



DEPARTMENT OF THE NAVY
NAVAL EDUCATION AND TRAINING PROFESSIONAL
DEVELOPMENT AND TECHNOLOGY CENTER
6490 SAUFLEY FIELD ROAD
PENSACOLA, FLORIDA 32509-5237

IN REPLY REFER TO:

NETPDTCCINST 7400.1A

N81

13 FEB 2003

NETPDTCC INSTRUCTION 7400.1A

Subj: CIVILIAN TIME AND ATTENDANCE

Ref: (a) CIVILIAN TIME AND ATTENDANCE HANDBOOK
(b) NETPDTCC/AFGE Negotiated Agreement
(c) NETPDTCCINST 1000.1 (series)
(d) DOD FMR, VOL 8

Encl: (1) Timekeeping Policies and Procedures
(2) Overtime, Compensatory Time (OT/CT) and Holiday
Work Policies and Procedures

1. **Purpose.** To establish policies and procedures for Naval Education and Training Professional Development and Technology Center (NETPDTCC) civilian employee time and attendance.

2. **Cancellation.** NETPDTCCINST 7400.1

3. **Background.** Reference (a) was issued for all customers of the NETPMSA Financial Information Processing Center (FIPC) Payroll Office before the FIPC became the Defense Finance and Accounting Service - Pensacola Operating Location (DFAS-PE). Reference (a) is the principle instruction to be followed in general matters of time and attendance. This instruction supplements references (a) through (d) in areas of time and attendance that are specific to NETPDTCC and summarizes guidance of general interest.

The Standard Labor Data Collection And Distribution Application (SLDCADA) is used in conjunction with the Defense Civilian Payroll System (DCPS) for recording time and attendance by designated T&A clerks and accounting personnel. Documents required for recording time and attendance are the:

- a. DCPS-generated biweekly time sheet, hereafter referred to as a timesheet.
- b. DCPS Work Schedule Change Form (NETPDTCC 12610/3 (11-00)).
- c. Request for Leave or Approved Absence (SF-71) hereafter referred to as a leave slip.
- d. Overtime/Compensatory Time Request and Authorization (NAVCOMPT Form 2282), hereafter referred to as an OT/CT authorization form.

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Every employee must have an established work schedule entered in SLDCADA before time and attendance can be input. The work schedule, as modified by the certified timesheet, is the basis for computing pay and for cost accounting and other financial management information. The job orders to be entered on the work schedules and timesheets will be furnished by the Budget Office (N812) at the beginning of each fiscal year and as changes occur.

4. Policy

a. **Bargaining Unit Employees.** Applicable provisions of reference (b) will be adhered to for bargaining unit employees.

b. **Basic Workweek.** All employees will have an approved work schedule. The Gliding Schedule is the standard schedule for all full-time employees except those: (1) with a different schedule approved by the Executive Officer, or (2) who by the nature of their position must work a different schedule. Exceptions will follow applicable OPM regulations.

c. **Gliding Work Schedule.** The Gliding Schedule consists of five 8-hour days, Monday through Friday, each week with provisions for credit hours which are discussed in subparagraph 4d. While the standard business hours of the command are 0730 - 1600, individual arrival and departure times can vary in flexible bands between 0600 - 0830 and 1430 - 1800 respectively with a 30-minute to 2-hour lunch break between 1100 - 1300, as long as eight work hours are accounted for each day. A lunch break is required on any regular workday where the employee works more than six hours. Use of the flexible lunch band for physical fitness activities is highly encouraged. Employees must work core times of 0830 - 1100 and 1300 - 1430 or be in a leave, compensatory time, or credit hour taken status. Occasional core time deviations may be granted by the supervisor with the time made up that day during the flexible bands. When necessary to meet operational requirements, managers and supervisors will limit the flexibility provided by this schedule. At a minimum,

(1) Key managers and supervisors will generally adhere closely to the standard business hours of the command, 0730 - 1600.

(2) Managers and supervisors will coordinate employee schedules, including those of military employees as addressed in reference (c), to provide office coverage from 0730 - 1600.

(3) Employees will schedule their hours to accommodate training, meetings, team projects, and other requirements which may conflict with their normal arrival and departure.

