



IHS INDIVIDUAL OVERTIME, COMPENSATORY TIME AND CREDIT HOURS REQUEST FORM

INSTRUCTIONS

With the exception of emergencies, **OVERTIME REQUEST MUST BE AUTHORIZED BOTH IN ADVANCE AND IN WRITING**. In emergencies, or pre-shift or post-shift activities, employees may be required to work outside their tour of duty without prior approval. Approval must be documented by close of business of the next business day. Do not use this form for compensatory time off for travel. Contact your timekeeper for further information.

PART 1

Employee enters their information. Only one pay period per individual form.

PART 2(1)

Indicate justification reason(s) requested, date(s), estimated/requested # of hours, and hours authorized-payment type (select payment type as permitted by law, rule or regulation. Please consult with your timekeeper/supervisor for overtime/compensatory time guidance).

The 1st Level/Authorizing Supervisor signs and dates the form within Section 4. If applicable and according to Service Unit or Area Office procedures, the 2nd Level/Approving Supervisor also signs and dates the form within Section 4.

PART 2(2)

Employee enters the actual date(s) worked, start and end times, and the # of hours worked, and initials. The 1st Level/ Authorizing Supervisor initials last column titled "Supervisor Initials Verifying".

PART 3 CALLBACK OVERTIME (ONLY) EMPLOYEE MUST RETURN TO THE WORK SITE

Callback overtime is defined as unscheduled irregular or occasional overtime work performed at a time when the employee:

- Was not scheduled to work; and
- Was required to return to work after leaving the work site.

Compensatory time off may be substituted for overtime pay at the employee's request.

Employees who are required to perform callback overtime are entitled to a minimum of 2 hours of overtime pay, **or** 2 hours of compensatory time off, for each time they are called back into work (even if they work less than 2 hours **or** are called back to duty within the same 2 hour time period).

PART 3(1)

Complete parts 3(1)-3(5). The 1st Level/Authorizing Supervisor initials 3(5) column titled "Supervisor Initials Verifying".

The 1st Level/Authorizing Supervisor signs and dates the form within Section 4. If applicable and according to Service Unit or Area Office procedures, the 2nd Level/Approving Supervisor also signs and dates the form within Section 4 Provide the authorized form to the timekeeper for entry into the ITAS timecard. Maintain the form for six years within the employee's time and attendance file.

PART 4. SIGNATURES

Reference Part 2 and 3 instructions for 1st and 2nd level supervisory authorizations. Provide the authorized form to the timekeeper who signs for receipt at the top of the form and enters the information into ITAS. The timekeeper maintains the form for six years within the employee's time and attendance file.

(continued on next page)

TIMEKEEPER SIGNATURE INDICATING FORM RECEIVED FROM EMPLOYEE:	INDIAN HEALTH SERVICE INDIVIDUAL OVERTIME, COMPENSATORY TIME AND CREDIT HOURS REQUEST FORM	LOCATION
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A biweekly cap limit exists for Overtime/Compensatory Time. Employees may not exceed the cap based on their respective Pay Plan/ Grade/Step/Location/FLSA status.

PART 1. EMPLOYEE INFORMATION

EMPLOYEE NAME	PAY PERIOD BEGINS (mm/dd/yyyy)	PAY PERIOD ENDS (mm/dd/yyyy)
ORGANIZATION UNIT	POSITION TITLE, GRADE, AND STEP	

Be advised: FLSA Status dictates overtime/compensatory time rules. Reference the FLSA regulations for more information on FLSA Status

PART 2. ADMINISTRATIVELY SCHEDULED OVERTIME/COMPENSATORY TIME/CREDIT HOURS

(1) JUSTIFICATION <i>(Indicate Reason(s) Requested)</i> Additional/Unanticipated Work Other: Please describe:	Date(s) <i>(mm/dd/yyyy)</i>	Estimated/ Requested # of Hours	Hours Authorized Payment Type	2. Actual Time Worked – AM/PM*			# of Hours Worked	Employee Initials Verifying	Supervisor Initials Verifying
				Date <i>(mm/dd/yyyy)</i>	Start	End			
	TOTAL								

PART 3. CALLBACK OVERTIME (ONLY)

1. Describe Requirement for Callback Overtime Justification: Indicate work performed	2. Actual Time Worked – AM/PM*			3. Callback Hours Worked	4. Payment Type	5. Supervisor Initials Verifying
	Date <i>(mm/dd/yyyy)</i>	Start	End			
TOTAL						

PART 4. SIGNATURES

1ST LEVEL/AUTHORIZING SUPERVISOR <i>(Print Name/Title)</i>		2nd LEVEL/APPROVING SUPERVISOR <i>(Print Name/Title)</i>	
SIGNATURE	DATE <i>(mm/dd/yyyy)</i>	SIGNATURE	DATE <i>(mm/dd/yyyy)</i>