

Green v. Hromatka

Case ____ - ____ RBW

Exhibit 17 of ____

WRC Exhibit 17 – Relief sought from Defendant 04 14 10



U.S. Department of State
AUTHORIZATION OF PREMIUM COMPENSATION

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

EMPLOYEE INFORMATION

1. Employee Name (Last, First, MI.) Green Marvin E		2. Class/Grade and Step FS4	3. Salary
4. FLSA Status	5. Agency and Post, Bureau or Office Embassy Freetown		6. 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 562.75	Type of Work to be Performed Technical Support	Salary Cost	Date Work is to be Performed (mm-dd-yyyy) 9-1-2008 to 3-5-2010
Supervisor's Signature X	Date (mm-dd-yyyy) X	Authorizing Official's Signature	Date (mm-dd-yyyy)

PART II - REGULARLY SCHEDULED OVERTIME WORK

A. (If applicable) As shown in Part I, the employee's regularly scheduled administrative workweek is amended in advance to include:

Regularly Scheduled Overtime Work, Regularly Scheduled Night Work, and/or Regularly Scheduled Non-Overtime Work on Sunday

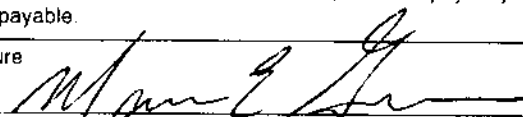
B. Other Information

PART III - REGULAR COMPENSATORY TIME OFF FOR IRREGULAR OVERTIME WORK

A. **FOR EMPLOYEES WHOSE SALARY IS AT GS-10, STEP 10, OR BELOW:**

For irregular overtime work performed, I request:

Overtime Pay, Regular Compensatory Time Off, or _____ 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 8 pay periods. If the request is disapproved and the time off cannot be rescheduled, overtime pay may be granted after the 8 pay periods. If such hours are forfeited, they are not restorable, nor payable.

Employee's Signature  Date (mm-dd-yyyy) **04-14-2010**

B. **FOR EMPLOYEES WHOSE SALARY IS ABOVE GS-10, STEP 10:**

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 8 pay periods. If the request is disapproved and the time off cannot be rescheduled, overtime pay may be granted after the 8 pay periods. If such hours are forfeited, they are not restorable, nor payable.

Employee's Signature _____ Date (mm-dd-yyyy)

PART IV - SPECIAL COMPENSATORY TIME OFF

Foreign Service Officers Religious Observances Isolated/Designated Posts Abroad

I request _____ hours of special compensatory time off for work performed on _____ (mm-dd-yyyy).

NOTE: -- 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.)

Employee's Signature _____ Date (mm-dd-yyyy)

PART V - REPORT OF LIQUIDATION

I certify that compensation for the overtime worked has been liquidated as follows:

compensatory time taken, compensatory time forfeited, and/or has been paid, compensatory time converted to paid overtime.

Supervisor's Signature _____ Date (mm-dd-yyyy)

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 <i>(Last, First, MI.)</i>	Green	Marvin	E
Office Symbol	IRM	Room Number	
Office Telephone Number	+232-76-51-5322	Extension	5322
Office Where Overtime is to be Performed	IRM		
Pay Period			

Day	Date (mm-dd-yyyy)	Time (from)	Time (to)	Total Hours
<u>FIRST WEEK OF PAY PERIOD</u>				
Sunday	09-01-2008			
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

<u>SECOND WEEK OF PAY PERIOD</u>				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday	03-05-2010			

562.75
Grand Total

Supervisor's Signature _____	Date (mm-dd-yyyy) _____
Timekeeper's Signature _____	Date (mm-dd-yyyy) _____
Employee's Signature <u>Marvin E. Green</u>	Date (mm-dd-yyyy) <u>04-14-2010</u>