

## OVERTIME FORM

## **HUMAN RESOURCES DEPARTMENT**

EMPLOYEE NAME		DATE FILE	D	
POSITION		ACCOUNT	г	
DEPARTMENT	DATE OF OT RENDERED	TIME START	TIME END	TOTAL NO OF HOURS
REASON				
ENDORSED BY	RECOMMENDED BY		APPROVED BY	Y
Immediate Superior	Department Director		Einan	oce & Accounting Director
Immediate Superior (Signature over Printed Name)  DATE SIGNED:	Department Director (Signature over Printed Name) DATE SIGNED:		DATE SIGNED:	nce & Accounting Director (Signature over Printed Name)
REASON FOR DISAPPROVAL:			REASON FOR	DISAPPROVAL: