

# OVERTIME REQUEST FORM

Date: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Date of Overtime: \_\_\_\_\_

Estimated No of Hours: \_\_\_\_\_

Specific Task/s to be Done: \_\_\_\_\_

Prepared by: \_\_\_\_\_  
Signature of Employee

Approved by: \_\_\_\_\_  
Immediate Supervisor Signature/Date

Received by: \_\_\_\_\_  
Authorized HRD Signature/Date

Note: This form must be duly approved by the Immediate Supervisor and must be submitted to HR before availing the OT.

Form No.: CHRD-CO6-PO1-WO5-FO1A | Revision/Issue No.: 00/01 | Effectivity Date: August 1, 2015

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