

**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. <input type="checkbox"/> OVERTIME <input type="checkbox"/> COMPENSATORY TIME <input type="checkbox"/> CREDIT HOURS RELIGIOUS COMPENSATORY <input type="checkbox"/> ADVANCE RELIGIOUS COMPENSATORY TIME							
PAY NUMBER	FLSA STATUS	TYPE OF OVERTIME	NAME (Last, First, Middle Initial)	NUMBER OF HOURS	DATE(S) (From)	(To)	
	* SEE LEGEND BELOW						
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: <i>(Requestor)</i>				TITLE:			
AUTHORIZATION: REQUEST IS <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED		SIGNATURE: <i>(Approving authority)</i>		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:	THIS REQUEST MAY CONTAIN INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED.	
	N = NONEXEMPT E = EXEMPT	1= REGULARLY SCHEDULED OVERTIME 2= IRREGULAR OVERTIME					