

27 APRIL 2004

Personnel

OVERTIME WORK



COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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Certified by: HQ AFRC/DP
(Col Michael Cleveland)

Supersedes AFRCHOI 36-802, 29 March 1996

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Distribution: F

This operating instruction implements AFD 36-8, *Employee Benefits and Entitlements*, and establishes the responsibility and procedures for overtime work of civilian employees within the headquarters.

SUMMARY OF REVISIONS

This document is substantially revised and must be completely reviewed.

This revision generally updates the procedures for approving overtime work.

1. Responsibility:

1.1. Commanders hold overtime work by civilian employees to a minimum consistent with essential operations and emergency peak workloads of a temporary nature.

1.2. Directors and heads of special staff offices are responsible for determining the need for overtime work for activities under their jurisdiction, and whether or not an emergency workload exists to a point where overtime work is justified. They may approve requests for overtime work when compensatory time off will be granted in lieu of premium pay. If premium pay for overtime work is required, approval must be obtained from the AFRC Assistant Vice Commander.

1.3. To the extent possible, supervisors plan their activities in a manner to preclude overtime work.

2. Overtime Requests. Request and justify overtime work in writing. Approval must be in advance unless an emergency prevents such action. Approval is then obtained by the end of the 1st workday following the performance of overtime work, or as soon as possible thereafter.

2.1. Management officials or supervisors who consider overtime work essential:

2.1.1. Consolidate requests for their activity on AF Form 428, **Request for Overtime, Holiday, Premium Pay, and Compensatory Time**.

2.1.2. Prepare a separate AF Form 428 for each pay period involved and include a separate reason for each period of overtime in each applicable function.

2.1.3. Sign the completed AF Form 428 and forward it to HQ AFRC/FMAPH for certification of funds availability.

2.1.4. HQ AFRC/FMAPH will attach a year-to-date overtime total for the individual(s) listed on the AF Form 428 and forward all documentation to the approving official for signature.

2.2. The approving official will:

2.2.1. Send the request, if approved, through the requester to the appropriate timekeeper.

2.2.2. Return the request to the requester if disapproved.

2.3. Timekeepers verify the approval of all paid overtime before entering hours on timekeeping form. Forward the approved AF Form 428 to the requester who retains it for a period of 6 years, according to AFMAN 37-139, *Records Disposition Schedule*, for audit purposes after recording the overtime.

3. Compensatory Time. Subject to the provision of the Fair Labor Standards Act (FLSA) and 5 CFR, Part 551, Pay Administration Under the Fair Labor Standards Act, supervisors may grant compensatory time off to compensate employees for overtime work performed. Compensatory time off cannot be mandated for Federal Wage System (FWS) employees or General Schedule (GS) employees who are non-exempt from the FLSA. Non-exempt FWS and GS employees must be given premium pay for overtime work unless the employee requests compensatory time off.

4. Paid Overtime:

4.1. Subject to provisions of the FLSA, and 5 CFR, Part 551, employees are paid for overtime worked when it is not practical or possible to authorize compensatory time off for overtime work.

4.2. Employees are paid for overtime work when, because of immediate need of their services, authorized compensatory time off could not be taken by the close of the 26th pay period following the period in which overtime work was performed. Supervisors should make every attempt to schedule compensatory time off to prevent it from accumulating for an employee. If premium pay must be paid for compensatory time, as soon as the payment becomes imminent, justification must be routed through HQ AFRC/FMAPH so that year-to-date totals can be annotated and then presented to the AFRC Assistant Vice Commander for approval.

4.2.1. Compensatory time off must be used prior to the use of annual leave except when annual leave would otherwise be forfeited. Supervisors will make every effort to schedule use or lose annual leave so that compensatory time off is not paid out unless absolutely necessary.

5. Recording Overtime. Overtime work is recorded on the timekeeping form in quarter-hour increments.

6. Audits. HQ AFRC/FMAPH will conduct quarterly audits to ensure compliance of this HOI's provisions. Audits will be random and consist of reviewing three timekeepers' records per quarter.

7. Civilian Pay Time Card Checklist. This checklist, provided as [Attachment 1](#) , will serve as an organizational Self Inspection Checklist to ensure compliance with AFI 36-802, Chapter 3, and DoD FMR Volume 8 as it pertains to overtime and compensatory time off requirements.