Department directors/special assistants may establish, in writing, alternative flexible hours outside the normal Gliding Schedule for specified employees due to operational requirements,

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e.g., availability of computer systems or customers in distant time zones.

d. **Credit Hours**. In conjunction with the Gliding Schedule, supervisors may allow the use of credit hours earned and taken. Credit hours provide employees additional flexibility by allowing occasional variation from the 8-hour day for personal or workload reasons. Credit hours are similar to compensatory time without the formal approval process. Earning and taking credit hours is at the discretion of the employee, but must have the prior approval of the supervisor. Credit hours must be earned before they can be taken. They are earned and taken in tenth of an hour increments. Decimal increments earned and taken are calculated as shown in enclosure (1), Attachment B. The minimum amount of credit hours which can be earned any day is .5, i.e., 30 minutes. They must be earned during the flexible time bands, 0600 - 0830 and 1430 - 1800, Monday through Friday, unless the department director/special assistant gives specific approval to work outside normal Gliding Schedule hours. A maximum of 24 hours can be carried over to subsequent pay periods (any hours over 24 are forfeited). Since credit hours are for use on an occasional basis only, they **cannot** be used to provide for full days off on a regular basis. Credit hours cannot be directed by the supervisor in lieu of overtime/compensatory time and cannot be converted to overtime pay.

e. **Timekeeping Procedures**. Timekeeping policies and procedures are addressed in enclosure (1).

f. **Leave**. Annual leave will normally be granted upon request when the leave is available to the employee and the employee's absence will not cause unreasonable operational impact. Under normal conditions, annual leave (and sick leave for scheduled appointments) will be requested and approved in advance. When leave cannot be requested and approved in advance, the employee is responsible for making sure the supervisor is promptly notified. Such notification, in and of itself, does not constitute leave approval. Military leave should be requested 14 days in advance, with a copy of the military orders attached, to allow the employee and supervisor to properly schedule workload requirements. Leave documentation procedures are addressed in enclosure (1). Annual/sick leave is accumulated in whole hours and may be taken in tenth of an hour increments. Decimal increments taken are calculated as shown in enclosure (1), Attachment B. Available compensatory time must be used prior to annual leave which is not "use or lose".

g. **Overtime, Compensatory Time, and Holiday Work**. Policies and procedures applicable to overtime, compensatory time and holiday work are addressed in enclosure (2).

h. **Work at Home**. In certain rare instances, it may be beneficial to the command to allow employees to work at home or

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some other off-base location. All such requests will be documented and forwarded to the Executive Officer for approval in advance.

5. **Action.** Responsibilities for time and attendance and related functions are as follows:

a. **Payroll Office.** DFAS-Charleston is responsible for payroll processing.

b. **Resources Management Department/Financial Management Division (N8/N81) will:**

(1) Establish, monitor, provide advice on, and resolve problems related to time and attendance procedures.

(2) Input cost accounting data and other required information in organizational and employee master records.

(3) For smaller organizational elements not assigned T&A input responsibility, arrange for distribution of timesheets prior to the beginning of each pay period and either input directly or arrange for input of time and attendance data at the end of each pay period.

(4) Input all prior pay period corrections.

(5) Serve as the customer service representative between employees and the payroll office.

(6) Retain timesheets, along with leave requests for advanced, family and medical, family friendly, court, military, traumatic injury, administrative, donated, leave without pay and OT/CT authorizations forms as required by applicable directives. At the end of each calendar year, these documents should be sorted by pay period, labeled by organizational code(s) and pay period, boxed or stored electronically and maintained for five years or until audited.

c. **Department Directors/Special Assistants.** For their employees, these managers will:

(1) Within activity guidelines, establish departmental work schedules based on operational requirements with consideration for employees' personal concerns.

(2) Approve overtime, compensatory time, and holiday work, in writing and in advance.

(3) Approve advanced annual and sick leave, traumatic injury leave, and leave without pay.

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(4) Approve restoration of forfeited annual leave in accordance with reference (d).

(5) Designate employees to perform primary T&A clerk and T&A clerk duties outlined in this instruction.

(6) Maintain Signature Cards (DD Form 577) on file in N81 for employees authorized to certify timesheets.

d. **Supervisors** will:

(1) Within departmental guidelines, establish employee work schedules based on operational requirements with consideration for employees' personal concerns. Provide work schedule/schedule change documents to N81.

