



Natural Resources Conservation Service
220 Davidson Ave, 4th Floor
Somerset, NJ 08873-4115

Telephone: 732-537-6040
Fax: 732-537-6095
Web site: http://www.nj.nrcs.usda.gov

OVERTIME/COMPENSATORY TIME REQUEST

Date _____

EMPLOYEE NAME _____ Exempt _____ Non-Exempt _____

CHOOSE ONE OF THE FOLLOWING:

- () I request overtime pay from _____ to _____.
Total estimate of hours _____
() I understand I am entitled to overtime pay; however, I am requesting compensatory time in lieu of overtime from _____ to _____.
Total estimate of hours _____
() I am an exempt employee at a GS10/10 or above and I request compensatory time based on a directed assignment which involves work outside of my regular duty hours. I understand that I can be approved only for compensatory time at the recommendation of my supervisor and approval of the State Administrative Officer or State Conservationist. Total est. hours _____

JUSTIFICATION FOR REQUEST:

IF REQUESTING COMPENSATORY TIME, INDICATE LEAVE BALANCES AS OF THE DATE OF THIS REQUEST:

Annual Leave: _____ Sick Leave _____ Comp Time _____

ACTION

Recommended by Immediate Supervisor: _____ Date _____

Approved/Disapproved (Comp Time) _____ Date _____
Concur/Not Concur (Overtime) _____
(Appropriate State Leadership Team Member)

Approved/Disapproved Comp Time ONLY _____ Date _____
(Administrative Officer) Rev 2/05