8. Reports. Management reports are provided on a bi-weekly basis to assist supervisor in managing the Civilian Pay program as it relates to leave and premium pay. Sample reports are provided in [Attachment 2](#) through [Attachment 8](#) .

JAMES E. SHERRARD III, Lt General, USAF
Commander

Attachment 1

CIVILIAN PAY TIME CARD CHECKLIST

HQ AFRC
Self Inspection Checklist for Overtime/Comp Time

1. Director					
NOTE: All references pertain to AFI 36-802, Chapter 3 and DOD FMR Vol. 8.					
			YES	NO	N/A
1.1	#	Does the Director continually ensure that overtime work occurs only pursuant to mission needs?	X		
1.2	#	Does the Director receive and review a summary of Defense Civilian Pay System (DCPS) reports: P6602R04, Overtime/Compensatory Time Review; P6602R05, Overtime/Compensatory Time Usage Report; and P6605R01, Control of Hours Report, provided by FM, to identify trends in excessive overtime usage?	X		
1.3	#	Does the Director appoint someone to perform a self-inspection of overtime and compensatory time usage and documentation?		X	
2. Supervisors					
NOTE: All references pertain to AFI 36-802, Chapter 3 and DOD FMR Vol. 8.					
2.1	#	Does the Supervisor establish tours of duty which require the payment of premium pay rates (for example, night work, Sunday work, overtime, holiday and so forth) only when the mission requires this work for efficient operations?	X		
2.2	#	Does the Supervisor obtain approval from their overtime authorizing official before ordering overtime (AF Form 428, Request for Overtime, Holiday Premium Pay, and Compensatory Time)? EXCEPTION: In an emergency, the supervisor may order overtime without authorization but must document the over-time no later than the following workday.	X		
2.3	#	Does the Supervisor schedule temporary duty (TDY) travel within an employee's regularly scheduled tour of duty to the maximum extent possible to avoid paying overtime?	X		
2.4	#	Does the Supervisor record approved travel-related overtime on the attendance records and AF Form 428?	X		
2.5	#	Does the Supervisor prepare and process corrected time and attendance records when required?	X		
2.6	#	Do employees receive a copy of T&A record when requested?		X	
2.7	#	Is documentation for overtime provided to the Timekeeper for attachment to the timecard of record?	X		
2.8	#	Are officials certifying time and attendance, or their designees, maintaining required documentation to support the automated time and attendance record?	X		
2.9	#	Are officials certifying overtime and compensatory time requests (AF Form 428, Request for Overtime, Holiday Premium Pay, and Compensatory Time)?	X		
3. Timekeepers					
NOTE: All references pertain to AFI 36-802, Chapter 3 and DOD FMR Vol. 8.					
3.1	#	Do employees receive overtime pay for work which a supervisor did not properly authorize and approve?	X		
3.2	#	Do employees properly record the actual overtime or compensatory time earned versus what was requested?	X		

Individual completing this inspection: Marge Blitzfitz Date: 3/25/04

Attachment 3

CONTINUATION OF PAY AVAILABILITY REPORT

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CONTINUATION OF PAY AVAILABILITY REPORT

PAGE 1

REPORT NO. : P6602R03

REPORT DATE: 07/30/03 16:21

PAY PERIOD ENDING DATE 07/26/03

CSR SITE: FQ07 00 CSG GROUP: 0800

ACTIVITY: FOMF
ORGANIZATION: CEOG

SSN	EMPLOYEE NAME	COP INJ NUMBER	COP INJ DATE	COP INJ DATE	COP BEG BALANCE	COP USED PAY PERIOD	COP USED TO DATE	COP ENDING BALANCE	COP WTE DATE
000-00-0000	Doe John W.	0603	06/03/03	06/03/03	45	0	2	43	07/21/03

ORGANIZATION SUMMARY

TOTAL NUMBER OF EMPLOYEES	1
NUMBER OF EMPLOYEES WITH MULTIPLE OCCURRENCES	0
BEGINNING BALANCE	45
USED PAY PERIOD	0
USED TO DATE	2
ENDING BALANCE	43

ACTIVITY SUMMARY

TOTAL NUMBER OF EMPLOYEES	1
NUMBER OF EMPLOYEES WITH MULTIPLE OCCURRENCES	0
BEGINNING BALANCE	45
USED PAY PERIOD	0
USED TO DATE	2
ENDING BALANCE	43

2. CONTINUATION OF PAY AVAILABILITY REPORTS. This report provides the employing activity supervisors with employees, who are or have been active within the current pay period, Continuation of Pay information. This will include all injury records within the six month retro history limit.

