Print Form

OVERTIME/COMPENSATORY TIME REPORT (12600)

NAVMC HQ 812 (7-90) (EF)

PAY PERIOD ENDING (Date)

NOTE: It is required that each employee working overtime/compensatory time sign in on this sheet at the time overtime/compensatory time begins. It is also required that time taken for lunch be shown on this sheet since compensation for overtime/compensatory time can be only for time actually worked. No credit for overtime/compensatory time can be given unless this sheet is properly completed and submitted to the Director of Administration and Resource Management Division (AR-3), Room 1023.

REPORTING UNIT	DISTRIBUTION CODE

SIGNATURE	DATE	IN	OUT	IN	OUT	TOTAL

REMARKS: (The supervisor will indicate how the overtime/compensatory time was verified in the Section.)

CERTIFIED CORRECT BY:

SUPERVISOR	CERTIFYING OFFICER

Reset Form

Adobe Designer 8.0