

OVERTIME REQUEST AND APPROVAL RECORD

DATE OF REQUEST	
TIMEKEEPER NO.	
PAY PERIOD	
NUMBER	ENDING DATE

INSTRUCTIONS: Approval of OVERTIME should be obtained in advance whenever possible. Deviations to this policy are permitted only in cases of emergency. The authorization for paid OVERTIME for employees above GS-10 maximum must state that it would not be in the interest of economy and efficiency to grant compensatory time off and that the funds are available. Initiating supervisors are required to review all available Time and Attendance data to ensure that the overtime was actually worked. They should then initial this form in the column provided below for "Supervisor Verification."

COPY REQUIREMENTS: Timekeepers will retain this form and all other supporting documentation for 3 years after the end of the calendar year in which the work was performed.

NAME OF EMPLOYEE	TITLE	ORGANIZATIONAL UNIT	GRADE	NO. OF HOURS		DATE(S) WORKED	SUPV. VERI. INITIALS
				Requested	Actually Worked		

DUTIES TO BE PERFORMED AND JUSTIFICATION FOR EACH EMPLOYEE (Attach additional sheet if necessary)

CLEARANCE ACTION	ALL OVERTIME should be approved by the initiating supervisor of the organizational unit. If the initiating supervisor is below the Branch Chief level, the request must be submitted to the next higher authority authorized to approve overtime. In NO case should final approval be at a level below that of Branch Chief.
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NAME AND TITLE	SIGNATURE	DATE
Initiating Supervisor		
Approving Official		
Approving Official		