DISTRICT OF COLUMBIA GOVERNMENT

OVERTIME REQUEST

**REQUEST FOR AUTHORIZATION OF OVERTIME WORK**

**Employee Name**: Enter Employee Name

**FLSA Status Code**: Select FLSA Code

**Position Title**: Enter Position Title

**Grade/Step**: Enter Grade/Step

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Start Time | End Time | Total Hours | Type of Time\* |
| Select Date | Enter Start Time | Enter End Time | Enter OT Hours | Select Type |
| Select Date | Enter Start Time | Enter End Time | Enter OT Hours | Select Type |
| Select Date | Enter Start Time | Enter End Time | Enter OT Hours | Select Type |
| Select Date | Enter Start Time | Enter End Time | Enter OT Hours | Select Type |
| Select Date | Enter Start Time | Enter End Time | Enter OT Hours | Select Type |
| Select Date | Enter Start Time | Enter End Time | Enter OT Hours | Select Type |
| Select Date | Enter Start Time | Enter End Time | Enter OT Hours | Select Type |
| Select Date | Enter Start Time | Enter End Time | Enter OT Hours | Select Type |

**Paid FLSA-Overtime**=Overtime for Non-Exempt Employees; **Paid OT**= Overtime for Exempt Employees; **Comp Time=**Compensatory Time for Non-Exempt Employees;\***ETO**= Exempt Time Off.

**Use the space below to describe the nature of work and explain why it cannot be accomplished during work hours:**

Enter Explanation

**APPROVAL**

Date

Date

Agency Director (Designee)

Supervisor/Manager/Associate Director (Designee)