

U.S. DEPARTMENT OF AGRICULTURE
RURAL DEVELOPMENT ADMINISTRATION
REQUEST FOR OVERTIME

1. REQUESTING UNIT		2. REQUESTING OFFICER				DATE		3. LOCATION OF UNIT	
NAME OF EMPLOYEE (4)	GRADE (5)	FLSA STATUS ("X" if applicable) (6)		PAYING STATUS (Employee's Initial) (7)		NO. OF HOURS (8)	PAY PERIOD (9)	PROPOSED SCHEDULE FOR OVERTIME WORK AND LOCATION (10)	
		Exempt	Non Exempt	Overtime Rate	Comp Time Off				

11. JUSTIFICATION: *(Give complete explanation of need for overtime work)*

12. TRAVEL STATUS: <input type="checkbox"/> ONE DAY ASSIGNMENT <input type="checkbox"/> MULTIPLE DAY ASSIGNMENT (<i>OVERNIGHT STAY</i>) <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER	13. PERSONNEL USE ONLY <input type="checkbox"/> FLSA ONLY <input type="checkbox"/> TITLES 5 <input type="checkbox"/> BOTH FLSA & TITLE 5
---	---

14. APPROVING OFFICIAL: <i>(Signature & Title)</i>	<input type="checkbox"/> REQUEST IS AUTHORIZED IN FULL <input type="checkbox"/> REQUEST DISAPPROVED <input type="checkbox"/> REQUEST IS GRANTED SUBJECT TO MODIFICATION AS FOLLOWS:	DATE OF APPROVAL
--	---	------------------