

**REQUEST FOR DOCUMENTS FOR THE
OVERTIME CLAIM FILING**

NAME: _____

POSITION AND GRADE: _____

EMPLOYEE OFFICE LOCATION: _____

TELEPHONE: _____ EMAIL: _____

I request the following documents for filing of my overtime claim:

Biweekly Cost Accounting Sheets for the following pay periods of:

____/____/____ to ____/____/____	____/____/____ to ____/____/____
____/____/____ to ____/____/____	____/____/____ to ____/____/____
____/____/____ to ____/____/____	____/____/____ to ____/____/____
____/____/____ to ____/____/____	____/____/____ to ____/____/____
____/____/____ to ____/____/____	____/____/____ to ____/____/____
____/____/____ to ____/____/____	____/____/____ to ____/____/____
____/____/____ to ____/____/____	____/____/____ to ____/____/____
____/____/____ to ____/____/____	____/____/____ to ____/____/____
____/____/____ to ____/____/____	____/____/____ to ____/____/____

SF-71 Leave Request Forms for the following pay periods of:

____/____/____ to ____/____/____	____/____/____ to ____/____/____
____/____/____ to ____/____/____	____/____/____ to ____/____/____
____/____/____ to ____/____/____	____/____/____ to ____/____/____
____/____/____ to ____/____/____	____/____/____ to ____/____/____
____/____/____ to ____/____/____	____/____/____ to ____/____/____
____/____/____ to ____/____/____	____/____/____ to ____/____/____
____/____/____ to ____/____/____	____/____/____ to ____/____/____
____/____/____ to ____/____/____	____/____/____ to ____/____/____
____/____/____ to ____/____/____	____/____/____ to ____/____/____

Agency Compensatory time records, including request forms and emails submitted to my supervisor for the following pay periods:

____/____/____ to ____/____/____	____/____/____ to ____/____/____
____/____/____ to ____/____/____	____/____/____ to ____/____/____
____/____/____ to ____/____/____	____/____/____ to ____/____/____
____/____/____ to ____/____/____	____/____/____ to ____/____/____
____/____/____ to ____/____/____	____/____/____ to ____/____/____
____/____/____ to ____/____/____	____/____/____ to ____/____/____
____/____/____ to ____/____/____	____/____/____ to ____/____/____
____/____/____ to ____/____/____	____/____/____ to ____/____/____

Agency records showing the time period I served on Intake, for the period of April 7, 2003 through April 28, 2009: (fill in specific period [month/year], if applicable) _____

Signature: _____

Printed Name: _____

Date Submitted: _____

Date Received By Agency: _____

Name of Agency Employee: _____