

Control No. \_\_\_\_\_

**U. S. FISH AND WILDLIFE SERVICE**

**OVERTIME/HOLIDAY PAY AUTHORIZATION**

**INSTRUCTIONS.** Complete form in its entirety and obtain necessary approvals. This form is not valid unless it is properly certified. The initiating office attaches the approved Form 3-136 to a copy of the Time and Attendance Report for the affected pay period and maintains both documents for reference and accounting purposes. Refer to the reverse side of the form or to other guidance, as needed, before completing this form to ensure the propriety of any authorization. Form 3-136 may be obtained from servicing personnel offices or reproduced locally.

Employee Name/Title	Social Security No.	FLSA Exemption Status	Pay Plan/Series/Grade
Region/Division or Office		Work Schedule: _____ Full-time _____ Part-time _____ Intermittent	

Authorization requested for:

\_\_\_\_\_ A. OVERTIME (Check 1 and 2 below as appropriate.)

1. Type of Overtime

- \_\_\_\_\_ Regularly scheduled
- \_\_\_\_\_ Irregular or occasional
- \_\_\_\_\_ Call Back/Unscheduled

2. Method of Compensation

- \_\_\_\_\_ Monetary compensation
- \_\_\_\_\_ Requested compensatory time
- \_\_\_\_\_ Directed compensatory time

\_\_\_\_\_ B. HOLIDAY PAY

Number of overtime/holiday hours requested for authorization \_\_\_\_\_

Period(s) of overtime From \_\_\_\_\_ To \_\_\_\_\_

Purpose of overtime/holiday work. (Attach a separate sheet, if necessary.)

Alternatives to overtime considered? \_\_\_\_\_ Yes \_\_\_\_\_ No (If No, identify the alternatives considered and explain why they were not feasible.)

Does employee receive premium pay for standby duty, administratively uncontrollable overtime work, or availability pay? \_\_\_\_\_ Yes \_\_\_\_\_ No (If Yes, circle the type of premium pay and review the reverse side of this form to determine the appropriateness of any request for overtime.)

Signature of Employee (See reverse side of form before signing.) \_\_\_\_\_ Date \_\_\_\_\_

Signature and Title of Supervisor or Requesting Official \_\_\_\_\_ Date \_\_\_\_\_

Signature and Title of Approving Official \_\_\_\_\_ Date \_\_\_\_\_

Form 3-136  
 Rev. 0595

### SPECIAL INFORMATION ON OVERTIME AND HOLIDAY PAY

The following rules are pertinent to ensuring proper authorization of overtime and holiday pay. Refer to 225 FW 7 (Premium Pay), 225 FW 4 (Wage Administration), and other appropriate references for additional information.

1. Form 3-136 will be used to authorize overtime or holiday pay for General Schedule (GS) and Federal Wage System (FWS) employees.
2. A GS or FWS employee is entitled to overtime compensation for all hours of officially ordered or approved work that exceed 8 hours in a day or 40 hours in a week. An employee on compressed work schedule (regardless of the pay system) is entitled to overtime compensation for officially ordered or approved work that exceeds his/her basic work requirement on the day the overtime was worked, provided the nonovertime work for that day was at least 8 hours in duration.
3. An employee in receipt of premium pay for standby duty may be authorized irregular or occasional overtime under 5 U.S.C. 5542.
4. An employee in receipt of premium pay for administratively uncontrollable overtime or availability pay may be authorized regularly scheduled overtime under 5 U.S.C. 5542.
5. Any employee who performs unscheduled overtime work on a nonworkday or who is called back to duty to perform overtime work is entitled to a minimum of 2 hours of overtime pay for each callback instance. The 2-hour minimum is payable even if the overtime work is less than 2 hours in duration.
6. A FWS employee must be paid for overtime work unless he/she is on a flexible work schedule and requests compensatory time off in lieu of overtime pay.
7. Compensatory time off may be granted to an employee on a flexible schedule who performs regular, irregular, or occasional overtime work regardless of title 5, Fair Labor Standards Act, or FWS (5 U.S.C. 5544) restrictions that would normally preclude a substitution of this nature.
8. An employee is entitled to holiday premium pay when he/she performs nonovertime work on a holiday or on an in lieu of day. A full-time employee receives 8 hours of holiday pay, and a part-time employee receives pay for the prescribed hours of duty on the day of the holiday. An employee on a compressed work schedule receives pay for all hours constituting the basic work requirement or scheduled daily tour of duty on the day of the holiday. Hours of work on a holiday that exceed 8 in a day or the basic requirement for an employee on a compressed work schedule are overtime and payable as such.
9. Intermittent employees and employees receiving standby duty pay are not entitled to holiday premium pay.
10. Refer to 225 FW 7, section 7.23, for information relating to maximum limitations on the payment of premium pay.

### OFFICIALS AUTHORIZED TO APPROVE OVERTIME OR HOLIDAY PAY

Regional Directors and Assistant Directors approve all regularly scheduled, occasional or irregular, and emergency overtime unless such authority has been redelegated in writing to a subordinate supervisor or manager.

### EMPLOYEE'S SIGNATURE

The employee's signature on the face of this form is required when an employee paid at or below the top step of grade GS-10 requests compensatory time off in lieu of overtime pay and when an employee paid above GS-10, step 10, is authorized to perform overtime and is directed to take compensatory time off commensurate with the number of overtime hours worked.