

OVERTIME REQUEST FORM

Employee Name: _____ Date: _____

Title: _____ Department: _____

Overtime needed from: _____ to: _____ on: _____.

Total overtime not to exceed _____ hours.

DETAILED EXPLANATION WHY OVERTIME IS REQUIRED:

CUSTOMER(S)/CLIENT(S) OVERTIME IS NEEDED FOR:

EMPLOYEE SIGNATURE: _____ DATE: _____

MANAGER'S RESPONSE TO OVERTIME REQUEST

Overtime approved from: _____ to: _____ on: _____.

Total approved overtime not to exceed _____ hours.

Overtime not approved.

EXPLANATION OF WHY OVERTIME IS APPROVED/NOT APPROVED:

Charge to a specific job/project/client:

SUPERVISOR SIGNATURE: _____ DATE: _____