

DEPARTMENT OF THE ARMY  
HEADQUARTERS, U.S. ARMY FIELD ARTILLERY CENTER AND FORT SILL  
Fort Sill, Oklahoma 73503-5100

USAFACFS Regulation  
No. 37-105

27 February 1987

Financial Administration  
CIVILIAN PAY PROCEDURES

Further supplementation by subordinate commanders is prohibited  
unless specifically approved by Headquarters, USAFACFS.

1. PURPOSE. To inform operating officials, supervisors, and employees of the responsibilities, policies, and basic procedures governing the approval and control of paid overtime and civilian personnel paid from appropriated funds.

2. COVERAGE. The policy set forth herein is applicable to all part-time, full-time, and intermittent employees paid by Fort Sill from appropriated funds.

3. MAINTENANCE OF FS FORM 962 (TEMP) OR DA FORM 4395 (TEST) (TIME AND ATTENDANCE (T&A) REPORT). FS Form 962 (Temp) will be used in lieu of DA Form 4395 (Test), except for new employees, a supplemental (fig 1) and corrections (fig 2) to the T&A report, and will be maintained and submitted in accordance with the Standard Army Civilian Payroll System (STARCIPS) Manual (unnumbered), September 1980. Deviations from the procedures required in the manual are not permitted without prior approval from the Department of the Army. Requests for deviation are to be forwarded to HQ, USAFACFS, ATTN: ATZR-RFP-C, for consideration. Users desiring copies of the manual are to contact the Civilian Pay Section, Finance and Accounting Division, Fort Sill.

4. RESPONSIBILITY. Authority to order and approve overtime is vested with the installation commander. The use of overtime beyond the basic tour of duty may be used only in the event of unusual emergencies. For this purpose, the term "unusual emergency" refers to unforeseeable situations involving preservation of health, welfare, safety of personnel, protection of Government property, temporary peak workloads or seasonal workloads when overtime is more economical than hiring additional staff, or unique operating requirements when overtime is more economical than demurrage or incurring other charges. The FS Form 654 (Overtime Request, Authorization, and Report) should state that its purpose is to document that fact. Supervisors must make sure that they do not allow their employees to work overtime unless they require it and intend that the work be performed. Employees who are subject to Fair Labor Standards Act and who are "suffered or permitted" to work in excess of normal duty hours will be entitled to overtime pay whether or not it was officially ordered and approved. The authority to order and approve overtime has been redelegated by the installation commander in accordance with paragraph 6.

a. All T&A reports should be received in Civilian Pay Section no later than 0930 on the Monday after the close of the pay period. Supplemental T&A report received after 1600 on the Monday after the close of the pay period will be processed the following pay period due to the time element.

b. The names and signature of each supervisor authorized to certify (approve) entries on the T&A report will be furnished to the Civilian Pay Section on 15 January and 15 July of each year and be maintained on a current basis.

5. POLICY.

a. General.

(1) Paid overtime, including holiday pay, for civilian employees may be utilized only when the requirements meet the criteria outlined in paragraph 4. Information concerning overtime pay entitlement is contained in USAFACFS Regulation 690-31.

(2) Overtime (compensatory and paid) must be officially ordered and must be approved in writing on a daily or administrative work week basis prior to work being performed, except as follows: When prior written approval cannot be obtained because of emergencies as described in paragraph 4, such approval will be obtained within 72 hours, or before the end of the pay period, whichever is earlier. In order to justify after-the-fact approval for emergencies, the approval will contain a statement to the effect that emergencies fall within the provisions of paragraph 4 of this regulation.

\*This regulation supersedes USAFACFS Regulation 37-105, 10 June 1977.

(3) Operating officials will be governed by the primary objective of reducing overtime use to the maximum extent consistent with safety, economy, and efficient management. Supervisors and managers will initiate necessary advance planning to minimize the need for overtime.

(4) Overtime hours approved but not worked cannot be carried over to a subsequent pay period. If overtime is required in a subsequent pay period, a new request for approved overtime must be submitted.

(5) Personnel authorized to sign FS Form 962 (Temp) or FS Form 654 must certify that the total hours of overtime shown on the T&A report do not exceed the approved overtime. Original copies of overtime approvals (fig 1) will be retained by the approving official for audit in the future. The certified T&A report will be the basis for payment effective 11 January 1987.

b. Compensatory Time in Lieu of Overtime Payment.

(1) Compensatory time off must be granted within a reasonable period of time after the overtime work was performed, ordinarily during the same pay period; however, where the exigencies of a particular situation will not permit compensatory time to be granted immediately, this time period may be extended, but not beyond the end of the thirteenth pay period following that in which the overtime was performed. Compensatory time requests will be prepared in accordance with paragraph 7.

