

## INSTRUCTIONS

### PURPOSE

Form DS-3060 is used worldwide for Department of State employees designated as exempt\* under the Fair Labor Standards Act. This form is used to authorize hours worked that are covered by premium compensation but not otherwise included as part of the employee's permanent administrative workweek schedule. Form DS-3060 is an official record for the employee, supervisor, and authorizing official. The original is retained in the post, bureau, or office administrative files for audit purposes.

\*Non-exempt employees must use Form DS-3065 for authorization of overtime hours and premium compensation.

### EMPLOYEE INFORMATION

1. Type or print the employee's name.
2. Indicate Class and Step or Grade and Step, as appropriate. Examples: FP- 05/3, GS- 07/02, FO-04/05.  
This is used to determine whether regular compensatory time off is optional or mandatory (*in lieu of salary*), the impact of the GS-15, step 10 or the EX-V (*whichever is GREATER*), biweekly pay limitation and the estimated cost for requested overtime work.
3. Enter appropriate agency and organizational symbols. If the work is performed outside of that jurisdiction (i.e., detail), add parenthetically where the work is performed.
4. Optional use for supplemental information.

### PART I. REQUEST AND AUTHORIZATION

Supervisors should initiate the premium compensation request as far in advance as possible. Overtime work requested must be essential and used only when the work cannot be accomplished during the regularly scheduled administrative workweek. Complete all sections of Part I to include type of premium compensation work (e.g., *overtime, night, Sunday, holiday*), the additional salary cost due to premium compensation entitlements and the date the work will be performed.

### PART II. PREMIUM COMPENSATION FOR SCHEDULED OVERTIME WORK

Under title 5 U.S.C., overtime work must be ordered or approved to be compensable. Department policy requires that approval be in writing and signed by a supervisor and authorizing official. Regularly scheduled overtime is work that has been authorized in advance of the start of the administrative workweek. In section A, include only regularly scheduled overtime, night, or Sunday work that is not a part of an employee's existing regularly scheduled administrative workweek that is being authorized for premium compensation. (NOTE:-all irregular overtime is covered by Part III and does not need this additional information.)

If applicable, indicate the type of premium compensation you are requesting. Premium compensation is available in the following circumstances:

- (A) Night Work is work scheduled in advance of the administrative workweek for work that is to be performed between 6 p.m. and 6 a.m.
- (B) Sunday Work is non-overtime work on Sunday that is scheduled in advance of the administrative workweek.
- (C) Holiday Work is non-overtime work that is scheduled in advance of the administrative workweek on a holiday designated in accordance with 5 C.F.R. §610.202.
- (D) Regularly Scheduled Overtime is overtime hours that are scheduled in advance of the administrative workweek.

### PART III. REGULAR COMPENSATORY TIME OFF FOR IRREGULAR OVERTIME WORK

The following information is applied when the premium compensation request is initiated and approved after the start of the administrative workweek, resulting in "irregular" (or *unscheduled*) overtime work. Item #3 under Employee Information - determine if (a) employee's basic rate of pay is at GS-10, step 10, or below; or (b) above the salary of a GS-10, step 10. For (a), check the request for overtime pay, compensatory time off, or a combination of both. For (b), compensatory time off is mandatory except in extraordinary circumstance when an exception is granted. (See 3 FAM 3133.3) For both (a) and (b), employee, supervisor, and authorizing official must sign and date.

### PART IV. SPECIAL COMPENSATORY TIME OFF

Special compensatory time off for Foreign Service Officers applies only to tenured Foreign Service Officers in the "FO" pay plan. The provisions are similar to regular compensatory time off, except FO's may carry special compensatory time off in the payroll system for 26 weeks (13 pay periods) and if not used, the time off is forfeited and may not be converted to salary. (See 3 FAM 3133.5)

Refer to 5 CFR 550.1002 for guidance concerning special compensatory time off for religious observances.

**Special compensatory time off at isolated and designated posts** applies only to a very few locations abroad and is not reported on time cards; supervisors should consult the administrative officer at post. (See 3 FAM 3133.4)

### PART V. REPORT OF LIQUIDATION

For record keeping purposes, after the expiration of 26 pay periods for regular compensatory time off and 13 pay periods for special compensatory time off, supervisors should complete Part V, notify the employee, and file this form for audit purposes.

