



NAME OF REQUESTOR			
POSITION			
DEPARTMENT		DATE	

OVERTIME DATE	TIME		REASON FOR OVERTIME REQUEST & WORK PLAN	TEAM NAME LIST
	FROM	TO		

REQUESTED BY (SUPERIOR)

APPROVED (HOD)

Name: _____

Date:

Name:

Date:

INSTRUCTIONS:

1. OT hours shall be requested with verified and approved work plan before the overtime work commenced.
2. Superior shall have a proper work plan /work program /work schedule for each job assigned to avoid excessive hours of
3. OT hours shall NOT more than 104 hours per month
4. OT shall be performed at site / office ONLY.