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 FORM COMPLETED	
Jerri Morin	Business Analyst	41268	09/27/21	
IMMEDIATE SUPERVISOR	DEPARTMENT		HOURLY RATE OF PAY	
Essie Mcguire	Marketing		\$32.00	

DATE OF OVERTIME WORK

TIME OF OVERTIME WORK

Division of the country of the count		THE C. C. LEWIS TO SHA				
START DATE	END DATE	START TIME	END TIME			
10/02/21	10/12/21					

ANTICIPATED	NUMBER
OF OVERTIM	E HOURS

14.00

Please	provide an	explanation	of the	work that	requires	more than	40 hours	:/week to	complete
1 10 030	provide an	CAPIGITATION		WOLK IIIGI	10401103	THOIC IIIGH	70 110013	y vvoor io	COLLIDICIO.

Complete tests on new website for Dazzler products.					

APPROVAL

SUPERVISOR SIGNATURE	DATE OF APPROVAL	HR REP SIGNATURE	DATE OF APPROVAL	
Essie Mcguire	09/29/21	Bender Hensley	09/29/21	

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. The employee must do this before payroll is completed.

The form must be returned to the immediate supervisor.