



OVERTIME REQUEST FORM

EMPLOYEE NAME	JOB POSITION	DATE FORM COMPLETED

DEPARTMENT

DATE OF OVERTIME WORK		TIME OF OVERTIME WORK	
START DATE	END DATE	START TIME	END TIME

ANTICIPATED NUMBER OF OVERTIME HOURS

PLEASE PROVIDE AN EXPLANATION OF THE WORK THAT REQUIRES OVERTIME

APPROVAL

EMPLOYEE SIGNATURE	SUPERVISOR SIGNATURE	TOP MANAGEMENT SIGNATURE	DATE OF APPROVAL

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.

The form will be returned to immed ate supervisor