END OF REPORT

Attachment 4

OVERTIME/COMPENSATORY TIME OFF REVIEW

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PAGE 1

OVERTIME/COMPENSATORY TIME REVIEW
PAY PERIOD ENDING DATE 09/20/03

REPORT NO. : P6602R04
REPORT DATE: 09/24/03 12:06

CSR SITE: PQ07 00 CSG GROUP: 0800

OVERTIME/COMPENSATORY TIME CODES

- (A) EMPLOYEE PAID OVERTIME OR CREDITED COMPENSATORY TIME AND USED ANNUAL LEAVE DURING THE SAME PAY PERIOD.
- (B) EMPLOYEE USED ANNUAL LEAVE DURING THE SAME PAY PERIOD A COMPENSATORY TIME BALANCE WAS AVAILABLE.
- (C) EMPLOYEE WITH 30 OR MORE CUMULATIVE PAID OVERTIME OR COMPENSATORY TIME HOURS DURING THE CURRENT AND TWO PRIOR PAY PERIODS.
- (D) EMPLOYEE EXEMPT FROM THE FAIR LABOR STANDARDS ACT WITH PAID OVERTIME DURING THE PAY PERIOD.
- (E) EMPLOYEE WITH PAID OVERTIME OR CREDITED COMPENSATORY TIME THAT WAS REDUCED BECAUSE OF BIWEEKLY EARNINGS LIMITATIONS.

ACTIVITY: FCHP
ORGANIZATION: CEON

SSN	EMPLOYEE NAME	GR/LEV	ST CODES	OT/CT	OVERTIME/COMPENSATORY TIME PAID/FORFEITED				--COMPENSATORY TIME CREDITED--				ANNUAL LV USED		
					PP	PD	YTD	PP	PP	PP	PP	END BAL	EARNED	LST 3PP	CURR PP
000-00-0000	Doe, John W.	14	04 B		3.00	3.00	3.00	3.00	.00	8.50	.00	17.00	17.00	16.00	2.00

3. OVERTIME/COMPENSATORY TIME REVIEW - This biweekly report assist supervisors in monitoring compensatory time. Specific conditions will be monitored with regard to usage of overtime and compensatory time. The conditions will be printed on the report and identified with code(s) for any active employee who meets one of more of the conditions.

- a. Employee paid overtime or credited compensatory time and used annual leave during the same pay period.
- b. Employee used annual leave during the same pay period a compensatory time balance was available.
- c. Employee with 30 or more cumulative paid overtime or compensatory time hours during the current and two prior pay periods.
- d. Employee exempt from the fair labor standards act with paid overtime during the pay period.
- e. Employee with paid overtime or credited compensatory time that was reduced because of biweekly earnings limitations.

END OF REPORT

Attachment 5

OVERTIME/COMPENSATORY USAGE REPORT

7802 PAGE 1

REPORT NO. : P6602R05
 REPORT DATE: 09/24/03 12:06
 PAY PERIOD ENDING DATE 09/20/03
 CSR SITE: PQ07 00 CSG GROUP: 0800

ACTIVITY: FCMF
 ORGANIZATION: CEC

SSN EMPLOYEE NAME
 00-00-0000 Doe, John W.

GR/	LEV	ST	OVERTIME/COMPENSATORY TIME PAID/FORFORIT			OVERTIME/COMPENSATORY TIME CREDITED			END BAL
			CURR	PPD	YTD	HOURS	EARN	USED	
13	06		.00	.00	.00	.00	.00	2.50	.00
13	10		.00	.00	.00	.00	.00	8.00	8.00
13	06		.00	.00	.00	.00	.00	4.00	4.00

OT/CT HRS PD CURR PP .00
 CT HRS CREDITED CURR PP .00

EMPLOYEE COUNT 3

ORGANIZATION SUMMARY

4. OVERTIME/COMPENSATORY USAGE REPORT - This report provides supervisors a tool to control overtime and compensatory time usage. This listing will provide the supervisor with overtime and compensatory hours used or accumulated for control purposes; to be used by management to ensure the equitable distribution of overtime and compensatory hours; and to allow supervisors to track that authorized overtime and compensatory hours are used.

Attachment 6

COMPENSATORY TIME OFF AGING REPORT

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PAGE 2

COMPENSATORY TIME AGING REPORT

REPORT NO. : 96785R01

REPORT DATE: 09/24/03 14:44

PAY PERIOD ENDING DATE 09/20/03

CSR SITE: FQ07 00 CSG GROUP: 0800

ACTIVITY: FCNF ORG: CEC

SSN NAME

000-00-0000 Doe, John W.

AGED COMPENSATORY TIME PAID/FFT GRANDFATHERED COMP TIME BALANCE
(P3)HRS PAID/FFT VALUE HOURS VALUE

26TH PPE 10/05/02	25TH PPE 10/19/02	24TH PPE 11/02/02	23RD PPE 11/16/02	22ND PPE 11/30/02
HOURS VALUE				
8.00 237.04	.00 .00	.00 .00	.00 .00	.00 .00

5. COMPENSATORY TIME AGING REPORT. This report is a tool to inform supervisors of compensatory time that will be paid/forfeited if not used within the next five pay periods.

ORGANIZATION: CEC
ORGANIZATION SUMMARY

AGED COMP TIME PAID		GRANDFATHERED COMP TIME BALANCE	
HOURS	VALUE	HOURS	VALUE
.00	.00	.00	.00
26TH PPE 10/05/02		23RD PPE 11/16/02	
HOURS	VALUE	HOURS	VALUE
8.00	237.04	.00	.00
25TH PPE 10/19/02		22ND PPE 11/30/02	
HOURS	VALUE	HOURS	VALUE
.00	.00	.00	.00
24TH PPE 11/02/02		21ST PPE 11/15/02	
HOURS	VALUE	HOURS	VALUE
.00	.00	.00	.00

Attachment 7

OUTSTANDING LEAVE DOCUMENTATION REPORT

PAGE 1

OUTSTANDING LEAVE DOCUMENTATION REPORT
PAY PERIOD ENDING DATE 09/20/03

REPORT NO.: P6603R01
REPORT DATE: 09/24/03 12:06

CSR SITE: F007 00 CSR GROUP: 0800

ACT	ORG	SSN	NAME	DATE	LEAVE TYPE CODE	HOURS	RECEIPT SF1150 PENDING
FCHF	CSC	000-00-0000	Doe, John W.	03/28/00	LC	8.00	
				06/23/03	LC	8.00	
				06/25/03	LC	8.00	

6. **OUTSTANDING LEAVE:** This report provides CSR personnel with a detailed cumulative listing of all employees that have used leave requiring support documentation. The type of leave requiring documentation are court leave, military leave, Guard leave, law enforcement leave, and military leave. This report also identifies new employees with leave balances transferred from a leave & earning statement (LES) when the SF1150 is still pending receipt.

Attachment 8

FAMILY LEAVE REPORT

PAGE 3

FAMILY LEAVE REPORT

REPORT NO. : P6612R01

REPORT DATE: 09/24/03 13:20

CSR SITE: F007 00 CSR GROUP: 0800

ORGANIZATION: CEC

PAY PERIOD ENDING DATE 09/20/03

SEN	EMPLOYEE NAME	PAY PLAN GRADE	RATE	OCC SERIES	EFF DATE	WTE DATE	AUTHORIZED HRS/DAYS	END BAL
000-00-0000	Doe, John W. A.	08-13	37.54	0801	/ /	/ /	.00	.00

FAM LV CARE/BEREAVE USED YTD: 20.00 DE-SICK LEAVE FOR FAMILY CARE / BEREAVEMENT

7. FAMILY LEAVE REPORT. This report provides the employing activity managers with active employees who have been authorized to take family leave, paid and/or unpaid family leave used, reason, and balance.

ORGANIZATION SUMMARY

TOTAL NUMBER OF EMPLOYEES	DE-SICK LV FOR FAMILY CARE / BEREAVE USED YTD	ADOPTION LV USED YTD	AUTHORIZED HOURS / DAYS	PAID LEAVE USED TO DATE	FAMILY MEDICAL LEAVE / NON PAID LEAVE USED TO DATE	ENDING BALANCE
1	20.00	.00	.00	.00	.00	.00

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED.