



DEPARTMENT OF THE NAVY

NAVY RECRUITING DISTRICT RICHMOND
411 EAST FRANKLIN STREET
SUITE 101
RICHMOND, VA 23219-2243

NRDRICHINST 12000.1C

Code 00

JUL 28 2009

NAVCUITDIST RICHMOND INSTRUCTION 12000.1C

Subj: CIVILIAN PERSONNEL WORK HOURS/LEAVE AND ABSENCE

Ref: (a) CNRC 5400.2E (SOPMAN)

Encl: (1) Sample Request for Leave or Approved Absence(SF71)
(2) Sample Overtime/Compensatory Time Request and
Authorization (7410) (NAVCOMPT Form 2282)

1. Purpose. This instruction establishes and issues guidelines for work hours, administration of leave, and absence for all Civil Service and Contract employees for Navy Recruiting District Richmond.

2. Cancellation. NRDRICHINST 12000.1B

3. Policy. Supervisors are responsible for the effective management of their personnel assets. Reference (a) is the governing instruction for all administrative actions and determinations relative to leave and absence for both civil service employees and contractors. The Executive Officer shall exercise final authority and disposition on all requests for leave and absence for civil service and contract employees.

a. Normal work hours can range from 0800 - 1800 daily, Monday through Friday. Normal work hours can be adjusted by employees with the concurrence of the Department Head as required to meet work schedule demands. No government service or contracted civilian shall work greater than 40 hours in any work week. Working Saturdays and work schedules that include workdays in excess of 8 hours shall be scheduled prior to the beginning of each pay period.

b. Civilian personnel are authorized a 30 minute lunch period between 1100 and 1400 and two 15 minute breaks (one in the morning and one in the afternoon).

c. Lunch periods, breaks and any modifications to the general policy as set forth in paragraph (a) above, shall be coordinated between the employee and their immediate supervisor. Civilian personnel desiring to participate in a physical

exercise program (e.g., during the lunch break) may request consideration for slightly modified work hours. This request will be negotiated between the employee and their immediate supervisor, keeping in mind the requirements of the job and the requirement to be on duty for a full eight hours of work.

d. The employee does not have the option to miss a lunch period and/or breaks in order to terminate the work day early. Under normal circumstances, the employee shall request annual or sick leave in advance using enclosure (1).

e. Under normal circumstances, overtime, and compensatory time are not authorized for civilian employees. If overtime or compensatory time is needed, immediate supervisors will submit the request in writing in advance of performing the work day by completing and Overtime/Compensatory Time Request and Authorization Form (NAVCOMPT 2282), enclosure (2). Supervisors must submit the completed NAVCOMPT 2282 to the Executive Officer for approval prior to the dates of the requested overtime or compensatory time. The request will include a justification as to why overtime/compensatory time is needed, the work deadline (if applicable), and an explanation why the work could not be completed in the regular workweek. Use of approved compensatory time must be used before annual leave, and should be used within the next two weeks following the compensatory time event. All approved NAVCOMPT 2282 forms will be routed to the NRD Timekeeper for filing via the Executive Officer.

f. Requests for leave and absence will be submitted by employees to the Executive Officer, via the Department Head for approval, and then forwarded to the Civilian Personnel Administrator. Requests for leave and absence shall be made as far in advance as circumstances permit, but normally one week prior to the anticipated commencement date. This will allow supervisors to make necessary arrangements for the assumption of work during the absence. Unforeseen and imminent situations which occur and necessitate leave or absence on short notice will be considered on an individual basis.

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4. Forms. Overtime/Compensatory Time Request and Authorization (7410) NAVCOMPT Form 2282 (2-83), NSN 0104-LF-702-2820, and the Request for Leave or Approved Absence can be obtained from the Civilian Personnel Administrator or reproduced locally.



JOHN D. NELL

Distribution:
NRDRICHINST 5216.1F
List 1
Civilian Employees

REQUEST FOR LEAVE OR APPROVED ABSENCE

1. NAME (Last, First, Middle Initial)			2. EMPLOYEE OR SOCIAL SECURITY NUMBER		
3. ORGANIZATION					
4. TYPE OF LEAVE/ABSENCE <small>(Check appropriate box(es) below.)</small>	DATE		TIME		TOTAL HOURS
<input type="checkbox"/> Accrued Annual Leave	From:	To:	From:	To:	
<input type="checkbox"/> Restored Annual Leave					
<input type="checkbox"/> Advance Annual Leave					
<input type="checkbox"/> Accrued Sick Leave					
<input type="checkbox"/> Advance Sick Leave					
Purpose: <input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Other <input type="checkbox"/> Care of family member/bereavement, including medical/dental/optical examination of family member					
<input type="checkbox"/> Compensatory Time Off					
<input type="checkbox"/> Other Paid Absence <small>(Specify in Remarks)</small>					
<input type="checkbox"/> Leave Without Pay					
5. FAMILY AND MEDICAL LEAVE					
If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993, please provide the following information: <input type="checkbox"/> I hereby invoke my entitlement Family and Medical Leave for: <input type="checkbox"/> Birth/Adoption/Foster Care <input type="checkbox"/> Serious Health Condition of Spouse, Son, Daughter, or Parent <input type="checkbox"/> Serious Health Condition of Self					
Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the Family and Medical Leave Act of 1993.					
6. REMARKS:					
7. CERTIFICATION: I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.					
EMPLOYEE SIGNATURE			DATE		
8. OFFICIAL ACTION ON REQUEST: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (If disapproved, give reason. If annual leave, initiate action to reschedule.)					
SIGNATURE			DATE		
PRIVACY ACT STATEMENT					
Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or to the General Services Administration in connection with its responsibilities for records management.					
Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request.					
If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.					