(2) Compensatory time worked and compensatory leave taken will be initialed by the employee in the "Initial" column. When nonexempt employees work compensatory time, they have to sign a statement that they have requested compensatory time in lieu of overtime. This statement will be submitted to the Civilian Pay Section with T&A reports. (Exempt employees are mainly supervisors and GS 9 and above.) Once compensatory time worked is reported on a T&A report, it cannot be converted to paid overtime by the submission of a corrected or supplemental T&A report. Wage grade employees are not eligible for compensatory time.

(3) If compensatory time off cannot be taken within the prescribed period, the employee will be paid for such time based on the rate in effect at the time the overtime was worked. A copy of the original request (FS Form 654) will be retained by the approving official to support overtime payment on the payroll for that pay period. Directors are required to have on file, in their office, documentation stating the reasons why compensatory time could not be taken within the pay periods prescribed in (1) above.

6. DELEGATION OF APPROVAL AUTHORITY. Authority to approve paid overtime within the objectives, spirit, and intent of the directives and policy referred to in paragraphs 4 and 5 is delegated to major activity directors, who may further delegate this authority. Authority for approval of overtime will be established at least one level above that level where overtime is actually worked. The authorization form will be retained by the overtime approving official for audit purposes.

7. PROCEDURES.

a. Prior to the use of compensatory or paid overtime worked during a pay period, activities will submit requests for overtime on FS Form 654 sufficiently in advance to enable the program director to evaluate the request and determine if funds are available. Except for off-post activities, after approval action, the program director will retain original copy of the overtime request and return a copy to the requesting activity. The original of overtime and compensatory time approvals are retained by approving official. The last sentence of the instructions should be changed to read "The original will be retained by the approving authority for audit purposes." This form is being revised to reflect change but existing stock of FS Form 654 will be used until exhausted.

b. Preparation of FS Form 654 (fig 3 and fig 4). The method for requesting and approving overtime is the method shown in figure 3, and the T&A report will be completed in accordance with figure 5. If the method in figure 4 is selected, the T&A report will still be completed in accordance with figure 5.

(1) The date of the overtime request will be on or before the first day of overtime to be worked, except as provided in paragraph 5a(2) above.

(2) Identification of office submitting request is self-explanatory (FROM); the (TO) will be the approving official. (The words "Finance and Accounting Officer" should be crossed out and the proper approving official inserted.)

(3) In the block "Nature of Duties and Justification for Overtime," enter a short justification of the work to be performed and the reason why it must be performed by overtime.

(4) FS Form 654 must be completed in accordance with figures 3 or 4 with data pertinent to each employee who is to perform overtime or compensatory work.

27 Feb 87

(a) Information needed for approval of overtime on a daily basis (fig 3) follows:

Employee's name	Date work will be done	Clock hours authorized
Employee's SSN	Number of hours authorized	Method of compensation
Employee's grade and step		

(b) Information needed for approval of overtime on the basis of the administrative work week (fig 4) follows:

Employee's name.  
 Employee's SSN.  
 Employee's grade and step.  
 Date or range of dates during which work will be performed within an administrative work week (one week at a time, Sun-Sat).  
 Number of hours authorized.  
 Method of compensation. (Only one method of compensation per employee will be noted per line.)

(5) Complete FS Form 962(Temp) or DA Form 4395(Test) for the above (fig 3 & 4) in accordance with figure 5.

(6) Tour of Duty (TOD) steps:

Step 1: Always post TOD to T&A.  
 Step 2: If overtime is worked, include in TOD hours.  
 Step 3: Next day, post TOD back to regular TOD hours if no overtime is worked.  
 Step 4: When overtime is worked, again include in TOD hours.  
 Step 5: Next day, post TOD back to regular TOD hours if no overtime is worked.

(7) The date of request must be on or before date of approval and the first day overtime is worked. If, however, due to the physical location of the activity performing the overtime and the approving official, written approval cannot be obtained on or before the first day is worked, the phrase "Confirmation of Telephone or Verbal Approval \_\_\_\_\_ (date)" will be added after the approved block. The date of the telephonic or verbal approval must be on or before the first day overtime is worked.

c. The original copy of the FS Form 654 must be submitted to the approving official on or before the T&A report for the pay period in which the work is performed. If the FS Form 654 is not available, the timekeeper will not post the overtime, compensatory time, or holiday work to the T&A report. When late approval is received, DA Form 4395 (Test) will be used, marked "Supplemental"(fig 2), and sent to the Civilian Pay Section. This "supplemental" should be received by Civilian Pay Section NLT 1600 on the Monday after the close of the pay week to be processed for the same pay period. Otherwise it will be processed the next pay period. This report will show only the overtime, compensatory time, or holiday worked. The identification information, SSN, name, and pay period (yr-mo-day), on this report must be the same data as the original report for the applicable pay period.

d. Last minute overtime that requires verbal approval will occur, however, and a FS Form 654 should still be submitted to the approving official on a timely basis.

