

OVERTIME REQUEST FORM

No one may be paid for overtime unless this form has been completed in advance of the overtime work. **Overtime is paid only when forty hours have been worked within one normal work week.**

EMPLOYEE NAME	JOB TITLE	EMPLOYEE ID	DATE

IMMEDIATE SUPERVISOR	DEPARTMENT	HOURLY RATE OF PAY

DATE OF OVERTIME WORK

Date	Purpose	Approved by	Start Time	End Time

TOTAL OVERTIME HOURS

APPROVAL

NAME OF SUPERVISOR/MANAGER/HOD	SIGNATURE	NAME OF HR OFFICER	SIGNATURE
DATE:		DATE:	

INSTRUCTIONS

No overtime will be paid unless this form has been completed prior to overtime. In the event of an emergency the form must be completed within the week of the overtime worked. It is the responsibility of the employee to submit a signed timesheet for specific overtime work before payroll will be completed. Please attach together with the Staff Overtime Claim Form for submission.