



**PROGRAM SUPPORT CENTER HEADQUARTERS**

**REQUEST TO EARN CREDIT HOURS,  
COMPENSATORY TIME OR OVERTIME**

NAME:	DIVISION:	BRANCH:
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For the pay period ending \_\_\_\_\_, I am requesting approval to earn no more than \_\_\_\_\_ hours of Credit Time (CR), \_\_\_\_\_ hours of Compensatory Time (CT) and/or \_\_\_\_\_ hours of Overtime (OT).

EMPLOYEE'S SIGNATURE	DATE	* JUSTIFICATION
REQUESTING OFFICIAL'S SIGNATURE*	DATE	
APPROVING OFFICIAL'S SIGNATURE	DATE	

*\* NOT REQUIRED FOR CREDIT HOURS REQUEST*

**REPORT OF CREDIT HOURS, COMPTIME OR OVERTIME WORKED**  
*(Please mark CR, CT or OT in Daily Total to Determine Type)*

1st WEEK	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM							
TO							
DAILY TOTAL							

2nd WEEK	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM							
TO							
DAILY TOTAL							

SUPERVISOR'S SIGNATURE	DATE	EMPLOYEE'S SIGNATURE	DATE
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**NOTE:** For bargaining unit employees, the procedures for full-time and part-time employees earning and carrying forward credit hours will be in accordance with the applicable labor agreement. For non-bargaining unit employees, the existing procedures in each Service will be observed.