FROM:	DATE:
TO:	VIA:

It is requested that authorization be given for the following employees to perform work as indicated and justified below: ☐ COMPENSATORY OVERTIME ☐ TIME ☐ CREDIT HOURS RELIGIOUS COMPENSATORY ☐ ADVANCE RELIGIOUS COMPENSATORY TIME See SECNAVINST 7000.11 for additional information.

PAY NUMBER	FLSA STATUS *SEE LEGEND BELOW	TYPE OF OVERTIME *SEE LEGEND BELOW	NAME *(Last, First, Middle Initial)*	NUMBER OF HOURS	DATE(S) *(From)*	*(To)*

JOB ORDER NO.	WORK ORDER NO.	LOCATION

JUSTIFICATION WHY THE OVERTIME OR COMPENSATORY TIME WORK CANNOT BE ACCOMPLISHED DURING NORMAL WORKING HOURS:
(Not required for Religious Compensatory Time).

SIGNATURE: *(Requestor)*	TITLE:
AUTHORIZATION: REQUEST IS ☐ Approved ☐ NOT APPROVED	SIGNATURE *(Approving authority)* / DATE:

NOTE: IF THIS REQUEST WAS NOT APPROVED IN ADVANCE OF THE TIME WORKED, ADD JUSTIFICATION FOR APPROVAL AFTER THE FACT.

*LEGEND: ▶	FLSA STATUS	TYPE OF OVERTIME	NOTE: ▶	
	N = NONEXEMPT E = EXEMPT	1 = REGULARLY SCHEDULED OVERTIME 2 = IRREGULAR OVERTIME		THIS REQUEST MAY CONTAIN INFORMATION SUBMECT TO THE PRIVACY ACT OF 1974 AS AMENDED.