OVERTIME/COMPENSATORY TIME REQUEST AND AUTHORIZATION (7410)

FROM:	DATE:
TO:	VIA:

It is requested that authorization be given for the following employees to perform work as indicated and justified below: See SECNAVINST 7000.11 for additional information.

☐ OVERTIME ☐ COMPENSATORY TIME ☐ CREDIT HOURS RELIGIOUS COMPENSATORY ☐ ADVANCE RELIGIOUS COMPENSATORY TIME

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

JOB ORDER NO.	**WORK ORDER**	**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: **REQUESTIS:** ☐ 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
	N = NONEXEMPT E = EXEMPT	1 = REGULARLY SCHEDULED OVERTIME 2 = IRREGULAR OVERTIME

NOTE: THIS REQUEST MAY CONTAIN INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED.