

**REQUEST, AUTHORIZATION, AND REPORT OF OVERTIME**

For use of this form, see AR 37-105.

**PAY PERIOD BEGIN DATE**

FROM

THRU

TO

EMPLOYEE NAME	GRADE	DATE OF OVERTIME	NUMBER OF HOURS REQUESTED	METHOD OF COMPENSATION		
				TRAVEL COMP	COMP TIME	PAY
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TOTAL HOURS**

NATURE OF DUTIES AND JUSTIFICATION FOR OVERTIME.

SIGNATURE OF REQUESTOR	<input type="text"/>  <input type="text"/>	DATE SIGNED
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RECOMMENDATION OF IMMEDIATE SUPERVISOR

APPROVAL
  DISAPPROVAL

SIGNATURE OF IMMEDIATE SUPERVISOR	<input type="text"/>  <input type="text"/>	DATE SIGNED
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OVERTIME/COMPENSATORY TIME IS:

APPROVED
  DISAPPROVED

SIGNATURE OF APPROVING OFFICIAL	<input type="text"/>  <input type="text"/>	DATE SIGNED
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