**Page 2 (optional)** can be used as a detailed record of overtime hours worked by each week of the pay period.



# AUTHORIZATION OF OVERTIME AND PREMIUM COMPENSATION FOR FLSA EXEMPT EMPLOYEES

(PLEASE READ INSTRUCTIONS ON PAGE ONE BEFORE COMPLETING THIS FORM)

EMPLOYEE INFORMATION		
1. Employee Name (Last, First, MI)		2. FLSA Status <b>EXEMPT</b>
3. Class/Grade and Step	4. Agency and Post, Bureau or Office	5. Other (Optional)

PART I - SUPERVISORY REQUEST AND AUTHORIZATION		
I certify that this work is essential and must be performed as requested below.		
Number of Hours to be Worked	Hours During the Day/Evening that Work will be Performed	Date Work is to be Performed (mm-dd-yyyy)

PART II - PREMIUM COMPENSATION FOR REGULARLY SCHEDULED WORK
A. (If applicable) As shown in Part I, the employee's regularly scheduled administrative workweek is amended in advance to include: <input type="checkbox"/> Regularly Scheduled Overtime Work, <input type="checkbox"/> Regularly Scheduled Night Work, and/or <input type="checkbox"/> Regularly Scheduled Non-Overtime Work on Sunday
B. Other Information

PART III - REGULAR COMPENSATORY TIME OFF FOR IRREGULAR OVERTIME WORK
<b>A. FOR EMPLOYEES WHOSE SALARY IS AT GS-10, STEP 10, OR BELOW:</b> For irregular overtime work performed, I request: <input type="checkbox"/> Overtime Pay, <input type="checkbox"/> Regular Compensatory Time Off, or <input type="checkbox"/> _____ hours of overtime pay and _____ hours of regular compensatory time off. I understand that I must use Form OPM-71 to request compensatory time off within the next 26 pay periods. If the request is disapproved and the time off cannot be rescheduled, overtime pay may be granted after the 26 pay periods. If such hours are forfeited, they are not restorable, nor payable.
<b>B. FOR EMPLOYEES WHOSE SALARY IS ABOVE GS-10, STEP 10:</b> For irregular overtime work performed, compensation will be in the form of regular compensatory time off. I understand that I must use Form OPM-71 to request the time off within the next 26 pay periods. If the request is disapproved and the time off cannot be rescheduled, overtime pay may be granted after the 26 pay periods. If such hours are forfeited, they are not restorable, nor payable.

PART IV - SPECIAL COMPENSATORY TIME OFF
<input type="checkbox"/> Foreign Service Officers <input type="checkbox"/> Religious Observances <input type="checkbox"/> Isolated/Designated Posts Abroad
I request _____ hours of special compensatory time off for work performed on _____ (mm-dd-yyyy)
<b>NOTE:</b> -- Unused special compensatory time off cannot be converted to salary. (For Foreign Service officers: Form OPM-71 must be used to request time off within the next 13 pay periods.) (For Isolated/Designated Posts: Special compensatory time must be used prior to departing post or it will be forfeited.)

CERTIFICATIONS		
<b>Employee</b>	<input type="checkbox"/> By checking this box, I, _____, certify that I am the individual submitting this document.	Date (mm-dd-yyyy)
<b>Supervisor</b>	<input type="checkbox"/> By checking this box, I, _____, certify that I am the individual submitting this document.	Date (mm-dd-yyyy)
<b>Approving Official</b>	<input type="checkbox"/> By checking this box, I, _____, certify that I am the individual submitting this document.	Date (mm-dd-yyyy)

PART V - REPORT OF LIQUIDATION
I certify that compensation for the overtime worked has been liquidated as follows:
<input type="checkbox"/> Compensatory Time Taken <input type="checkbox"/> Has Been Paid <input type="checkbox"/> Compensatory Time Forfeited <input type="checkbox"/> Compensatory Time Converted to Paid Overtime
After completion, the original signed and dated copy of this form must be retained for 2 years in Post, Bureau, or office administrative files wherever it may be audited. Upon request, a copy should be submitted by the employee to the appropriate payroll office.

## DAILY RECORD OF OVERTIME HOURS WORKED

Name of Employee (Last, First, MI.) \_\_\_\_\_

Office Symbol \_\_\_\_\_ Room Number \_\_\_\_\_

Office Telephone Number \_\_\_\_\_ Extension \_\_\_\_\_

Office Where Overtime is to be Performed \_\_\_\_\_

Pay Period \_\_\_\_\_

Day	Date (mm-dd-yyyy)	Time (From)	Time (To)	Total Hours
<b><u>FIRST WEEK OF PAY PERIOD</u></b>				
Sunday	_____	_____	_____	_____
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
<b><u>SECOND WEEK OF PAY PERIOD</u></b>				
Sunday	_____	_____	_____	_____
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
				Grand Total

<b>Employee</b>	<input type="checkbox"/> By checking this box, I, _____, certify that I am the individual submitting this document.	Date (mm-dd-yyyy)
<b>Supervisor</b>	<input type="checkbox"/> By checking this box, I, _____, certify that I am the individual submitting this document.	Date (mm-dd-yyyy)