

<b>REQUEST FOR APPROVAL OF EXIGENCY-ANNUAL OR COMPENSATORY LEAVE</b> <i>(Prescribing Document – TD 3211)</i>				Original: Copies: Employee:	Payroll: Requester:
<b>PRIVACY ACT STATEMENT</b>					
<u>Authority:</u>	5 U.S.C. 301; 5 U.S.C. Chapters 53, 55, 61 and 63; 31 U.S.C. Chapter 35; DoD Financial Management Regulation (DoDFMR) 7000.14-R, Vol. 8, Chapter 5; and E.O. 9397 (SSN)				
<u>Purpose:</u>	To support the core financial requirements for Defense Finance and Accounting Service (DFAS), as well as provide civilian time and attendance services for the Department of Defense (DoD) Components located worldwide. This system will capture time and attendance, labor and production data for input to payroll and accounting systems. It will also provide the user a single, consolidated input method for reporting both time and attendance and labor information.				
<u>Routine Use(s):</u>	In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may be used by the SSC San Diego Payroll Office to update employee annual leave and compensatory time information in the timekeeping system.				
<u>Disclosure:</u>	Voluntary, however failure to provide information may result in denial of annual leave or compensatory time carryover from one leave year to another and forfeiture of use or lose annual leave or compensatory time.				
<b>FROM:</b> (Supervisor's name, title and code)				<b>DATE:</b>	
<b>TO:</b> DEPARTMENT HEAD, CODE				<b>VIA:</b> DIVISION HEAD, CODE	
EMPLOYEE NAME	SOCIAL SECURITY NO.	DATE LEAVE APPLICATION APPROVE D	PERIOD OF LEAVE SCHEDULED	NUMBER OF HOURS SCHEDULED	NO. OF HOURS OF INCREASED COMP. TIME
<b>DUE TO THE EXIGENCY DESCRIBED BELOW, THE FOLLOWING APPROVAL IS REQUESTED (Check all that apply)</b>					
<input type="checkbox"/> DENIAL OF SCHEDULED ANNUAL LEAVE AND RESTORATION OF DENIED ANNUAL LEAVE UNDER THE PROVISIONS OF PUBLIC LAW 93-181					
<input type="checkbox"/> INCREASE OF 80-HOUR MAXIMUM OF COMPENSATORY TIME ALLOWED.					
<input type="checkbox"/> INCREASE OF COMPENSATORY TIME CARRYOVER FROM ONE LEAVE YEAR TO THE NEXT. THE INCREASED MAXIMUM WILL BE CANCELLED AT THE END OF THE ____ LEAVE YEAR AT WHICH TIME OVERTIME PAYMENT WILL BE MADE FOR ANY COMPENSATORY TIME HOURS OVER 80.					
<b>JUSTIFICATION</b> (State specific project/operational requirement necessitating approval of above request.)					
<b>SIGNATURE:</b> (Requester)			<b>SIGNATURE:</b> (Department/Division Head)		
<b>FOR USE BY LEAVE ADMINISTRATOR ONLY</b>					
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	SIGNATURE, TITLE AND CODE			DATE	