Clear Form

WORKER EFFORT CONTROL APPROVAL

Week Ending _____

From: Code _____

To: Division Head _____ ☐ Approved ☐ Disapproved Signature _____ Date _____

To: Department Head _____ ☐ Approved ☐ Disapproved Signature _____ Date _____

OVERTIME/COMP-TIME HOURS

Name (Last, First, MI)	Badge Number	FLSA (N or E)	Regular Hours	Previously Approved This Week	New Rqmts For This Week	Total This Week	# of Wks in FY Over 50 Hr Per Week	Comp/ Overtime	Subject to managerial approval, "I Request Compensatory Time In Lieu of Overtime". (Full Signature Below for FLSA "N" Employees Only)	Overtime Approved in lieu of Compensatory Time

ABOVE OVERTIME MEETS THE CRITERIA OF (CHECK ONE) and PROVIDE JUSTIFICATION:

☐ 1. Fleet Operational Support

☐ 2. Production Support

☐ 3. Emergencies

☐ 4. Safeguarding Life/Property

☐ 5. Generating Savings

☐ 6. Admin Support - Requires Specific Justification

Justification:

Supervisor Signature:

*PRIVACY ACT INFORMATION-- FOR OFFICIAL USE ONLY**

Authority: 10 U.S.C. 5013; 10 U.S.C. 5041; OPNAVINSTR 5530.14C; AND E.O. 9397 (SSN) Principle Purposes: The purpose of this form is to input information into timekeeping system. Routine Uses : In addition to the disclosures generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act, these records or information contained therein may specially be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)3 as follows: The DoD "Blanket Routine Uses" that appear at the beginning of the Navy's compilation of systems of records notices apply to this system. . Disclosure: Voluntary; however, failure to provide requested information may result in denial of access to see employee's timekeeping records.

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