(2) Approve annual, sick, and other leave as authorized.

(3) Review/certify employee timesheets.

e. **Primary T&A Clerks**. These individuals are designated within each department to:

(1) Serve as the primary point of contact with the N811 SLDCADA/DCPS manager and customer service representatives.

(2) Provide technical guidance and assistance to department supervisors and T&A clerks.

(3) Print and distribute department timesheets from DCPS.

(4) Collect completed timesheets, sort them in numeric sequence within distribution code, and forward them to designated T&A clerks by established deadlines.

(5) After input by designated T&A clerks, submit timesheets to N811 for retention. Timesheets should be accompanied by leave requests (if not already submitted) for advanced, family and medical, family friendly, court, military, traumatic injury, administrative, donated, and leave without pay; OT/CT authorization forms; jury duty certificates; court summonses and military reservist TDY orders.

f. **T&A Clerks**. These individuals are designated within each department to:

(1) Collect work schedule changes, if any, and certified timesheets from supervisors.

(2) Input work schedule changes.

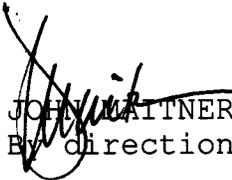
(3) Input time and attendance data from the timesheet.

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(4) Return timesheets upon completion of input to primary T&A clerk.

g. **Employees.** All employees are responsible for compliance with the policies and procedures in this instruction. Employees are also responsible for notifying N811 of changes in their mailing address.

h. **Command Evaluation (OOC).** Command Evaluation will monitor compliance with all provisions of this instruction as appropriate. Noncompliance will be addressed with N8 and the department(s) concerned.


JOHN PITTNER
By direction

Distribution: (NETPDTCINST 5216.1F)
Lists I, IA, & II
All NETPDTC Supervisors
All NETPDTC Civilian Employees

Web Access: MAIN INDEX
<https://pennd09.cnet.navy.mil/netpdtc/directives.nsf>

13 FEB 2003**TIMEKEEPING POLICIES AND PROCEDURES**

1. **Recording Time and Attendance (T&A)**. Employees must document time and attendance (T&A) using the DCPS-generated biweekly timesheet. Attachment A is a sample timesheet. The timesheets will be placed in a convenient central location for use by one or more organizational elements. These designated central locations should also display a copy of Attachment B, Basic Time Sheet Recording Instructions. To preclude Privacy Act concerns where timesheets will be maintained in open areas, all or part of the employee Social Security Number (SSN) in the upper left corner of the timesheet can be crossed out. Since the SSN is critical to the recording process, when the employee signs his/her timesheet at the end of the pay period, they should reenter any digits crossed out. If just the last four digits are crossed out, they can easily be reentered in the blank area to the right.

a. **Employee Certification**. All employees are required to complete a one-time certification that they understand total hours worked must be reported on their timesheet. Attachment C is a sample one-time employee certification form.

b. **Arrival and Departure Procedures**. All employees should sign in and out using timesheets. Unless specifically required by the supervisor, employees need not sign out for lunch. The employee must sign out and back in if they go off duty and return during the workday. At the final departure of the day, the employee should summarize the hours worked, any leave taken, etc., on the timesheet.

c. **Duty Off-Station (DOS), Temporary Duty (TDY) Travel and Leave**. If the employee is in a DOS, TDY, or leave status for the entire workday, this should be annotated for that day on the timesheet. Duty away from the normal duty station must be approved by the supervisor. If an employee departs for duty off-station and plans to return, at the prerogative of the supervisor they should sign out "DOS" and back in upon return. If an employee reports to an alternative local work site at the start of the day or departs from one at the end of the day, when arriving at/departing from the regular work site they should:
(1) sign in/out indicating "DOS" and the actual time, and
(2) footnote the time of arrival/departure at/from the alternative site, e.g., "Arrived CNET 0700".

