

REQUEST FOR OVERTIME OR COMPENSATORY (COMP.) TIME

1. **NAME** (Last, First, Middle Initial)

3. **ORGANIZATION**

USDA/ARS/NPA/Northern Plains Agricultural Research Laboratory

4.	DATE	TIME	TOTAL HOURS
OVERTIME (TC 21)			
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**
(If disapproved, give reason.)

☐ **APPROVED**

☐ **DISAPPROVED**

SIGNATURE

DATE

7.	DATE	TIME	TOTAL HOURS
COMP. TIME WORK (TC 32)			

7a. **Purpose:**

7b. **Remarks:**

8. **CERTIFICATION:** I hereby request to accrue Comp. Leave Time in lieu of Overtime as indicated above and certify that such accrual of Comp. Leave is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting accrual of Comp. Leave, and that falsification of information on this form may be grounds for disciplinary action, including removal.

EMPLOYEE SIGNATURE

DATE

9. **OFFICIAL ACTION ON REQUEST**
(If disapproved, give reason.)

☐ **APPROVED**

☐ **DISAPPROVED**

SIGNATURE

DATE