

Financial Administration  
**HOLIDAY, COMPENSATORY, AND OVERTIME APPROVAL**

**SUPPLEMENTATION.** Local supplementation of this regulation is prohibited except upon approval of AFZF-RM-FI.

**SUGGESTED IMPROVEMENTS.** The proponent of this regulation is Directorate of Resource Management. Users are invited to send comments and suggested improvements to Commander, III Corps and Fort Hood, ATTN: AFZF-RM-FI, Fort Hood, Texas 76544-5056.

OVERVIEW

1

Purpose This regulation informs officials, supervisors, and employees of the responsibilities, policies, and basic procedures governing the approval and control of paid overtime, compensatory time, or holiday hours worked for civilian personnel paid from appropriated funds.

1a

Scope This regulation applies to Fort Hood part-time, full-time and intermittent employees paid from appropriated funds.

1b

Approval Authority Authority to order and approve overtime, holiday hours worked is vested with the commander. This authority is delegated as follows:

SECTION	APPROVAL AUTHORITY
Command Section	Chief of Staff Garrison Commander
Corps and Garrison Staff	Directors
Major Subordinate Commands (MSC)	Commanders
Tenant Units	IAW MACOM Guidance

This authority may be redelegated, e.g., deputy directors, MSC comptrollers etc.

Redelegation will be in writing, and a copy provided to the appropriate program director-resource management office.

1c

Related Publications FH Pam 690-32 (Guide to Civilian Personnel Management) contains policies pertaining to

- overtime
- compensatory time, and
- holiday hours worked.

AR 570-4 (Manpower Management) requires all activities to control and manage overtime.

1d

**PROCEDURES**

2

Certification

The individual certifying the time and attendance (TA) report makes sure that premium hours have been approved and worked.

2a

Completion of holiday FHT Overprint 37-X1

Requesting officials for the activity will prepare request for overtime, compensatory time or hours

- in quadruplicate
- using FHT Overprint 37-X1 (Request, Authorization and Report of Overtime) (see appendix A).

Signatures of the requesting official and the approving/authorizing official (Block 1c, above) are required in the appropriate blocks of the forms.

Once approved forward three copies of the request to the appropriate program director-resource management office for fund certification in the remarks section of the FHT Overprint 37-X1.

Distribution of the completed request will be as follows:

- original copy - approving official
- second copy - requesting official
- third copy - program director.

2b

Approval Date

Overtime, compensatory time or holiday hours can be orally approved in advance of hours worked. When this occurs, the FHT Overprint 37-X1 will contain the following statement: 'Oral approval of overtime was received on \_\_\_\_\_.'

(date)

The FHT Overprint 37-X1 will be approved in writing before the

- overtime,
  - compensatory time, or
  - holiday hours worked
- are posted to DA Form 4385 (Time and Attendance Report).

Exceptions will be emergencies performed on the weekend before the end of the pay period. Follow-up paperwork is to be initiated the next working day and approved as soon as possible.

2c

FOR THE COMMANDER:



OSCAR N. WHITE, JR.  
LTC, SC

PAUL T. WEYRAUCH  
Brigadier General, GS  
Chief of Staff

**2 April 1990**

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1 Appendix

A – Sample FHT Overprint 37-X1

**DISTRIBUTION:**

IAW FH Form 1853, D

Plus: IM - AO (2)

IM - ARL (1)

IM - PUBS (100)

RM-FI (25)

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Appendix A  
**SAMPLE FHT OVERPRINT 37-X1**

**\*\*FORT HOOD INSTRUCTIONS**  
 (1) Activity will prepare request for overtime, compensatory (holiday hours) and quadruplicate (on copy retained until approved copy returned). Signatures of approving/authorizing officials are required in appropriate blocks. Once approved forward three copies of request to appropriate program director/resource management office for funding certification and remarks section.  
 (2) Distribution of complete request: Original copy approving official; second copy requesting official; third copy - program director.

<b>REQUEST, AUTHORIZATION, AND REPORT OF OVERTIME</b> <small>For use of this form, see AR 37-105; the proponent agency is USAFAC.</small>				PAY PERIOD ENDING DATE	DATE PREPARED			
<b>THRU</b> <small>(If applicable)</small>	<b>TO</b> <small>(Approving Officer)</small>  <h1 style="font-size: 2em; margin: 0;">sample</h1>		<b>FROM</b> <small>(Office or Division, Branch, Section, Unit or Separate Activity)</small>					
<p><b>* * These instructions DO NOT APPLY to Fort Hood.</b> <span style="float: right;"><b>Fort Hood instructions are printed along right edge of form.</b></span></p> <p><b>INSTRUCTIONS</b></p> <ol style="list-style-type: none"> <li>1. A separate request for overtime shall be prepared in an original and two copies for each pay period in which overtime is to be worked. One copy will be retained until the approved/disapproved copy is returned.</li> <li>2. Enter the name of employees, social security number, grade and step, date work is to be performed, the clock hours of duty, number of overtime hours to be worked by each employee.</li> <li>3. The requesting official shall sign the request and submit to the appropriate authorizing official. If the authorizing official concurs he/she shall sign the form and return a copy to the requesting office. The original will be forwarded to the Civilian Payroll Office.</li> </ol> <p><b>* * These instructions DO NOT APPLY to Fort Hood.</b> <span style="float: right;"><b>Fort Hood instructions are printed along right edge of form.</b></span></p> <p><i>Authority is hereby requested for the performance of the overtime described below which is beyond the regularly established 8-hour day or 40-hour week.</i></p>								
SOCIAL SECURITY NUMBER	EMPLOYEE NAME	GRADE/STEP	DATE WORK IS TO BE PERFORMED	CLOCK HOURS OF DUTY	NUMBER OF HOURS RE-QUESTED	METHOD OF COMPENSATION		
						Overtime	Holiday	*Compensatory Time
<p><b>*NOTE:</b> (Employees occupying wage grade positions may not be granted compensatory time, except for employees working alternate work schedules.) (Compensatory time cannot be granted for holiday work)</p>					<b>TOTAL HOURS</b>			

A-1

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NATURE OF DUTIES AND JUSTIFICATION FOR OVERTIME <i>(Enter a short description of the work to be performed and the reason why it must be performed by overtime.)</i>		
<h1>sample</h1>		
TYPED NAME AND TITLE	REQUESTED BY <i>(Signature)</i>	DATE
TYPED NAME AND TITLE	AUTHORIZED BY <i>(Signature)</i>	DATE
REMARKS		