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d. **Employee Signature.** After recording their last entries for the pay period, employees are required to sign their time sheet in the Remarks section of the timesheet. Since employees sign the timesheets, it is not necessary for them to initial individual lines on the timesheet for leave, compensatory time or credit hours taken.

e. **Supervisory Review and Certification.** Supervisors must certify their employees' time and attendance as recorded on the timesheets by their signature at the bottom of each timesheet. When the supervisor is absent, the certification will be accomplished by an individual operating in a supervisory capacity who possesses knowledge of the employee's attendance and has a signature card on file. Only original signatures written in ink are acceptable. To minimize the workload of this responsibility, supervisors should ensure their employees know that the employee is absolutely responsible for the completeness and accuracy of his/her timesheet and that false, fictitious or fraudulent claims may be punishable by five years in prison, \$10,000 fine, or both.

f. **End of Pay Period.** The end of pay period input schedule is driven by payroll office deadlines. To meet these deadlines, the following schedule is required:

(1) At the end of the pay period, in accordance with their departmental schedule, employees should ensure their timesheet is complete and accurate.

(2) T&A clerks should complete their department's time and attendance processing by noon on Monday. If Monday is a holiday the deadline will change to close of business on the preceding Friday. N81 will provide notices when input deadlines are affected by Monday holidays or any other holidays that may impact the DFAS Payroll schedule.

(3) Primary T&A clerks should check for completion of their department's time and attendance by using the Missing Hours Report available in SLDCADA, ensuring input of missing hours, adjustment and corrections prior to close of business on Monday.

(4) Corrections for prior pay periods should be forwarded to N811 ASAP using the Attachment D format, showing only the corrected entry(ies).

2. **Input of Work Schedules.** Establishing and changing schedules is done by submitting a work schedule change form to N811. Reference (a) addresses completion of the form in detail and with examples. Attachment E is a sample Work Schedule Change form.

13 FEB 2003**3. Special Considerations for Part-Time Employees and Student Aides**

a. **Work Schedules.** Part-time employees and student aides must have an established daily work schedule. They must work scheduled hours or be charged leave.

b. **Schedule Changes.** When varying from the established schedule, e.g., for vacation and school holidays when student aide work hours often increase, schedule change forms must be submitted. Two change forms should be submitted each time, one to change to the temporary schedule and one to change back to the regular schedule. The effective date of each schedule change must be shown.

c. **Holiday Pay.** Part-time employees are paid for holiday leave only for hours scheduled on the holiday. Schedules will not be changed to provide/increase paid holiday leave.

4. Leave

a. **Documentation.** Leave taken is posted to the timesheet. Leave slips must be submitted for the following:

(1) **Sick Leave in Excess of Three Consecutive Days** (with a medical certificate or an acceptable statement by the employee regarding the illness).

(2) **Advanced Annual and Sick Leave** (approved by the department director/special assistant indicating "Advanced Annual Leave" or "Advanced Sick Leave" in block 4. Once approved, leave slips for advanced leave should be immediately handcarried, faxed, etc., directly to the N811 customer service representative, ensuring submission before the end of the first affected pay period.)

(3) **Court Leave** (with a certification from the Clerk of Court showing days served and monies paid).

(4) **Leave Without Pay** (approved by the department director/special assistant for up to 30 days. Over 30 days is processed as a personnel action).

(5) **Military Leave** (with a certified copy of the completed orders to active duty).

(6) **Traumatic Injury Leave** (approved by the department director/special assistant with proper medical documentation).

(7) **Administrative Leave** (on an individual basis, e.g., blood donor, with medical attendant certification).

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(8) **Family and Medical Leave** (Block 5 of SF-71).

Under the Family and Medical Leave Act of 1993 (FMLA), covered Federal employees are entitled to a total of 12 administrative workweeks of unpaid leave during any 12-month period for (a) the birth of a son or daughter and care of the newborn; (b) the placement of a son or daughter with the employee for adoption or foster care; (c) the care of a spouse, son, daughter, or parent with a serious health condition; and (d) a serious health condition of the employee that makes the employee unable to perform the duties of his or her position. Upon return from such leave, an employee must be returned to the same position or to an equivalent position with equivalent benefits, pay, status, and other terms and conditions of employment.

(9) **Family Friendly Leave** (Block 4 of SF-71)

Under the Federal Employees Family Friendly Leave Act, most covered Federal employees may use up to 104 hours (13 days) of sick leave each leave year to care for a family member or to arrange for or attend the funeral of a family member. Full-time employees may use 40 hours (5 days) of sick leave for these purposes without regard to their current sick leave balance. An additional 64 hours (8 days) may be used if the employee maintains a balance of at least 80 hours of sick leave in his or her sick leave account.