## 8. REFERENCES.

- a. AR 37-105.
- b. STARCIPS Users Manual, Sep 80.
- c. STARCIPS Time and Attendance Manual, Sep 80.
- d. Civilian Personnel Regulation 550.
- e. USAFACFS Regulation 690-31.

ZWS		A		72		001-00-000		WHO L. How		99072		870124							
DIC		DEP CD		PCN		SOCIAL SECURITY NUMBER		NAME		COST CENTER		PAY PERIOD							
TOUR OF DUTY		DAY	SH CD	1 ST SHIFT	ND (GS)	2 ND SHIFT	3 RD SHIFT	OVERTIME HRS.			SUN. PREM	HOL. HRS.	COMP. HRS.	LEAVE TAKEN		*	# SEE REVERSE		
FROM	TO							1 SH	2 SH	3 SH	1 SH	2 SH	3 SH	HOL. HRS.	ANN	SICK	COMP	INITIAL	
1600	1800	SUN																	
		MON																	
		TUE																	
		WED																	
		THU																	
		FRI																	
		SAT																	
		SUN																	
PAY PERIOD TOTAL																			
CORRECTIONS																			
COLUMNS																			

SAMPLE

Supplemental T&A  
1-1177  
SUPERVISOR

DA FORM 4395, DEC 81  
REPLACES DA FORM 4395 (TEST), MAY 81, WHICH WILL BE USED.

Figure 1. Example of Completed Supplement T&A Report

ZVS		A		72		001-00-0000		WHO L. How		99072		870207							
DIC		DEP CD		PCN		SOCIAL SECURITY NUMBER		NAME		COST CENTER		PAY PERIOD							
TOUR OF DUTY		DAY	SH CD	1 ST SHIFT	ND (GS)	2 ND SHIFT	3 RD SHIFT	OVERTIME HRS.			SUN. PREM	HOL. HRS.	COMP. HRS.	LEAVE TAKEN		*	# SEE REVERSE		
FROM	TO							1 SH	2 SH	3 SH	1 SH	2 SH	3 SH	HOL. HRS.	ANN	SICK	COMP	INITIAL	
0730	1600	SUN																	
		MON		8															
		TUE		8															
		WED		8															
		THU		8															
		FRI		8															
		SAT																	
		SUN																	
PAY PERIOD TOTAL																			
CORRECTIONS																			
COLUMNS																			

SAMPLE

Corrected T&A  
1-1177  
SUPERVISOR

DA FORM 4395, DEC 81  
REPLACES DA FORM 4395 (TEST), MAY 81, WHICH WILL BE USED.

Figure 2. Example of Corrected T&A Report

OVERTIME REQUEST, AUTHORIZATION, AND REPORT														
<b>NATURE OF DUTIES AND JUSTIFICATION FOR OVERTIME:</b> (Enter a short description of the work to be performed and the reason why it must be performed by overtime.)  Working in order to meet deadline of 31 Jan 87.								<b>FROM:</b> (Section working the Overtime)  <b>TO:</b> <del>Finance and Accounting Officer</del> (Approving Official)					<b>DATE:</b> 27 Jan 87	
<b>INSTRUCTIONS:</b> A separate request for overtime shall be prepared in an original and two copies for each pay period which overtime is to be worked. One copy will be retained until the approved/disapproved copy is returned. The original will be forwarded to the Civilian Payroll Office, Building 1652, retained by approving official for audit purposes.														
EMPLOYEE IDENTIFICATION				GRADE/STEP	DATE WORK IS TO BE PERFORMED	CLOCK HOURS OF DUTY	NO. OF HRS REQUESTED	METHOD OF COMPENSATION			OT RATE	EST \$ AMOUNT*		
NAME	SSN							OT	HOL	COMP TIME				
HOW, WHO L.	001	00	0000	GS 5/1	27 Jan 87	1600-1900	3	X						
" "	001	00	0000	"	29 Jan 87	1600-1800	2	X						
" "	001	00	0000	"	31 Jan 87	0700-1530	8	X						
SNOW, BEE	002	00	0000	GS 5/1	31 Jan 87	0700-1530	8	X						
SAMPLE														
							<b>TOTALS</b>	21						
TYPED NAME AND TITLE				Requested by (Signature)			DATE		REMARKS:					
NON SAY, Supervisor				<i>Non Say</i>			27 Jan 87							
TYPED NAME AND TITLE				Authorized by (Signature)			DATE							
ALL SAY, Director				<i>all Say</i>			27 Jan 87							
NOTE: WG must be paid for overtime work. *Estimated cost per employee														

Figure 3. Example of Preparation of FS Form 654 (Daily Basis)

