OFF- STATION OVERTIME/COMPTIME CONFIRMATION

PART 1

FROM *(Duty Station or Travel Destination)*	DATE

TO
FRCSW, NORTH ISLAND, SAN DIEGO, CALIFORNIA 92135-5112 ATTN: CODE 10.2.3

EMPLOYEE'S NAME	SHOP	PAY NO.	JOB ORDER NO.

NORMAL WORK SHIFT FROM TO	FLSA EXEMPT ☐ FLSA NON-EXEMPT ☐	INDICATE OVERTIME, COMPTIME OR HOLIDAY PREMIUM HOURS BELOW *(Use separate forms for each other)*

DATE	FROM	TO	TOTAL HOURS

JUSTIFICATION FOR HOURS	DUTY STATION VERIFICATION *(if applicable)* SIGNATURE TITLE *(Print or type)*

DOD CONTROLLED ☐ NON-DOD CONTROLLED ☐

AUTHORIZING SIGNATURE	NAME AND TITLE OF APPROVING OFFICIAL *(Print or type)*

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Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

FRCSW 4650/4 (REV. AUG 09)