(10) **Donated Leave** (once approved, handcarry or fax to N811 customer service representative immediately).

b. **Additional Information.** Reference (a) addresses leave, e.g., types, authorization, documentation requirements, etc., in detail. Attachment F is a copy of the leave slip form(SF 71).

5. **Overtime/Compensatory Time Worked.** When overtime, compensatory time, or holiday work has been approved as specified in enclosure (2), the T&A clerk will annotate the OT/CT authorization form to show the actual number of hours worked by each employee.

6. **Special Procedures for Remote Sites.** Remote sites which do not have SLDCADA connectivity may maintain and use pre-printed timesheets for each employee. A timesheet for each employee should be forwarded by fax to the designated T&A clerk for input to SLDCADA. Certification of remote site timesheets should be performed by a designated site supervisor prior to transmission to the T&A clerk.

EMPLOYEE ID | 123-45-6789 | 0006 | ACT | 068322 | ORG | XX222 | DOE JOHN P | EMPLOYEE NAME | PLT ROT | PERIOD ENDING | SEQ NO |
 02/27/99 | 000001 |
 SFD JON | HRS WORK | TDC

NETPDTICINST 7400.1A
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REG	LOT	COMP	HOL	SUN	2ND	3RD	ND	E/H	LV	NP/LV	REMARKS
WKL	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
SUN											
MON	0730	1600			0730	1500					* MEDICAL APPT.
TUE	0735	0930	1200	1605	*						** D05 - HAS MAINS/DG - TRAINING
WED	0730	1600			0720	1530					
THU	0715	1645			0730	1100	*	*			
FRI	ANNUAL	LEAVE			0715	1545					
SAT					0700	1530					

CERTIFICATION: ATTENDANCES AND ABSENCES CERTIFIED CORRECT. OVERTIME APPROVED IN ACCORDANCE WITH EXISTING LAWS AND REGULATIONS FOR NON-EXEMPT FLSA. I DID NOT SUFFER OR PERMIT ANY OVERTIME WORK OTHER THAN AS REPORTED FOR THIS PAY PERIOD.

CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED
 *** SAMPLE ***

 AUTHORIZED SIGNATURE

13 FEB 2003**BASIC TIME SHEET RECORDING INSTRUCTIONS:**

- A. Record all entries in INK.
- B. Check your schedule; if the schedule is not what you expected, contact your timekeeper.
- C. Enter your exact arrival and departure time in IN/OUT columns each day.
- D. If you sign IN and OUT more than 3 times in one day, use REMARKS section.
- E. If regular hours worked should be charged to a different job order, specify in JOB ORDER column.
- F. Record all exceptions; specify in TYPE HOUR (ex, LS or LA) column and hours in an appropriate week and day column. If you have questions, contact your timekeeper.

DCPS PAY CODES (TYPE HOUR)

RG - Regular	KA - LWOP (leave without pay)
RF - Regular (Wage grade)	LA - Annual leave
CD - Credit hour earned	LB - Advance annual
CE - Compensatory earned	LC - Court leave
CN - Credit hour-taken	LG - Advance sick leave
CT - Compensatory taken	LH - Holiday leave
HG - Worked on holiday	LM - Military leave
OC - Callback overtime	LN - Administrative leave
OS - Scheduled overtime	LS - Sick leave
OU - Unscheduled overtime	LU - Start traumatic injury
SG - Worked on Sunday	LT - Traumatic injury

Following family friendly leave codes are to be used in conjunction with leave.

DA - Birth of child
DB - Adoption or foster care
DC - Care for spouse, child, or parent with serious health condition
DD - Serious health condition of an employee

Minutes to tenths of hours conversion chart

Earned in Minutes	=	Tenths Equivalent	Taken in Minutes	=	Tenths Equivalent
1 to 5	=	0.0	1 to 6	=	0.1
6 to 11	=	0.1	7 to 12	=	0.2
12 to 17	=	0.2	13 to 18	=	0.3
18 to 23	=	0.3	19 to 24	=	0.4
24 to 29	=	0.4	25 to 30	=	0.5
30 to 35	=	0.5	31 to 36	=	0.6
36 to 41	=	0.6	37 to 42	=	0.7
42 to 47	=	0.7	43 to 48	=	0.8
48 to 53	=	0.8	49 to 54	=	0.9
54 to 59	=	0.9	55 to 60	=	1.0

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This is a one time employee certification to acknowledge that total hours reflected each day, less unrecorded lunch period, represent total hours worked. This signed certification should be kept by the Department Timekeeper.

