

DEPARTMENT OF HOMELAND SECURITY  
Transportation Security Administration

**OVERTIME/COMPENSATORY TIME APPROVAL**

**INSTRUCTIONS:** BEFORE completing this form management officials are to review [TSA MD 1100.55-8, Premium Pay](#), and the associated [Handbook](#). The management official(s) having the authority to order and approve holiday work and overtime (OT) work and to approve compensatory time (CT) off for travel must complete this form when such work is determined to be the most appropriate means to manage work operations and achieve mission objectives. Overtime work must be ordered and approved in advance at a level in the chain of supervision above the employee assigned to perform the work. Employees may be granted up to 160 hours of CT off in lieu of OT pay in a leave year.

Regularly Scheduled Overtime: Overtime work that is scheduled in advance of the administrative workweek, and is part of the employee's scheduled tour of duty.

Irregular or Occasional Overtime: Overtime work that is not scheduled in advance of the employee's administrative workweek. Sometimes referred to as unscheduled overtime.

**SECTION I. Employee Information**

Name: \_\_\_\_\_ Office: \_\_\_\_\_  
 Division: \_\_\_\_\_ Section: \_\_\_\_\_ Branch: \_\_\_\_\_  
 Position Title, Occupational Series & Pay Band: \_\_\_\_\_  
 (e.g., HR Specialist, 0201, I Band)

**SECTION II. Compensation Type (check all that apply)**

- ☐ Holiday Premium Pay - use when the employee is not normally required to work on a holiday
- ☐ OT Pay - regularly scheduled OT work
- ☐ OT Pay - irregular and occasional OT work - Approving official has verified authority to approve the OT pay for exempt employees in accordance with TSA MD 1100.55-8 and the associated Handbook.
- ☐ CT in lieu of OT - cannot be approved for regularly scheduled OT work
- ☐ CT for Travel

| Date(s) |    | Holiday or OT Pay       | CT in lieu of OT        | Employee Initials if he/she elects CT in lieu of OT<br>(or attach the employee request and indicate "See attached written request from employee" in place of the employee's initials) |                           | CT for Travel<br>(attach supporting documentation) |
|---------|----|-------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------|
| From    | To | Authorized No. of Hours | Authorized No. of Hours | Employee Initials                                                                                                                                                                     | Requested No. of CT Hours | Authorized No. of Hours                            |
|         |    |                         |                         |                                                                                                                                                                                       |                           |                                                    |
|         |    |                         |                         |                                                                                                                                                                                       |                           |                                                    |
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|         |    |                         |                         |                                                                                                                                                                                       |                           |                                                    |
|         |    |                         |                         |                                                                                                                                                                                       |                           |                                                    |

**SECTION III. Justification**

Briefly describe the circumstances which require use of holiday work, overtime work, or compensatory time off for travel.

|                                                                                                                                                                                                                                                                                                 |             |                 |                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------|------------------------------------------------------------------------------------------|
| <b>SECTION IV. Approval</b>                                                                                                                                                                                                                                                                     |             |                 |                                                                                          |
| Appropriation Chargeable:                                                                                                                                                                                                                                                                       |             |                 |                                                                                          |
| The approving official is the individual who has been delegated the authority to approve holiday work, overtime pay, compensatory time off for travel, or compensatory time off in lieu of overtime pay.<br><b>Approving official must also indicate the availability of appropriate funds.</b> |             |                 | <b>Availability of funds</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>SECTION V. Approving Official</b>                                                                                                                                                                                                                                                            |             |                 |                                                                                          |
|                                                                                                                                                                                                                                                                                                 |             |                 |                                                                                          |
| Name ( <i>Print</i> ) _____                                                                                                                                                                                                                                                                     | Title _____ | Signature _____ | Date _____                                                                               |

**PRIVACY ACT STATEMENT:** AUTHORITY: 49 U.S. C. § 114(n). **PRINCIPAL PURPOSE(S):** This information will be used to grant approval for holiday work, overtime pay, compensatory time off in lieu of overtime pay, or compensatory time off for travel. **ROUTINE USE(S):** This information may be shared with another federal agency, in connection with the hiring of an employee or the issuance of a security clearance, or for routine uses identified in the Department of Homeland Security's system of records, DHS/ALL-019 Payroll, Personnel, and Time and Attendance Records. **DISCLOSURE:** Voluntary; failure to furnish the requested information may result in an inability to approve holiday work, overtime pay, compensatory time off in lieu of overtime pay, or compensatory time off for travel.

*Previous editions of this form are obsolete.*