

OVERTIME REQUEST FORM

Request Date: _____

Employee Name: _____

Position/Designation: _____ Department: _____

Overtime Needed: From: _____ to: _____

Date of Overtime: _____ Total Overtime not to Exceed: _____ Hours

Reasons for Overtime Required:

Supervisor Requesting OT - Signature: _____

Date: _____

Manager Approval - Signature: _____

Date: _____