EMPLOYEE NAME: _____

FIRST

MI

LAST

CODE: _____

EMPLOYEE CERTIFICATION: "I understand that on the timesheet the elapsed time between each sign-in and sign-out, less my unrecorded lunch period of 30 minutes or more, represents total hours worked."

(EMPLOYEE SIGNATURE)

(DATE)

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WORK SCHEDULE CHANGE

SSAN: 123-45-6789 NAME: DOE, JOHN P. ACT-UIC: 68322 DIST: XX222

EFFECTIVE DATE 3/14/02 T&A STATUS CODE P AWS CODE 2

PLATOON ROTATING CODE

***** PAY PERIOD TOUR OF DUTY *****

	SUN	MON	TUE	WED	THU	FRI	SAT	SUN PAY DAY 7
WK1								
SHIFT								
NGT DIFF								
WK2								
SHIFT								SUN PAY DAY 7
NGT DIFF								

STANDING JOB ORDER 683222XXU1P

UNGRADED EMPLOYEE ROTATING SHIFT HOURS

1		2		3	
---	--	---	--	---	--

John Smith
SIGNATURE

3/8/02
DATE SUBMITTED

REQUEST FOR LEAVE OR APPROVED ABSENCE

1. NAME (Last, First, Middle Initial)			2. EMPLOYEE OR SOCIAL SECURITY NUMBER		
3. ORGANIZATION					
4. TYPE OF LEAVE/ABSENCE (Check appropriate box(es) below.)	DATE	TIME	TOTAL HOURS	5. FAMILY AND MEDICAL LEAVE	
	From: To:	From: To:		<p>If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993, please provide the following information:</p> <p><input type="checkbox"/> I hereby invoke my entitlement to Family and Medical Leave for:</p> <p><input type="checkbox"/> Birth/Adoption/Foster Care</p> <p><input type="checkbox"/> Serious Health Condition of Spouse, Son, Daughter, or Parent</p> <p><input type="checkbox"/> Serious Health Condition of Self</p> <p>Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the Family and Medical Leave Act of 1993.</p>	
<input type="checkbox"/> Accrued Annual Leave					
<input type="checkbox"/> Restored Annual Leave					
<input type="checkbox"/> Advance Annual Leave					
<input type="checkbox"/> Accrued Sick Leave					
<input type="checkbox"/> Advance Sick Leave					
Purpose: <input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Other <input type="checkbox"/> Care of family member/bereavement, including medical/dental/optical examination of family member					
<input type="checkbox"/> Compensatory Time Off					
<input type="checkbox"/> Other Paid Absence (Specify in Remarks)					
<input type="checkbox"/> Leave Without Pay					
6. REMARKS:					
7. CERTIFICATION: I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.					
EMPLOYEE SIGNATURE			DATE		
8. OFFICIAL ACTION ON REQUEST: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (If disapproved, give reason. If annual leave, initiate action to reschedule.)					
SIGNATURE			DATE		
PRIVACY ACT STATEMENT					
Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or to the General Services Administration in connection with its responsibilities for records management.					
Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request.					
If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.					

OVERTIME/COMPENSATORY TIME REQUEST AND AUTHORIZATION (7410)

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NETPDTCINST 7400.1A

FROM: N412 DATE: 2/25/99

TO: N4 VIA: N41

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	TYPE OF OVERTIME	NAME (Last, First, Middle Initial)	NUMBER OF HOURS	DATE(S) (From)	(To)
	*SEE LEGEND BELOW					
123456789	N	1	DOE, JOHN P. <i>JPO</i>	8	2/27/99	2/27/99
231548967	N	1	HOOD, ROBYN <i>RD</i>	8	2/27/99	2/27/99
<i>NO OTHERS</i>						

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.*

Comptime required to process backlog of documents.

SIGNATURE: (Requestor) *Jane Smith* TITLE: Supervisor

AUTHORIZATION: REQUEST IS: APPROVED NOT APPROVED

SIGNATURE (Approving authority) *Dwight Clark* DATE: 2/25/99
DEPARTMENT HEAD

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	