OVERTIME REQUEST, AUTHORIZATION, AND REPORT												
<b>NATURE OF DUTIES AND JUSTIFICATION FOR OVERTIME:</b> (Enter a short description of the work to be performed and the reason why it must be performed by overtime.)  Working in order to meet deadline of 30 Jan 87.							<b>FROM:</b> (Section working overtime)  TO: <del>Finance and Accounting Officer</del> (Approving Official)  DATE: 26 Jan 87					
<b>INSTRUCTIONS:</b> A separate request for overtime shall be prepared in an original and two copies for each pay period which overtime is to be worked. One copy will be retained until the approved/disapproved copy is returned. The original will be forwarded to the Civilian Payroll Office, Building 4652, retained by approving official for audit purposes.												
EMPLOYEE IDENTIFICATION				GRADE/STEP	DATE WORK IS TO BE PERFORMED	CLOCK HOURS OF DUTY	NO. OF HRS REQUESTED	METHOD OF COMPENSATION			OT RATE	EST \$ AMOUNT*
NAME	SSN							OT	HOL	COMP TIME		
HOW, WHO L.	001	00	0000	GS 5/1	26-30Jan87	17	X					
SNOW, BEE	002	00	0000	GS 5/1	26-30Jan87	17	X					
SAMPLE												
<b>TOTALS</b>							34					
TYPED NAME AND TITLE				Requested by (Signature)		DATE		REMARKS:				
NON SAY, Supervisor				<i>Non Say</i>		26 Jan 87						
TYPED NAME AND TITLE				Authorized by (Signature)		DATE						
ALL SAY, Director				<i>All Say</i>		26 Jan 87						
NOTE: WG must be paid for overtime work. *Estimated cost per employee												

Figure 4. Example of Preparation of FS Form 654 (Administrative work week)

FS Form 962 (Temp) (Fmt) Rev 1 Feb 87

TIME AND ATTENDANCE REPORT

1 ZVS		3 A		5 72		001-00-0000					WHO L. HOW					99072					870124														
DIC		CD		PCN		SOCIAL SECURITY NUMBER					NAME					COST CENTER					PAY PERIOD														
TOUR OF DUTY		DAY		SH CD		1ST SHIFT		NO GS		2ND SHIFT		3D SHIFT		OVERTIME HRS			SUN PREM			HOL SH CD		HOL HRS WKO		COMP HRS WKO		LEAVE TAKEN			* INITIAL		REMARKS				
FROM TO														1 SH 2 SH 3 SH			1 SH 2 SH 3 SH							ANN SICK COMP											
		SUN																																	
0730 1600		MON				8																													
0730 1900		TUE				8								3																					
0730 1600		WED				8																													
0730 1800		THU				8								2																					
0730 1600		FRI				8																													
0730 1530		SAT												8																					
		SUN																																	
0730 1600		MON				8																													
		TUE				8																													
		WED				8																													
		THU				8																													
		FRI				8																													
		SAT																																	
PAY PERIOD TOTAL				0800								0130																							
CORRECTIONS																																			
COLUMNS				16 17 20 21 24 25 28 29 32				33 36 37 40 41 44 45 46 47 48 49 50				51 52 54 55 58 59 62 63 65 66 69																							

SAMPLE

ZVT		A		SH CD		AWOP		OTHER		LSL LSL & HOL		LSL LSL & HOL		MISC HRS		MISC HRS		MIL LV		LEAVE ACTION		MAN PAY		ENV AND HAZ		INITIAL									
DIC		DEP CD								HOL CODE		HOURS PAID		HRS CD		HRS		DAYS		CODE		CODE		HRS		HRS		HRS		HRS					
TOUR OF DUTY		DAY																																	
FROM TO																																			
		SUN																																	
		MON																																	
		TUE																																	
		WED																																	
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		FRI																																	
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		WED																																	
		THU																																	
		FRI																																	
		SAT																																	
PAY PERIOD TOTAL																																			
CORRECTIONS																																			
COLUMNS				16 17 18 21 22 23 26 27				28 31 32 33 36 37 38 39				40 41 42 45 46 47 50																							

SAMPLE

\*CERTIFICATION  
 1. ALL HOURS HAVE BEEN REVIEWED AND ARE CERTIFIED CORRECT AS OF THE REPORTING PERIOD  
 2. ALL PREMIUM HOURS HAVE BEEN APPROVED AND WORKED ACCORDING TO THE APPROPRIATE LAWS AND REGULATIONS

Non Say  
 NON SAY, Supervisor  
 (TYPED, STAMPED, OR PRINTED NAME OF SUPERVISOR AND SIGNATURE)  
 1-1177

EXTENSION

Figure 5. Sample T&A Report for use with fig 3 and fig 4.

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27 Feb 87

(ATZR-RFP-C)

FOR THE COMMANDER:



ANDREW J. KEHOE, JR.  
Director of Information Management

DENNIS I. RONEY  
Colonel, FA  
Chief of Staff

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